Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

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|-----------------|---|-----------------------------------|-------------------------|------------------------------|---------------|------------------------------------|----------|
| Part I | Annual Report Identific | | | | | | |
| For caler | dar plan year 2012 or fiscal plan | | | | 31/2012 | | |
| A This r | eturn/report is for: | a multiemployer plan; | a multip | e-employer plan; or | | | |
| | | x a single-employer plan; | a DFE (| specify) | | | |
| | | _ | _ | | | | |
| B This r | eturn/report is: | X the first return/report; | the final | return/report; | | | |
| | | an amended return/report; | a short p | olan year return/report (les | s than 12 m | onths). | |
| C If the | plan is a collectively-bargained pla | | | | | ν Π΄ | |
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| D Check | box if filing under: | Form 5558; | — | ic extension; | ☐ m | e DFVC program; | |
| | | special extension (enter des | . , | | | | |
| Part I | Basic Plan Informati | on—enter all requested informa | ation | | | | T |
| 1a Nam | • | | | | 1b | Three-digit plan | 501 |
| MSC-ME | DICAL SERVICES COMPANY H | EALTH AND WELFARE PLAN | | | 10 | number (PN) > | |
| | | | | | 10 | Effective date of pl 01/01/2002 | an |
| 2a Plan | sponsor's name and address; inc | clude room or suite number (emr | olover, if for a single | -employer plan) | 2b | Employer Identifica | ation |
| | openios o namo ana adarese, inc | waas room or same mamber (emp | | omproyor pramy | | Number (EIN) | |
| MSC GR | OUP, INC. | | | | | 80-0197267 | |
| ONE CA | LL CARE MANAGEMENT | | | | 2c | Sponsor's telephor | ne |
| | | | | | | number 904-646-0199 | 2 |
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| JACKSO | NVILLE, FL 32207 | JACKSON | IVILLE, FL 32207 | | 24 | instructions) | |
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| | nalties of perjury and other penalities and attachments, as well as the | | | | | | |
| | | | | | | | |
| SIGN | Filed with authorized/valid electron | unio nigratura | 10/15/2013 | KEVIN ENGLICH | | | |
| HERE | | | | KEVIN ENGLISH | 1 -1 1 | alan adadatatan | |
| | Signature of plan administrato | or | Date | Enter name of individua | il signing as | pian administrator | |
| SIGN | | | | | | | |
| HERE | Filed with authorized/valid electron | onic signature. | 10/15/2013 | KEVIN ENGLISH | | | |
| | Signature of employer/plan sp | onsor | Date | Enter name of individua | al signing as | employer or plan sp | onsor |
| | | | | | | | |
| SIGN HERE | | | | | | | |
| | Signature of DFE | | Date | Enter name of individua | | | |
| Preparer | s name (including firm name, if ap | oplicable) and address; include r | oom or suite number | er. (optional) | | telephone number | |
| | | | | | (optional) | | |
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Form 5500 (2012) Page **2**

| Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d). a Active participants | 3a | Plan administrator's name and address Same as Plan Sponsor Name | Same as Plan Sponsor Address | 3b Administrator's EIN |
|--|----|---|--|----------------------------------|
| Elin and the plan number from the last return/report: a Sponsor's name 5 Total number of participants at the beginning of the plan year Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d). a Active participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d). b Retired or separated participants receiving benefits. c Other retired or separated participants entitled to future benefits. d Subtotal. Add lines 6a, 6b, and 6c. 6d. 776 d Subtotal. Add lines 6d and 6e. 6d. 776 g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 6g Number of participants with account balances as of the end of the plan year with accound benefits that were less than 100% vested. 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item). 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item). 7 In the plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 4 A B 4D 4F 4H 4L 9a Plan funding arrangement (check all that apply) (1) Insurance (2) Insurance (3) Trust (4) General assets of the sponsor 10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions) 10 Pension Schedules (1) R (Retirement Plan Information) 11 (Financial Information) 12 (Code section 412(e)(3) insurance contracts (1) H (Financial Information) 13 A (Single-Employer Defined Benefit Plan Actuarial 14 (A) (Code section Plan Information) 15 (Code section Information) 16 (Code section Information) 17 (Financial Information) 18 A (Insurance Information) 19 (Code section Actuarial Information) 10 (Code section Actuarial Information) 10 (Code section Actuarial Information) | | | | |
| Elin and the plan number from the last return/report: a Sponsor's name 5 Total number of participants at the beginning of the plan year Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d). a Active participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d). b Retired or separated participants receiving benefits. c Other retired or separated participants entitled to future benefits. d Subtotal. Add lines 6a, 6b, and 6c. 6d. 776 d Subtotal. Add lines 6d and 6e. 6d. 776 g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 6g Number of participants with account balances as of the end of the plan year with accound benefits that were less than 100% vested. 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item). 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item). 7 In the plan provides welfare benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 4 A B 4D 4F 4H 4L 9a Plan funding arrangement (check all that apply) (1) Insurance (2) Insurance (3) Trust (4) General assets of the sponsor 10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions) 10 Pension Schedules (1) R (Retirement Plan Information) 11 (Financial Information) 12 (Code section 412(e)(3) insurance contracts (1) H (Financial Information) 13 A (Single-Employer Defined Benefit Plan Actuarial 14 (A) (Code section Plan Information) 15 (Code section Information) 16 (Code section Information) 17 (Financial Information) 18 A (Insurance Information) 19 (Code section Actuarial Information) 10 (Code section Actuarial Information) 10 (Code section Actuarial Information) | | | | |
| 5 Total number of participants at the beginning of the plan year 6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d). a Active participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d). b Retired or separated participants receiving benefits | 4 | | /report filed for this plan, enter the name, | 4b EIN |
| 6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d). a Active participants — 6a 763 b Retired or separated participants receiving benefits — 6b 13 c Other retired or separated participants entitled to future benefits — 6c 6d 776 d Subtotal. Add lines 6a, 6b, and 6c — 6d 776 e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits — 6e 6f 776 g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) — 6g h Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) — 7 8a If the plan provides pension benefits, enter the applicable verified to receive benefits that were less than 100% vested. — 7 b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4A 4B 4D 4F 4H 4L 9a Plan funding arrangement (check all that apply) (1) | а | Sponsor's name | | 4c PN |
| a Active participants | 5 | Total number of participants at the beginning of the plan year | | 5 679 |
| b Retired or separated participants receiving benefits | 6 | Number of participants as of the end of the plan year (welfare plans complete | e only lines 6a, 6b, 6c, and 6d). | |
| C Other retired or separated participants entitled to future benefits | а | Active participants | | 6a 763 |
| d Subtotal. Add lines 6a, 6b, and 6c | b | Retired or separated participants receiving benefits | | 6b 13 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e. 6f 776 g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 6g h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | С | Other retired or separated participants entitled to future benefits | | 6c |
| f Total. Add lines 6d and 6e | d | Subtotal. Add lines 6a, 6b, and 6c | | 6d 776 |
| Solution Solution | е | Deceased participants whose beneficiaries are receiving or are entitled to re- | ceive benefits | 6e |
| h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | f | Total. Add lines 6d and 6e | | 6f 776 |
| Sea If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: Description Figure Description Des | g | | | 6g |
| 8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4A 4B 4D 4F 4H 4L 9a Plan funding arrangement (check all that apply) (1) | h | , , | | 6h |
| b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4A 4B 4D 4F 4H 4L 9a Plan funding arrangement (check all that apply) (1) | 7 | Enter the total number of employers obligated to contribute to the plan (only | multiemployer plans complete this item) | 7 |
| (1) | _ | If the plan provides welfare benefits, enter the applicable welfare feature cod | | |
| (2) Code section 412(e)(3) insurance contracts (3) Trust (4) General assets of the sponsor (4) General assets of the sponsor 10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions) a Pension Schedules (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) Trust (4) General assets of the sponsor b General Schedules (1) H (Financial Information) I (Financial Information – Small Plan) A (Insurance Information) C (Service Provider Information) D (DFE/Participating Plan Information) | 9a | | | at apply) |
| (3) Trust (4) General assets of the sponsor 10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions) a Pension Schedules (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) Trust General assets of the sponsor b General Schedules (1) H (Financial Information) (1) H (Financial Information – Small Plan) (3) X 8 A (Insurance Information) C (Service Provider Information) (3) D (DFE/Participating Plan Information) | | | I `' H | insurance contracts |
| 10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions) a Pension Schedules (1) R (Retirement Plan Information) (1) H (Financial Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) SB (Single-Employer Defined Benefit Plan Actuarial (5) D (DFE/Participating Plan Information) | | | I | |
| a Pension Schedules (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) SB (Single-Employer Defined Benefit Plan Actuarial b General Schedules (1) H (Financial Information) (2) I (Financial Information – Small Plan) (3) X 8 A (Insurance Information) C (Service Provider Information) D (DFE/Participating Plan Information) | | (4) General assets of the sponsor | (4) X General assets of the sp | ponsor |
| (1) R (Retirement Plan Information) (1) H (Financial Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) SB (Single-Employer Defined Benefit Plan Actuarial (5) D (DFE/Participating Plan Information) | 10 | Check all applicable boxes in 10a and 10b to indicate which schedules are a | ttached, and, where indicated, enter the numb | per attached. (See instructions) |
| (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) SB (Single-Employer Defined Benefit Plan Actuarial (1) H (Financial Information) I (Financial Information – Small Plan) A (Insurance Information) C (Service Provider Information) D (DFE/Participating Plan Information) | а | Pension Schedules | b General Schedules | |
| Purchase Plan Actuarial Information) - signed by the plan actuary (3) | | (1) R (Retirement Plan Information) | (1) H (Financial Inform | nation) |
| Purchase Plan Actuarial Information) - signed by the plan actuary (3) | | (2) MB (Multiemployer Defined Benefit Plan and Certain Money | (2) I (Financial Inform | nation – Small Plan) |
| (3) SB (Single-Employer Defined Benefit Plan Actuarial (5) D (DFE/Participating Plan Information) | | , , , , | (3) 8 A (Insurance Inform | mation) |
| (+) — (g | | actuary | —————————————————————————————————————— | |
| Information) - signed by the plan actuary (6) G (Financial Transaction Schedules) | | | | |
| | | Information) - signed by the plan actuary | (6) G (Financial Trans | action Schedules) |

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

| For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 A Name of plan MSC-MEDICAL SERVICES COMPANY HEALTH AND WELFARE PLAN B Three-digit plan number (PN) \$ 501 C Plan sponsor's name as shown on line 2a of Form 5500 MSC GROUP, INC. D Employer Identification Number (EIN) 80-0197267 Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. 1 Coverage Information: (a) Name of insurance carrier HUMANA INSURANCE COMPANY (b) EIN (c) NAIC code identification number of persons covered at end of policy or contract year (f) From (g) To 39-1263473 7328 627838 580 01/01/2012 12/31/2012 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. (a) Total amount of commissions paid (b) Total amount of fees paid | nursuant to EDICA agetion 102(a)(2) | | | | | | rm is Open to Public Inspection | | |
|--|-------------------------------------|-------------------|------------------------------------|----------------------------|----------------|---------------|------------------------------------|-----------------------|--|
| MSC-MEDICAL SERVICES COMPANY HEALTH AND WELFARE PLAN C Plan sponsor's name as shown on line 2a of Form 5500 MSC GROUP, INC. D Employer Identification Number (EIN) 80-0197267 Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. 1 Coverage Information: (a) Name of insurance carrier HUMANA INSURANCE COMPANY (b) EIN (c) NAIC code identification number identification number of persons covered at end of policy or contract year opicity or contract year policy or contract year for policy or contract year identification number of policy or contract year opicity or contract year solution information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. (a) Total amount of commissions paid (b) Total amount of fees paid | For calendar plan year 20 | 12 or fiscal plar | n year beginning 01/01/2012 |) | and end | ding 12/3 | 31/2012 | • | |
| Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. 1 Coverage Information: (a) Name of insurance carrier HUMANA INSURANCE COMPANY (b) EIN (c) NAIC code identification number persons covered at end of policy or contract year persons covered at end of policy or contract year lateral the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. (a) Total amount of commissions paid (b) Total amount of fees paid | | ES COMPANY | HEALTH AND WELFARE PLAN | N | | J |) • | 501 | |
| on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. 1 Coverage Information: (a) Name of insurance carrier HUMANA INSURANCE COMPANY (b) EIN (c) NAIC code (d) Contract or identification number (e) Approximate number of persons covered at end of policy or contract year (f) From (g) To 39-1263473 73288 627838 580 01/01/2012 12/31/2012 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. (a) Total amount of commissions paid (b) Total amount of fees paid | | | | | | | | | |
| (a) Name of insurance carrier HUMANA INSURANCE COMPANY (b) EIN (c) NAIC code (d) Contract or identification number (e) Approximate number of persons covered at end of policy or contract year (f) From (g) To 39-1263473 73288 627838 580 01/01/2012 12/31/2012 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. (a) Total amount of commissions paid (b) Total amount of fees paid | | | | | | | | | |
| HUMANA INSURANCE COMPANY (b) EIN (c) NAIC code (d) Contract or identification number (e) Approximate number of persons covered at end of policy or contract year (f) From (g) To 39-1263473 73288 627838 580 01/01/2012 12/31/2012 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. (a) Total amount of commissions paid (b) Total amount of fees paid | 1 Coverage Information: | | | | | | | | |
| (b) EIN (c) NAIC code identification number persons covered at end of policy or contract year (f) From (g) To 39-1263473 73288 627838 580 01/01/2012 12/31/2012 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. (a) Total amount of commissions paid (b) Total amount of fees paid | • • | | | | | | | | |
| persons covered at end of policy or contract year (f) From (g) To 39-1263473 7328 627838 580 01/01/2012 12/31/2012 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. (a) Total amount of commissions paid (b) Total amount of fees paid | | (c) NAIC | (d) Contract or | ` ' ' ' | F | | Policy or o | contract year | |
| 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. (a) Total amount of commissions paid (b) Total amount of fees paid | (b) EIN | ` ' | | | | (f) | From | (g) To | |
| descending order of the amount paid. (a) Total amount of commissions paid (b) Total amount of fees paid 2709 | 39-1263473 | 73288 | 627838 | 58 | 30 | 01/01/201 | 2 | 12/31/2012 | |
| 2709 | | | ation. Enter the total fees and to | otal commissions paid. Li | st in line 3 t | the agents, b | orokers, and | other persons in | |
| | | | | | | | | | |
| 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). | 2709 0 | | | | | | | | |
| | 3 Persons receiving com | missions and fe | ees. (Complete as many entrie | s as needed to report all | persons). | | | | |
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | - | | | | | ions or fees | were paid | | |
| PIERCE DWIGHT-RICHTER 8110 CYPRESS PLAZA, SUITE 201 JACKSONILLE, FL 32256 | PIERCE DWIGHT-RICHT | ΓER | | | TE 201 | | | | |
| (b) Amount of sales and base Fees and other commissions paid | (b) Amount of sales as | nd hase | Fe | ees and other commission | ns paid | | | | |
| commissions paid (c) Amount (d) Purpose (e) Organization code | ` ' | | (c) Amount | | (d) Purpose |) | | (e) Organization code | |
| 2709 | | 2709 | | | | | | 3 | |
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | (a) Name a | and address of the agent, broke | r, or other person to whor | n commissi | ions or fees | were paid | | |
| | | | | | | | | | |
| (b) Amount of sales and base Fees and other commissions paid | | | | | | | | | |
| commissions paid (c) Amount (d) Purpose (e) Organization code | | | (c) Amount | | (d) Purpose | e | | (e) Organization code | |
| | | | | | | | | | |

| Schedule A (Form 5500) | 2012 | Page 2 - 1 | |
|---|---------------------------------------|---|---|
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees were pa | aid |
| | , | .,, | |
| | | | |
| | | | |
| (b) Amount of color and bose | | Fees and other commissions paid | (a) Organization |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
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| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees were pa | aid |
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| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
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| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees were pa | aid |
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| | T | | <u> </u> |
| (b) Amount of sales and base | (-) A | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
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| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees were pa | aid |
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| (h) Amount of color and bose | | Fees and other commissions paid | (2) Orner institut |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
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| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees were pa | aid |
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| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
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| Part II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit | | | | | | |
|---|-------|--|---------------|--------------------|-------|--|
| | | this report. | | | | |
| | | ent value of plan's interest under this contract in the general account at year | | | | |
| 5 | Curre | ent value of plan's interest under this contract in separate accounts at year e | nd | | 5 | |
| 6 | | racts With Allocated Funds: | | | | |
| | а | State the basis of premium rates | | | | |
| | | | | | | |
| | | Premiums paid to carrier | | | 6b | |
| | | Premiums due but unpaid at the end of the year | | | 6c | |
| | | If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount | | | 6d | |
| | | Specify nature of costs | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred | d annuity | | | |
| | | (3) other (specify) | | | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | ating plan o | heck here | | |
| 7 | Contr | racts With Unallocated Funds (Do not include portions of these contracts ma | intained in s | separate accounts) | | |
| | а | Type of contract: (1) deposit administration (2) immedia | ite participa | tion guarantee | | |
| | | (3) ☐ guaranteed investment (4) ☐ other ▶ | | | | |
| | | (e) [] 3 | | | | |
| | | | | | | |
| | b | Balance at the end of the previous year | | | 7b | |
| | | Additions: (1) Contributions deposited during the year | . 7c(1) | | | |
| | | (2) Dividends and credits | . 7c(2) | | | |
| | | (3) Interest credited during the year | . 7c(3) | | | |
| | | (4) Transferred from separate account | . 7c(4) | | | |
| | | (5) Other (specify below) | . 7c(5) | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | (6)Total additions | | | 7c(6) | |
| | d∃ | Total of balance and additions (add lines 7b and 7c(6)) | <u>.</u> | <u></u> | 7d | |
| | e [| Deductions: | | | | |
| | (| (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (| (2) Administration charge made by carrier | . 7e(2) | | | |
| | (| (3) Transferred to separate account | . 7e(3) | | | |
| | (| (4) Other (specify below) | . 7e(4) | | | |
| | | • | | | | |
| | | | | | | |
| | | | | | | |
| | , | (E) Total deductions | | | 7e(5) | |
| | | (5) Total deductions | | | | |
| | | Dalance at the end of the current year (Subtract line re(3) from line rd) | | | / 1 | |

| Page 4 | |
|--|---|
| ame employer(s) or members of the same re experience-rated as a unit. Where conteated as a unit for purposes of this report. | |
| c ☒ Vision g ☐ Supplemental unemploymen k ☐ PPO contract | d Life insurance t h Prescription drug I Indemnity contract |
| | |
| 9a(1) | |
| 9a(2) | |
| 9a(3) | 0 |
| 9a(4 | +) |
| 9b(1) 9b(2) | |
| 9b(3) 9b(3) | 3) |
| 9b(4 | |
| 35(- | • |
| 9c(1)(A) | |
| 0e(1)(P) | |

| | | If more than one contract covers the same grinformation may be combined for reporting printhe entire group of such individual contracts of the entire group of the entire group of the entire group of such individual contracts of the entire group of t | urposes if such contracts a | are experienc | e-rated as a unit. Wh | ere contract | | |
|----|------|--|--|--------------------------|-----------------------|--------------|----------------------------|-------|
| 8 | Ben | efit and contract type (check all applicable boxes) | | | | | | |
| | а | Health (other than dental or vision) | b Dental | CX | Vision | | d Life insurance | |
| | е | Temporary disability (accident and sickness) | f Long-term disabilit | у д | Supplemental unem | ployment | h Prescription drug | g |
| | i | Stop loss (large deductible) | j HMO contract | k | PPO contract | | I Indemnity contra | ıct |
| | m | Other (specify) | _ | | | | _ | |
| 9 | Ехр | erience-rated contracts: | | | | | | |
| | | Premiums: (1) Amount received | | 9a(1) | | | | |
| | | (2) Increase (decrease) in amount due but unpaid | The state of the s | 9a(2) | | | | |
| | | (3) Increase (decrease) in unearned premium res | | 9a(3) | | | | |
| | | (4) Earned ((1) + (2) - (3)) | | | | 9a(4) | | |
| | b | Benefit charges (1) Claims paid | | 9b(1) | | | | |
| | | (2) Increase (decrease) in claim reserves | | 9b(2) | | | | |
| | | (3) Incurred claims (add (1) and (2)) | | | | 9b(3) | | |
| | | (4) Claims charged | | | | 9b(4) | | |
| | С | Remainder of premium: (1) Retention charges (c | n an accrual basis) | | | | <u> </u> | |
| | | (A) Commissions | | 9c(1)(A) | | | | |
| | | (B) Administrative service or other fees | | 9c(1)(B) | | | _ | |
| | | (C) Other specific acquisition costs | | 9c(1)(C) | | | | |
| | | (D) Other expenses | l- | 9c(1)(D) | | | _ | |
| | | (E) Taxes | | 9c(1)(E) | | | | |
| | | (F) Charges for risks or other contingencies. | | | | | | |
| | | (G) Other retention charges | | 9c(1)(G) | | 1 | | |
| | | (H) Total retention | <u></u> | <u></u> | | 9c(1)(H) | | |
| | | (2) Dividends or retroactive rate refunds. (These | amounts were paid in | cash, or | credited.) | 9c(2) | | |
| | d | Status of policyholder reserves at end of year: (1 |) Amount held to provide I | benefits after | retirement | 9d(1) | | |
| | | (2) Claim reserves | | | | 9d(2) | | |
| | | (3) Other reserves | | | | 9d(3) | | |
| | е | Dividends or retroactive rate refunds due. (Do n | ot include amount entered | I in line 9c(2) . |) | . 9e | | |
| 10 |) No | onexperience-rated contracts: | | | | | | |
| | а | Total premiums or subscription charges paid to o | arrier | | | 10a | | 48376 |
| | b | If the carrier, service, or other organization incurretention of the contract or policy, other than repr | | | • | 10b | | |
| | S | pecify nature of costs | | -, | | | • | |

| Part IV | Provision of Information | | | |
|------------------|---|-----|------|--|
| 11 Did th | e insurance company fail to provide any information necessary to complete Schedule A? | Yes | X No | |

Schedule A (Form 5500) 2012

Part III

Welfare Benefit Contract Information

¹² If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

| pursuant to ERISA section 103(a)(2). | | | | | | Inspection | |
|--|--|--|--|----------------|----------------------|-----------------------|-----------------------|
| For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012 | | | | | | | |
| A Name of plan MSC-MEDICAL SERVICE | S COMPANY | HEALTH AND WELFARE PLA | ۸N | B Three | e-digit number (P | PN) • | 501 |
| | | | | | | | |
| C Plan sponsor's name a MSC GROUP, INC. | s shown on lir | e 2a of Form 5500 | | D Emplo | - | cation Number (| EIN) |
| | | ning Insurance Contract Individual contracts grouped a | | | | | |
| 1 Coverage Information: | | | | | | | |
| (a) Name of insurance ca | rrier | | | | | | |
| AETNA HEALTH, INC. | | <u> </u> | | | 1 | | |
| /b) FINI | (c) NAIC | (d) Contract or | (e) Approximate nu persons covered a | | | Policy or co | ntract year |
| (b) EIN | code | identification number | policy or contrac | | (f |) From | (g) To |
| 59-2411584 | 95088 | 834965-HNO | 105 | 58 | 10/01/2 | 011 | 09/30/2012 |
| 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. | | | | | | | |
| (a) Total amount of commissions paid (b) Total amount of fees paid | | | | | | | |
| 39800 | | | | | | | |
| 3 Persons receiving com | missions and f | ees. (Complete as many entri | es as needed to report all | persons). | | | |
| | (a) Name | and address of the agent, broke | | | | s were paid | |
| BENEFIT TECHNOLOGI | ES DIVISION | | IO CYPRESS PLAZA DRI CKSONVILLE, FL 32256 | VE SUITE : | 201 | | |
| (b) Amount of sales ar | | | ees and other commission | | | | |
| commissions pa | d | (c) Amount | (d) Purpose | | 1500 | (e) Organization code | |
| 39800 COMPENSATION 2011 SUPPLEMENTAL MEDICAL NEW BUSINESS | | | | | 3 | | |
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | | | | | |
| | | | | | | | |
| (b) Amount of sales ar | (b) Amount of sales and base Fees and other commissions paid | | | | | | |
| commissions pa | | (c) Amount | | (d) Purpose | e | | (e) Organization code |
| | | | | | | | |
| | | | | | | | |

| Schedule A (Form 5500) | 2012 | Page 2 - 1 | |
|---|---------------------------------------|---|---|
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees were pa | aid |
| | , | .,, | |
| | | | |
| | | | |
| (b) Amount of color and bose | | Fees and other commissions paid | (a) Organization |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | | | |
| | | | |
| | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees were pa | aid |
| | | | |
| | | | |
| | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| | | | |
| | | | |
| ()) ! | | | • |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees were pa | aid |
| | | | |
| | | | |
| | T | | <u> </u> |
| (b) Amount of sales and base | (-) A | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| | | | |
| | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees were pa | aid |
| | , , , , , , , , , , , , , , , , , , , | | |
| | | | |
| | | | |
| (h) Amount of color and bose | | Fees and other commissions paid | (2) Orner in eties |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| • | , , | | |
| | | | |
| | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees were pa | aid |
| | | | |
| | | | |
| | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| | | | |
| | | | |

| | | • |
|-----|---|-----|
| חבי | Δ | - 5 |
| ay | | • |

| Part II | | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of | | | | | |
|---------|-------|--|---------------|--------------------|-------|--|--|
| | | this report. | | | | | |
| | | ent value of plan's interest under this contract in the general account at year | | | | | |
| 5 | Curre | ent value of plan's interest under this contract in separate accounts at year e | nd | | 5 | | |
| 6 | | racts With Allocated Funds: | | | | | |
| | а | State the basis of premium rates | | | | | |
| | | | | | | | |
| | | Premiums paid to carrier | | | 6b | | |
| | | Premiums due but unpaid at the end of the year | | | 6c | | |
| | | If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount | | | 6d | | |
| | | Specify nature of costs | | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred | d annuity | | | | |
| | | (3) other (specify) | | | | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | ating plan o | heck here | | | |
| 7 | Contr | racts With Unallocated Funds (Do not include portions of these contracts ma | intained in s | separate accounts) | | | |
| | а | Type of contract: (1) deposit administration (2) immedia | ite participa | tion guarantee | | | |
| | | (3) ☐ guaranteed investment (4) ☐ other ▶ | | | | | |
| | | (e) [] 3 | | | | | |
| | | | | | | | |
| | b | Balance at the end of the previous year | | | 7b | | |
| | | Additions: (1) Contributions deposited during the year | . 7c(1) | | | | |
| | | (2) Dividends and credits | . 7c(2) | | | | |
| | | (3) Interest credited during the year | . 7c(3) | | | | |
| | | (4) Transferred from separate account | . 7c(4) | | | | |
| | | (5) Other (specify below) | . 7c(5) | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | (6)Total additions | | | 7c(6) | | |
| | d∃ | Total of balance and additions (add lines 7b and 7c(6)) | <u>.</u> | <u></u> | 7d | | |
| | e [| Deductions: | | | | | |
| | (| (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | | |
| | (| (2) Administration charge made by carrier | . 7e(2) | | | | |
| | (| (3) Transferred to separate account | . 7e(3) | | | | |
| | (| (4) Other (specify below) | . 7e(4) | | | | |
| | | • | | | | | |
| | | | | | | | |
| | | | | | | | |
| | , | (E) Total deductions | | | 7e(5) | | |
| | | (5) Total deductions | | | | | |
| | | Dalance at the end of the current year (Subtract line re(3) from line rd) | | | / 1 | | |

| Schedule A (Form 5500) 2012 | | Page 4 | | |
|---|--|----------------------|---------------------------|-------------------------|
| If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts | roup of employees of the sar ourposes if such contracts are | e experience-rated a | is a unit. Where contract | |
| Benefit and contract type (check all applicable boxes) |) | | | |
| a Health (other than dental or vision) | b Dental | c Vision | | d Life insurance |
| e Temporary disability (accident and sickness) | f Long-term disability | g Suppler | mental unemployment | h Prescription drug |
| i Stop loss (large deductible) | j HMO contract | k ☐ PPO co | | I Indemnity contract |
| m ☐ Other (specify) ▶ | , ······ | 🗀 | | - <u> </u> |
| Other (specify) | | | | |
| Experience-rated contracts: | | | | |
| a Premiums: (1) Amount received | | 9a(1) | | |
| (2) Increase (decrease) in amount due but unpai | d | 9a(2) | | |
| (3) Increase (decrease) in unearned premium re- | serve | 9a(3) | | |
| (4) Earned ((1) + (2) - (3)) | <u></u> | | 9a(4) | |
| b Benefit charges (1) Claims paid | | 9b(1) | | |
| (2) Increase (decrease) in claim reserves | | 9b(2) | | |
| (3) Incurred claims (add (1) and (2)) | | | 9b(3) | |
| (4) Claims charged | | | 9b(4) | |
| C Remainder of premium: (1) Retention charges (| on an accrual basis) | | | |
| (A) Commissions | <u></u> | 9c(1)(A) | | |
| (B) Administrative service or other fees | | 9c(1)(B) | | |
| (C) Other specific acquisition costs | Ç | 0c(1)(C) | | |
| (D) Other expenses | Ç | c(1)(D) | | |

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

3070672

retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... Specify nature of costs

10 Nonexperience-rated contracts:

Part III

(E) Taxes..... (F) Charges for risks or other contingencies.....

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....

Total premiums or subscription charges paid to carrier If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

| Part IV | Provision of Information | | | |
|-----------------|--|-----|------|--|
| 11 Did t | ne insurance company fail to provide any information necessary to complete Schedule A? | Yes | X No | |

9c(1)(E)

¹² If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

| nursuant to EDICA continu 102(a)(2) | | | | | Inspection | | |
|--|--|--------------------------------------|---|------------------------|-------------------|-----------------------|--|
| For calendar plan year 20° | 12 or fiscal pla | an year beginning 01/01/2012 | and er | nding 1 | 2/31/2012 | | |
| A Name of plan MSC-MEDICAL SERVICE | S COMPANY | HEALTH AND WELFARE PLAN | | e-digit number (F | PN) • | 501 | |
| | | | | | | | |
| C Plan sponsor's name a MSC GROUP, INC. | s shown on lir | ne 2a of Form 5500 | | oyer Identifi 97267 | cation Number (| EIN) | |
| on a separat | on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. | | | | | | |
| 1 Coverage Information: | | | | | | | |
| (a) Name of insurance ca | | | | | | | |
| AETNA LIFE INSURANC | E CO. | | | • | | | |
| (b) EIN | (c) NAIC | (d) Contract or | (e) Approximate number of persons covered at end of | | Policy or co | ontract year | |
| (6) EIN | code | identification number | policy or contract year | (f |) From | (g) To | |
| 06-6033492 | 60054 | 834965 | 1232 | 10/01/2 | 011 | 09/30/2012 | |
| 2 Insurance fee and comp descending order of the | | nation. Enter the total fees and tot | al commissions paid. List in line 3 | the agents | , brokers, and ot | her persons in | |
| (a) Total amount of commissions paid (b) Total amount of fees paid | | | | | | | |
| 22879 10866 | | | | | | | |
| 3 Persons receiving com | missions and | fees. (Complete as many entries | as needed to report all persons). | | | | |
| | (a) Name | <u>v</u> : | or other person to whom commiss | | s were paid | | |
| BENEFIT TECHNOLOGII | ES DIVISION | | CYPRESS PLAZA DRIVE SUITE (SONVILLE, FL 32256 | 201 | | | |
| | | | | | | | |
| (b) Amount of sales ar | | | es and other commissions paid | | | (a) Organization and | |
| commissions pai | 22879 | (c) Amount | (d) Purpos | e | | (e) Organization code | |
| | | | | | | | |
| | | • | or other person to whom commiss | | s were paid | | |
| BENEFIT TECHNOLOGII | ES DIVISION | | CYPRESS PLAZA DRIVE SUITE (SONVILLE, FL 32256 | 201 | | | |
| (b) Amount of sales ar | nd base | Fee | es and other commissions paid | | | | |
| commissions pai | | (c) Amount | (d) Purpos | | | (e) Organization code | |
| | | 9150 CG | 011 DENTAL SUPER BONUS SUF OMPENSATION | PPLEMENT | AL | 3 | |
| | | | | | | | |

| Schedule A (Form 5500) | 2012 | Page 2 - 1 | | |
|-------------------------------|------------------------------------|---|------------------|--|
| (a) No | mo and address of the agent broke | r or other person to whom commissions or fees were paid | | |
| BENEFIT TECHNOLOGIES DIVISION | N 7 LLC 8110 (| r, or other person to whom commissions or fees were paid CYPRESS PLAZA DRIVE SUITE 201 SONVILLE, FL 32256 | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | |
| commissions paid | (c) Amount | (d) Purpose | code | |
| | 1716 | PM CROSS-SALE | | |
| (a) Na | me and address of the agent, broke | r, or other person to whom commissions or fees were paid | | |
| | | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | |
| commissions paid | (c) Amount | (d) Purpose | code | |
| | | | | |
| (a) Na | me and address of the agent, broke | r, or other person to whom commissions or fees were paid | | |
| | | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | |
| commissions paid | (c) Amount | (d) Purpose | code | |
| | | | | |
| (a) Na | me and address of the agent, broke | r, or other person to whom commissions or fees were paid | | |
| | | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | |
| commissions paid | (c) Amount | (d) Purpose | code | |
| | | | | |
| (a) Na | me and address of the agent, broke | r, or other person to whom commissions or fees were paid | | |

Fees and other commissions paid

(d) Purpose

(c) Amount

(e) Organization code

(b) Amount of sales and base commissions paid

| _ | • |
|------|-----|
| Pane | ٠.' |
| uqu | |

| Part II | | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report. | idual contrad | cts with each carrier ma | ay be treated | as a unit for purposes of |
|---------|----------|--|----------------|--------------------------|---------------|---------------------------|
| 4 | Curre | nt value of plan's interest under this contract in the general account at year | end | | 4 | |
| _ | | nt value of plan's interest under this contract in separate accounts at year e | | | 5 | |
| 6 | Contr | acts With Allocated Funds: | | | | |
| | а | State the basis of premium rates | | | | |
| | | Premiums paid to carrier | | | 6b | |
| | | Premiums due but unpaid at the end of the year | | | 6c | |
| | | If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount | | | 6d | |
| | ; | Specify nature of costs • | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred | d annuity | | | |
| | | (3) other (specify) | | | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | ating plan c | heck here | | |
| 7 | Contr | acts With Unallocated Funds (Do not include portions of these contracts ma | intained in s | eparate accounts) | | |
| | а | Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶ | | ion guarantee | | |
| | L | | | | 71- | |
| | | Balance at the end of the previous year | | | 7b | |
| | | Additions: (1) Contributions deposited during the year | | | | |
| | | (2) Dividends and credits | 7c(2) 7c(3) | | | |
| | | (3) Interest credited during the year | 7c(4) | | | |
| | | (4) Transferred from separate account | 7c(4) | | | |
| | | (5) Other (specify below) | 10(3) | | | |
| | , | | | | | |
| | | | | | | |
| | | (6)Total additions | | | 7c(6) | |
| | | otal of balance and additions (add lines 7b and 7c(6)) | | | 7d | |
| | | Deductions: | Γ | | | |
| | (| 1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (| 2) Administration charge made by carrier | . 7e(2) | | | |
| | (| 3) Transferred to separate account | . 7e(3) | | | |
| | (| 4) Other (specify below) | . 7e(4) | | | |
| | ١ | | | | | |
| | | | | | | |
| | | | | | | |
| | (| 5) Total deductions | | | 7e(5) | |
| | f | Balance at the end of the current year (subtract line 7e(5) from line 7d) | | | | |

| Schedule A (Form 5500) 2012 | | Page 4 | | |
|--|---|--------------------------------|------------------|-------------------------|
| information may be combined for | t Information the same group of employees of the reporting purposes if such contracts al contracts with each carrier may be | are experience-rated as a unit | . Where contract | |
| Benefit and contract type (check all applic | cable boxes) | | | |
| a X Health (other than dental or vision) | b X Dental | c Vision | | d Life insurance |
| e Temporary disability (accident and | sickness) f Long-term disabil | ity g Supplemental ι | inemployment | h Prescription drug |
| i Stop loss (large deductible) | j HMO contract | k ☐ PPO contract | | I Indemnity contract |
| m ☐ Other (specify) ▶ | , | 11 | | |
| III Utilet (specify) | | | | |
| Experience-rated contracts: | | | | |
| a Premiums: (1) Amount received | | 9a(1) | | 7 |
| (2) Increase (decrease) in amount du | ue but unpaid | - 1-1 | | 7 |
| (3) Increase (decrease) in unearned | premium reserve | 9a(3) | | |
| (4) Earned ((1) + (2) - (3)) | | | 9a(4) | |
| b Benefit charges (1) Claims paid | | . 9b(1) | | |
| (2) Increase (decrease) in claim rese | rves | 9b(2) | | |
| (3) Incurred claims (add (1) and (2)). | | | | |
| (4) Claims charged | | | 9b(4) | |
| c Remainder of premium: (1) Retention | n charges (on an accrual basis) | | | |
| (A) Commissions | | | | |
| (B) Administrative service or other | er fees | 1717 | | |
| . , | sts | | | |
| (D) Other expenses | | . 9c(1)(D) | | |

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

749084

retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... Specify nature of costs

10 Nonexperience-rated contracts:

Part III

(E) Taxes.....

(F) Charges for risks or other contingencies

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....

Total premiums or subscription charges paid to carrier If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

| Part | : IV | Provision of Information | | | |
|------|---------|---|-----|------|--|
| 11 | Did the | e insurance company fail to provide any information necessary to complete Schedule A? | Yes | X No | |

9c(1)(E)

¹² If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

| pursuant to ERISA section 103(a)(2). | | | Inspection | | | | |
|---|--|------------------------------------|--|-----------------|----------------------|--------------------|-----------------------|
| For calendar plan year 20° | 12 or fiscal pla | n year beginning 01/01/2012 | | and en | ding 1 | 2/31/2012 | • |
| A Name of plan MSC-MEDICAL SERVICE | A Name of plan MSC-MEDICAL SERVICES COMPANY HEALTH AND WELFARE PLA | | | | e-digit number (F | PN) • | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500 MSC GROUP, INC. D Employer Identification Number (EIN) 80-0197267 | | | | | | EIN) | |
| on a separat | on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. | | | | | | |
| 1 Coverage Information: | | | | | | | |
| (a) Name of insurance ca | rrier | | | | | | |
| LIFE INSURANCE COMP | PANY OF NOF | RTH AMERICA | | | | | |
| /L) FINI | (c) NAIC | (d) Contract or | (e) Approximate no persons covered a | | | Policy or co | ntract year |
| (b) EIN | code | identification number | policy or contrac | | (f | f) From | (g) To |
| 23-1503749 | 65498 | FLX963065 | 7 | 63 | 10/01/2 | 2011 | 10/01/2012 |
| 2 Insurance fee and compute descending order of the | | ation. Enter the total fees and to | otal commissions paid. L | ist in line 3 t | the agents | s, brokers, and ot | her persons in |
| (a) Total amount of commissions paid (b) Total amount of fees paid | | | | | | | |
| | | | | | | | |
| 3 Persons receiving com | missions and f | ees. (Complete as many entrie | s as needed to report all | persons). | | | |
| | | and address of the agent, broke | | | | s were paid | |
| BENEFIT TECHNOLOGII | ES DIV | | 0 CYPRESS PLAZA DRI KSONVILLE, FL 32256 | VE SUITE 2 | 201 | | |
| | | | | | | | |
| (b) Amount of sales ar | | | ees and other commissio | | | | |
| commissions pai | | (c) Amount | | (d) Purpose | 9 | | (e) Organization code |
| 13203 | | | | | | | 3 |
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (b) Amount of sales ar | nd base | Fe | ees and other commissio | ns paid | | | |
| commissions pai | | (c) Amount | | (d) Purpose | 9 | | (e) Organization code |
| | | | | | | | |

| Schedule A (Form 5500) | 2012 | Page 2 - 1 | | | | | |
|---|--|---|---|--|--|--|--|
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees were pa | aid | | | | |
| | , | .,, | | | | | |
| | | | | | | | |
| | | | | | | | |
| (b) Amount of color and bose | | Fees and other commissions paid | (a) Organization | | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees were pa | aid | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | | | | |
| commissions paid | (c) Amount | (d) Purpose | code | | | | |
| | | | | | | | |
| | | | | | | | |
| ()) ! | | | • | | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees were pa | aid | | | | |
| | | | | | | | |
| | | | | | | | |
| | T | | | | | | |
| (b) Amount of sales and base | (-) A | Fees and other commissions paid | (e) Organization | | | | |
| commissions paid | (c) Amount | (d) Purpose | code | | | | |
| | | | | | | | |
| | | | | | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees were pa | aid | | | | |
| | , , , , , , , , , , , , , , , , , , , | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (h) Amount of color and bose | | Fees and other commissions paid | (2) Orner in eties | | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | | | |
| • | , , | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (a) Na | (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | | | | |
| commissions paid | (c) Amount | (d) Purpose | code | | | | |
| | | | | | | | |
| | | | | | | | |

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| Part II | | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report. | idual contrad | cts with each carrier ma | ay be treated | as a unit for purposes of |
|---------|----------|--|----------------|--------------------------|---------------|---------------------------|
| 4 | Curre | nt value of plan's interest under this contract in the general account at year | end | | 4 | |
| _ | | nt value of plan's interest under this contract in separate accounts at year e | | | 5 | |
| 6 | Contr | acts With Allocated Funds: | | | | |
| | а | State the basis of premium rates | | | | |
| | | Premiums paid to carrier | | | 6b | |
| | | Premiums due but unpaid at the end of the year | | | 6c | |
| | | If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount | | | 6d | |
| | ; | Specify nature of costs • | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred | d annuity | | | |
| | | (3) other (specify) | | | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | ating plan c | heck here | | |
| 7 | Contr | acts With Unallocated Funds (Do not include portions of these contracts ma | intained in s | eparate accounts) | | |
| | а | Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶ | | ion guarantee | | |
| | L | | | | 71- | |
| | | Balance at the end of the previous year | | | 7b | |
| | | Additions: (1) Contributions deposited during the year | | | | |
| | | (2) Dividends and credits | 7c(2) 7c(3) | | | |
| | | (3) Interest credited during the year | 7c(4) | | | |
| | | (4) Transferred from separate account | 7c(4) | | | |
| | | (5) Other (specify below) | 10(3) | | | |
| | , | | | | | |
| | | | | | | |
| | | (6)Total additions | | | 7c(6) | |
| | | otal of balance and additions (add lines 7b and 7c(6)) | | | 7d | |
| | | Deductions: | Γ | | | |
| | (| 1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (| 2) Administration charge made by carrier | . 7e(2) | | | |
| | (| 3) Transferred to separate account | . 7e(3) | | | |
| | (| 4) Other (specify below) | . 7e(4) | | | |
| | ١ | | | | | |
| | | | | | | |
| | | | | | | |
| | (| 5) Total deductions | | | 7e(5) | |
| | f | Balance at the end of the current year (subtract line 7e(5) from line 7d) | | | | |

| | Schedule A (Form 5500) 2012 | | Pa | ge 4 | |
|-------|---|--|---------------|---------------------------------|---------------------------|
| rt II | Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting p the entire group of such individual contracts of | roup of employees of the sa urposes if such contracts a | ire experienc | e-rated as a unit. Where contra | |
| Ben | efit and contract type (check all applicable boxes) | | | | |
| а | Health (other than dental or vision) | b Dental | С | Vision | d X Life insurance |
| е | Temporary disability (accident and sickness) | f Long-term disability | , g | Supplemental unemployment | h Prescription drug |
| i ľ | Stop loss (large deductible) | j HMO contract | | PPO contract | I Indemnity contract |
| m I | | | | 1170001111401 | |
| m | Other (specify) | | | | |
| Expe | erience-rated contracts: | | | | |
| • | Premiums: (1) Amount received | | 9a(1) | | 7 |
| | (2) Increase (decrease) in amount due but unpaid | t | 9a(2) | | |
| | (3) Increase (decrease) in unearned premium res | serve | 9a(3) | | |
| | (4) Earned ((1) + (2) - (3)) | ····· <u>-</u> | | 9a(4) | |
| b | Benefit charges (1) Claims paid | | 9b(1) | | |
| | (2) Increase (decrease) in claim reserves | | 9b(2) | | |
| | (3) Incurred claims (add (1) and (2)) | | | 9b(3) | |
| | (4) Claims charged | | | 9b(4) | |
| С | Remainder of premium: (1) Retention charges (c | · · · · · · · · · · · · · · · · · · · | | | _ |
| | (A) Commissions | | 9c(1)(A) | | |
| | (B) Administrative service or other fees | | 9c(1)(B) | | <u> </u> |
| | (C) Other specific acquisition costs | | 9c(1)(C) | | |
| | (D) Other expenses | | 9c(1)(D) | | |

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

71829

retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... Specify nature of costs

10 Nonexperience-rated contracts:

Part III

(E) Taxes..... (F) Charges for risks or other contingencies

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....

Total premiums or subscription charges paid to carrier If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....

| Part IV | Provision of Information | | | |
|-----------|---|-----|------|--|
| 11 Did th | e insurance company fail to provide any information necessary to complete Schedule A? | Yes | X No | |

9c(1)(E)

¹² If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

| numericant to FDICA continue 402(a)(2) | | | | | | Form is Open to Public Inspection | |
|---|------------------|---------------------------------------|--|---|------------------------|-----------------------------------|--|
| For calendar plan year 20 | 12 or fiscal pla | n year beginning 01/01/2012 | | and end | ing 12/31/2012 | • | |
| A Name of plan | - | HEALTH AND WELFARE PLAN | 1 | B Three- plan n | digit number (PN) | 501 | |
| C Plan sponsor's name as shown on line 2a of Form 5500 MSC GROUP, INC. D Employer Identification Number (EIN) 80-0197267 | | | | | | per (EIN) | |
| Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. | | | | | | | |
| 1 Coverage Information: | | | | | | | |
| (a) Name of insurance ca | | RTH AMERICA | | | | | |
| | (a) NIAIC | (d) Contract or | (e) Approximate nun | nber of | Policy of | or contract year | |
| (b) EIN | (c) NAIC code | (d) Contract or identification number | | persons covered at end of policy or contract year | | (g) To | |
| 23-1503749 | 65498 | OK 964725 | 763 | 3 | 10/01/2011 | 10/01/2012 | |
| 2 Insurance fee and comp descending order of the | | ation. Enter the total fees and to | tal commissions paid. List | t in line 3 th | ne agents, brokers, ar | d other persons in | |
| (a) Total a | mount of com | missions paid | | (b) Tota | al amount of fees paid | j | |
| | | 788 | | | | | |
| 3 Persons receiving com | missions and f | ees. (Complete as many entries | s as needed to report all pe | ersons). | | | |
| | (a) Name a | and address of the agent, broker | , or other person to whom | commissio | ns or fees were paid | | |
| BENEFITS TECHNOLOG | SIES DIV | |) CYPRESS PLAZA DRIVI KSONVILLE, FL 32256 | E SUITE 20 | 01 | | |
| (b) Amount of sales ar | nd hase | Fe | es and other commissions | s paid | | | |
| commissions pai | | (c) Amount | (d) Purpose | | | (e) Organization code | |
| 788 | | | | | 3 | | |
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | | | | | |
| | | | | | | | |
| (b) Amount of sales and base Fees and other commissions paid | | | | | | | |
| commissions pai | | (c) Amount | (d | d) Purpose | | (e) Organization code | |
| | | | | | | | |

| Schedule A (Form 5500) | 2012 | Page 2 - 1 | | | | | |
|--|---------------------------------------|---|---|--|--|--|--|
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees were pa | aid | | | | |
| | , | .,, | | | | | |
| | | | | | | | |
| | | | | | | | |
| (b) Amount of color and bose | | Fees and other commissions paid | (a) Organization | | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees were pa | aid | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | | | | |
| commissions paid | (c) Amount | (d) Purpose | code | | | | |
| | | | | | | | |
| | | | | | | | |
| ()) ! | | | • | | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees were pa | aid | | | | |
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| | | | | | | | |
| | T | | <u> </u> | | | | |
| (b) Amount of sales and base | (-) A | Fees and other commissions paid | (e) Organization | | | | |
| commissions paid | (c) Amount | (d) Purpose | code | | | | |
| | | | | | | | |
| | | | | | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees were pa | aid | | | | |
| | , , , , , , , , , , , , , , , , , , , | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (h) Amount of color and bose | | Fees and other commissions paid | (2) Orner in eties | | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | | | |
| • | , , | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | | | | |
| commissions paid | (c) Amount | (d) Purpose | code | | | | |
| | | | | | | | |
| | | | | | | | |

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|------|-----|
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| uqu | |

| Part II | | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report. | idual contrad | cts with each carrier ma | ay be treated | as a unit for purposes of |
|---------|----------|--|----------------|--------------------------|---------------|---------------------------|
| 4 | Curre | nt value of plan's interest under this contract in the general account at year | end | | 4 | |
| _ | | nt value of plan's interest under this contract in separate accounts at year e | | | 5 | |
| 6 | Contr | acts With Allocated Funds: | | | | |
| | а | State the basis of premium rates | | | | |
| | | Premiums paid to carrier | | | 6b | |
| | | Premiums due but unpaid at the end of the year | | | 6c | |
| | | If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount | | | 6d | |
| | ; | Specify nature of costs • | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred | d annuity | | | |
| | | (3) other (specify) | | | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | ating plan c | heck here | | |
| 7 | Contr | acts With Unallocated Funds (Do not include portions of these contracts ma | intained in s | eparate accounts) | | |
| | а | Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶ | | ion guarantee | | |
| | L | | | | 71- | |
| | | Balance at the end of the previous year | | | 7b | |
| | | Additions: (1) Contributions deposited during the year | | | | |
| | | (2) Dividends and credits | 7c(2) 7c(3) | | | |
| | | (3) Interest credited during the year | 7c(4) | | | |
| | | (4) Transferred from separate account | 7c(4) | | | |
| | | (5) Other (specify below) | 10(3) | | | |
| | , | | | | | |
| | | | | | | |
| | | (6)Total additions | | | 7c(6) | |
| | | otal of balance and additions (add lines 7b and 7c(6)) | | | 7d | |
| | | Deductions: | Γ | | | |
| | (| 1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (| 2) Administration charge made by carrier | . 7e(2) | | | |
| | (| 3) Transferred to separate account | . 7e(3) | | | |
| | (| 4) Other (specify below) | . 7e(4) | | | |
| | ١ | | | | | |
| | | | | | | |
| | | | | | | |
| | (| 5) Total deductions | | | 7e(5) | |
| | f | Balance at the end of the current year (subtract line 7e(5) from line 7d) | | | | |

| Schedule A (Form 5500) 2012 | Page 4 |
|---|--|
| Welfare Benefit Contract Information | |
| If more than one contract covers the same group of employees of | If the same employer(s) or members of the same employee organizations(s), the cracts are experience-rated as a unit. Where contracts cover individual employees by be treated as a unit for purposes of this report. |
| nefit and contract type (check all applicable boxes) | |
| Health (other than dental or vision) b Dental | c |
| Temporary disability (accident and sickness) f Long-term dis | sability g Supplemental unemployment h Prescription drug |
| Stop loss (large deductible) j HMO contract | |
| X Other (specify) ►AD&D | |
| outer (specify) The ab | |
| erience-rated contracts: | |
| Premiums: (1) Amount received | 9a(1) |
| (2) Increase (decrease) in amount due but unpaid | 9a(2) |
| (3) Increase (decrease) in unearned premium reserve | 9a(3) |
| (4) Earned ((1) + (2) - (3)) | |
| Benefit charges (1) Claims paid | 9b(1) |
| (2) Increase (decrease) in claim reserves | 9b(2) |
| (3) Incurred claims (add (1) and (2)) | |
| (4) Claims charged | |
| Remainder of premium: (1) Retention charges (on an accrual basis) | <u> </u> |
| (A) Commissions | 9c(1)(A) |
| (B) Administrative service or other fees | 9c(1)(B) |
| (C) Other specific acquisition costs | 9c(1)(C) |
| (D) Other expenses | 9c(1)(D) |

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

4701

retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... Specify nature of costs

10 Nonexperience-rated contracts:

Benefit and contract type (check all applicable boxes)

a Health (other than dental or vision)

m X Other (specify) ▶AD&D

Experience-rated contracts:

Part III

(E) Taxes.....

(F) Charges for risks or other contingencies

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....

Total premiums or subscription charges paid to carrier

If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

| Part IV | Provision of Information | | | |
|-----------|---|-----|------|--|
| 11 Did th | e insurance company fail to provide any information necessary to complete Schedule A? | Yes | X No | |

9c(1)(E)

¹² If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

| pursuant to ERISA section 103(a)(2). | | | | Inspection | | | | |
|---|--|------------------------------------|---|----------------|----------------------|-------------------|-----------------------|--|
| For calendar plan year 20° | 12 or fiscal pla | n year beginning 01/01/2012 | | and end | ding 1 | 2/31/2012 | • | |
| A Name of plan MSC-MEDICAL SERVICE | A Name of plan MSC-MEDICAL SERVICES COMPANY HEALTH AND WELFARE PLAN | | | | e-digit number (F | PN) • | 501 | |
| C Plan sponsor's name as shown on line 2a of Form 5500 MSC GROUP, INC. D Employer Identification Number (EI 80-0197267 | | | | | | EIN) | | |
| on a separat | on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. | | | | | | | |
| 1 Coverage Information: | | | | | | | | |
| (a) Name of insurance cal | rrier | | | | | | | |
| LIFE INSURANCE COMP | PANY OF NOR | RTH AMERICA | | | | | | |
| /L) FINI | (c) NAIC | (d) Contract or | (e) Approximate nu | | | Policy or co | ntract year | |
| (b) EIN | code | identification number | persons covered a policy or contract | | (f |) From | (g) To | |
| 23-1503749 | 65498 | LK 750724 | 76 | 63 | 10/01/2 | 011 | 10/01/2012 | |
| 2 Insurance fee and communication descending order of the | | ation. Enter the total fees and to | tal commissions paid. Li | st in line 3 t | the agents | , brokers, and ot | her persons in | |
| (a) Total a | amount of com | missions paid | | (b) To | tal amoun | t of fees paid | | |
| | | 9572 | | | | | | |
| 3 Persons receiving com | missions and f | ees. (Complete as many entries | s as needed to report all | persons). | | | | |
| | (a) Name a | and address of the agent, broker | | | | s were paid | | |
| BENEFITS TECHNOLOG | SIES DIV | | O CYPRESS PLAZA DRI' KSONVILLE, FL 32256 | VE SUITE 2 | 201 | | | |
| (b) Amount of sales ar | nd hase | Fe | es and other commission | ns paid | | | | |
| commissions pai | | (c) Amount | ı | (d) Purpose |) | | (e) Organization code | |
| 9572 | | | | | | | 3 | |
| | (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | | | | | |
| | (2) (10) | | , 0, 0, 10, 10, 10, 10, 10, 10, 10, 10, | | <u> </u> | о ного раза | | |
| (b) Amount of sales and base Fees and other commissions paid | | | | | | | | |
| commissions pai | | (c) Amount | | (d) Purpose | | | (e) Organization code | |
| | | | | | | | | |

| Schedule A (Form 5500) | 2012 | Page 2 - 1 | | | | | |
|--|---------------------------------------|---|---|--|--|--|--|
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees were pa | aid | | | | |
| | , | .,, | | | | | |
| | | | | | | | |
| | | | | | | | |
| (b) Amount of color and bose | | Fees and other commissions paid | (a) Organization | | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees were pa | aid | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | | | | |
| commissions paid | (c) Amount | (d) Purpose | code | | | | |
| | | | | | | | |
| | | | | | | | |
| ()) ! | | | • | | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees were pa | aid | | | | |
| | | | | | | | |
| | | | | | | | |
| | T | | <u> </u> | | | | |
| (b) Amount of sales and base | (-) A | Fees and other commissions paid | (e) Organization | | | | |
| commissions paid | (c) Amount | (d) Purpose | code | | | | |
| | | | | | | | |
| | | | | | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees were pa | aid | | | | |
| | , , , , , , , , , , , , , , , , , , , | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (h) Amount of color and bose | | Fees and other commissions paid | (2) Orner in eties | | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | | | |
| • | , , | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | | | | |
| commissions paid | (c) Amount | (d) Purpose | code | | | | |
| | | | | | | | |
| | | | | | | | |

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|------|-----|
| Pane | ٠.' |
| uqu | |

| Pa | art II | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report. | idual contrad | cts with each carrier ma | ay be treated | as a unit for purposes of |
|----|----------|--|----------------|--------------------------|---------------|---------------------------|
| 4 | Curre | nt value of plan's interest under this contract in the general account at year | end | | 4 | |
| _ | | nt value of plan's interest under this contract in separate accounts at year e | | | 5 | |
| 6 | Contr | acts With Allocated Funds: | | | | |
| | а | State the basis of premium rates | | | | |
| | | Premiums paid to carrier | | | 6b | |
| | | Premiums due but unpaid at the end of the year | | | 6c | |
| | | If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount | | | 6d | |
| | ; | Specify nature of costs • | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred | d annuity | | | |
| | | (3) other (specify) | | | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | ating plan c | heck here | | |
| 7 | Contr | acts With Unallocated Funds (Do not include portions of these contracts ma | intained in s | eparate accounts) | | |
| | а | Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶ | | ion guarantee | | |
| | L | | | | 71- | |
| | | Balance at the end of the previous year | | | 7b | |
| | | Additions: (1) Contributions deposited during the year | | | | |
| | | (2) Dividends and credits | 7c(2) 7c(3) | | | |
| | | (3) Interest credited during the year | 7c(4) | | | |
| | | (4) Transferred from separate account | 7c(4) | | | |
| | | (5) Other (specify below) | 10(3) | | | |
| | , | | | | | |
| | | | | | | |
| | | (6)Total additions | | | 7c(6) | |
| | | otal of balance and additions (add lines 7b and 7c(6)) | | | 7d | |
| | | Deductions: | Γ | | | |
| | (| 1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (| 2) Administration charge made by carrier | . 7e(2) | | | |
| | (| 3) Transferred to separate account | . 7e(3) | | | |
| | (| 4) Other (specify below) | . 7e(4) | | | |
| | ١ | | | | | |
| | | | | | | |
| | | | | | | |
| | (| 5) Total deductions | | | 7e(5) | |
| | f | Balance at the end of the current year (subtract line 7e(5) from line 7d) | | | | |

| Schedule A (Form 5500) 2012 | | Pag | e 4 | | |
|--|----------------------------|------------|---------------------|--------------|-------------------------|
| Welfare Benefit Contract Information If more than one contract covers the same group information may be combined for reporting purpor the entire group of such individual contracts with | o of employees of the same | experience | -rated as a unit. W | here contrac | |
| nefit and contract type (check all applicable boxes) | | | | | |
| Health (other than dental or vision) b | Dental | с | Vision | | d Life insurance |
| Temporary disability (accident and sickness) f | Long-term disability | g | Supplemental unen | nployment | h Prescription drug |
| Stop loss (large deductible) | HMO contract | k 🗍 | PPO contract | | I Indemnity contract |
| Other (specify) | | ш | | | ь . |
| | | | | | |
| erience-rated contracts: | | | | | |
| Premiums: (1) Amount received | | 9a(1) | | | |
| (2) Increase (decrease) in amount due but unpaid | <u> </u> | 9a(2) | | | |
| (3) Increase (decrease) in unearned premium reserv | e | 9a(3) | | | |
| (4) Earned ((1) + (2) - (3)) | <u></u> | | | 9a(4) | |
| Benefit charges (1) Claims paid | | 9b(1) | | | |
| (2) Increase (decrease) in claim reserves | | 9b(2) | | | |
| (3) Incurred claims (add (1) and (2)) | | | | 9b(3) | |
| (4) Claims charged | | | | 9b(4) | |
| Remainder of premium: (1) Retention charges (on a | n accrual basis) | | | | |
| (A) Commissions | 90 | c(1)(A) | | | |
| (B) Administrative service or other fees | | c(1)(B) | | | |
| (C) Other specific acquisition costs | | c(1)(C) | | | |
| (D) Other expenses | 90 | c(1)(D) | | | |

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

104430

retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... Specify nature of costs

10 Nonexperience-rated contracts:

Benefit and contract type (check all applicable boxes)

a Health (other than dental or vision)

Experience-rated contracts:

Part III

(E) Taxes.....

(F) Charges for risks or other contingencies

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....

Total premiums or subscription charges paid to carrier If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

| Part IV | Provision of Information | | | |
|------------------|---|-----|------|--|
| 11 Did th | e insurance company fail to provide any information necessary to complete Schedule A? | Yes | X No | |

9c(1)(E)

¹² If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

| r ension benefit duaranty oc | riporation | | ERISA section 103(a)(2). | mation | This For | m is Open to Public Inspection |
|---|-----------------|---------------------------------------|---|-----------------------------------|------------|-----------------------------------|
| For calendar plan year 20 | 12 or fiscal pl | an year beginning 01/01/2012 | 2 and | ending 12/31/2 | :012 | |
| A Name of plan MSC-MEDICAL SERVICE | S COMPANY | / HEALTH AND WELFARE PLAI | M. | hree-digit lan number (PN) | • | 501 |
| C Plan sponsor's name a MSC GROUP, INC. | as shown on li | ne 2a of Form 5500 | | nployer Identification 0197267 | Number (| (EIN) |
| | | | : Coverage, Fees, and Co s a unit in Parts II and III can be r | | | |
| (a) Name of insurance ca | | ICA | | | | |
| | | 100 | (e) Approximate number of | f F | olicy or c | ontract year |
| (b) EIN | (c) NAIC code | (d) Contract or identification number | persons covered at end of policy or contract year | | • | (g) To |
| 23-1503749 | 65498 | LK 962223 | 763 | 10/01/2011 | | 10/01/2012 |
| 2 Insurance fee and com descending order of the | | | otal commissions paid. List in line | e 3 the agents, brok | ers, and o | ther persons in |
| (a) Total a | amount of cor | mmissions paid | (b) | Total amount of fe | es paid | |
| | | 7189 | | | | |
| 3 Persons receiving com | missions and | fees. (Complete as many entrie | s as needed to report all persons |). | | |
| • r orderie recenting com | | | r, or other person to whom comm | | e paid | |
| BENEFITS TECHNOLOG | | 811 | 0 CYPRESS PLAZA DRIVE SUIT KSONVILLE, FL 32256 | | | |
| (b) Amount of sales ar | nd hase | Fe | ees and other commissions paid | | | |
| commissions pa | | (c) Amount | (d) Purp | ose | | (e) Organization code |
| | 7189 | | | | | 3 |
| | (a) Nomo | and address of the agent broke | r or other person to whom comm | vissions or foos wor | o poid | |
| | (a) Name | and address of the agent, broke | r, or other person to whom comm | iissions or rees were | a paid | |
| | | | | | | |
| (b) Amount of sales ar | nd base | Fe | ees and other commissions paid | | | |
| commissions pa | | (c) Amount | (d) Purp | oose | | (e) Organization code |
| | | | | | | |

| Schedule A (Form 5500) | 2012 | Page 2 - 1 | |
|---|---------------------------------------|---|---|
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees were pa | aid |
| | , | .,, | |
| | | | |
| | | | |
| (b) Amount of color and bose | | Fees and other commissions paid | (a) Organization |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | | | |
| | | | |
| | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees were pa | aid |
| | | | |
| | | | |
| | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| | | | |
| | | | |
| ()) ! | | | • |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees were pa | aid |
| | | | |
| | | | |
| | T | | <u> </u> |
| (b) Amount of sales and base | (-) A | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| | | | |
| | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees were pa | aid |
| | , , , , , , , , , , , , , , , , , , , | | |
| | | | |
| | | | |
| (h) Amount of color and bose | | Fees and other commissions paid | (2) Orner in eties |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| • | , , | | |
| | | | |
| | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees were pa | aid |
| | | | |
| | | | |
| | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| | | | |
| | | | |

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| uqu | |

| Pa | art II | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report. | idual contrad | cts with each carrier ma | ay be treated | as a unit for purposes of |
|----|----------|--|----------------|--------------------------|---------------|---------------------------|
| 4 | Curre | nt value of plan's interest under this contract in the general account at year | end | | 4 | |
| _ | | nt value of plan's interest under this contract in separate accounts at year e | | | 5 | |
| 6 | Contr | acts With Allocated Funds: | | | | |
| | а | State the basis of premium rates | | | | |
| | | Premiums paid to carrier | | | 6b | |
| | | Premiums due but unpaid at the end of the year | | | 6c | |
| | | If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount | | | 6d | |
| | ; | Specify nature of costs • | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred | d annuity | | | |
| | | (3) other (specify) | | | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | ating plan c | heck here | | |
| 7 | Contr | acts With Unallocated Funds (Do not include portions of these contracts ma | intained in s | eparate accounts) | | |
| | а | Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶ | | ion guarantee | | |
| | L | | | | 71- | |
| | | Balance at the end of the previous year | | | 7b | |
| | | Additions: (1) Contributions deposited during the year | | | | |
| | | (2) Dividends and credits | 7c(2) 7c(3) | | | |
| | | (3) Interest credited during the year | 7c(4) | | | |
| | | (4) Transferred from separate account | 7c(4) | | | |
| | | (5) Other (specify below) | 10(3) | | | |
| | , | | | | | |
| | | | | | | |
| | | (6)Total additions | | | 7c(6) | |
| | | otal of balance and additions (add lines 7b and 7c(6)) | | | 7d | |
| | | Deductions: | Γ | | | |
| | (| 1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (| 2) Administration charge made by carrier | . 7e(2) | | | |
| | (| 3) Transferred to separate account | . 7e(3) | | | |
| | (| 4) Other (specify below) | . 7e(4) | | | |
| | ١ | | | | | |
| | | | | | | |
| | | | | | | |
| | (| 5) Total deductions | | | 7e(5) | |
| | f | Balance at the end of the current year (subtract line 7e(5) from line 7d) | | | | |

| Schedule A (Form 5500) 2012 | | Page 4 | | |
|--|-------------------------------|--------------------------|--------------------|-------------------------|
| rt III Welfare Benefit Contract Informa If more than one contract covers the same of information may be combined for reporting the entire group of such individual contracts | group of employees of the san | experience-rated as a ur | it. Where contract | |
| Benefit and contract type (check all applicable boxes |) | | | |
| a Health (other than dental or vision) | b Dental | c Vision | | d Life insurance |
| e Temporary disability (accident and sickness) | f X Long-term disability | g Supplemental | unemployment | h Prescription drug |
| i Stop loss (large deductible) | j HMO contract | k PPO contract | | I Indemnity contract |
| m ☐ Other (specify) ▶ | · 🗆 | ш | | |
| The Garden (opposity) | | | | |
| Experience-rated contracts: | | | | |
| a Premiums: (1) Amount received | | 9a(1) | | |
| (2) Increase (decrease) in amount due but unpa | id | 9a(2) | |] |
| (3) Increase (decrease) in unearned premium re | serve | 9a(3) | | |
| (4) Earned ((1) + (2) - (3)) | <u></u> | | 9a(4) | |
| b Benefit charges (1) Claims paid | | 9b(1) | | |
| (2) Increase (decrease) in claim reserves | | 9b(2) | | |
| (3) Incurred claims (add (1) and (2)) | | | 9b(3) | |
| (4) Claims charged | | | 9b(4) | |
| c Remainder of premium: (1) Retention charges (| , | | | _ |
| (A) Commissions | | c(1)(A) | | |
| (B) Administrative service or other fees | | c(1)(B) | | |
| (C) Other specific acquisition costs | | c(1)(C) | | |
| (D) Other expenses | 9 | c(1)(D) | | |

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

78399

retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... Specify nature of costs

10 Nonexperience-rated contracts:

Part III

(E) Taxes.....

(F) Charges for risks or other contingencies

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....

Total premiums or subscription charges paid to carrier If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

| Part IV | Provision of Information | | | |
|-----------|---|-----|------|---|
| 11 Did th | e insurance company fail to provide any information necessary to complete Schedule A? | Yes | X No | _ |

9c(1)(E)

¹² If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

| Tension Benefit Guaranty Oc | прогация | | e required to provide the informat RISA section 103(a)(2). | This Fo | rm is Open to Public Inspection |
|---|-------------------|---|---|------------------------------------|------------------------------------|
| For calendar plan year 20 | 12 or fiscal plar | year beginning 01/01/2012 | and en | ding 12/31/2012 | |
| A Name of plan MSC-MEDICAL SERVICE | ES COMPANY I | HEALTH AND WELFARE PLAN | | e-digit number (PN) | 501 |
| C Plan sponsor's name a MSC GROUP, INC. | as shown on line | e 2a of Form 5500 | D Emplo | yer Identification Number 17267 | (EIN) |
| | | ing Insurance Contract C Individual contracts grouped as a | | | |
| 1 Coverage information. | | | | | |
| (a) Name of insurance ca | | CE | | | |
| | (a) NIAIC | (d) Contract or | (e) Approximate number of | Policy or o | contract year |
| (b) EIN | (c) NAIC code | identification number | persons covered at end of policy or contract year | (f) From | (g) To |
| 59-0781901 | 60534 | 69535 | 325 | 01/01/2011 | 12/31/2011 |
| 2 Insurance fee and com descending order of the | | ation. Enter the total fees and total | commissions paid. List in line 3 | the agents, brokers, and o | other persons in |
| | amount of comr | missions paid | (b) To | tal amount of fees paid | |
| | | 29284 | | · | |
| 3 Persons receiving com | missions and fe | ees. (Complete as many entries a | s needed to report all persons). | | |
| | | nd address of the agent, broker, c | | ions or fees were paid | |
| DWIGHT PIERCE RICHT | ER & COMPAI | | YPRESS PLAZA DRIVE SUITE 2 SONVILLE, FL 32256 | 201 | |
| (b) Amount of sales ar | nd base | Fees | and other commissions paid | | |
| commissions pa | | (c) Amount | (d) Purpose | 9 | (e) Organization code |
| | 22915 | | | | 3 |
| | (a) Name a | nd address of the agent, broker, o | or other person to whom commiss | ions or fees were paid | |
| DONALD LIKENS | | 8833 P SUITE | ERIMTER PARK BLVD | | |
| (b) Amount of sales ar | nd base | Fees | and other commissions paid | | |
| commissions pa | | (c) Amount | (d) Purpose | 9 | (e) Organization code |
| | 29 | | | | 3 |
| | | | | | |

| Schedule A (Form 5500) | 2012 | Page 2 - 1 | |
|--------------------------------|-----------------------------------|--|------------------|
| | me and address of the agent, brok | er, or other person to whom commissions or fees were | paid |
| JOHN SWEENEY BENEFIT SERVICE | ES GRP 1200 | EAST TAFT ST JLPA, OK 74066 | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| 662 | | | 3 |
| (a) Na | me and address of the agent, brok | er, or other person to whom commissions or fees were | paid |
| RITA REITER BENEFIT SERVICES (| ERP 1200 | EAST TAFT ST JLPA, OK 74066 | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| 260 | | | 3 |
| (a) No | ma and address of the agent brok | er, or other person to whom commissions or fees were | noid |
| MICHAEL SASSER BENEFIT SERVI | CES GRP 8833 SUIT | PERIMETER PARK BLVD E 802 (SONVILLE, FL 32216 | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| 104 | | | 3 |
| (a) Na | me and address of the agent, brok | er, or other person to whom commissions or fees were | paid |
| ROSS LEHMAN | SUIT | PERIMETER PARK BLVD E 802 (SONVILLE, FL 32216 | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| 195 | | | 3 |
| (a) Na | me and address of the agent brok | er, or other person to whom commissions or fees were | naid |
| THOMAS W COOPER | 8833 SUIT | PERIMETER PARK BLVD E 802 (SONVILLE, FL 32216 | p on us |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| 2520 | | | 3 |
| | | | <u> </u> |

| Schedule A (Form 5500) 20: | 12 | Page 2 - 2 | |
|--|--|--|-------------------------------------|
| Schedule A (Form 5500) 20 | | | ., |
| (a) Name VILLIARD H FORD | 8833 PEI | or other person to whom commissions or fees were parking the PARK BLVD | iid |
| | SUITE 80 JACKSO | NVILLE, FL 32216 | |
| | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | es and other commissions paid (d) Purpose | (e) Organization code |
| 55 | (V) / unount | (4) (4) | 3 |
| | | or other person to whom commissions or fees were pa | id |
| ACK O HOWARD | SUITE 80 | RIMETER PARK BLVD)2 NVILLE, FL 32216 | |
| (b) Amount of sales and base | Fe | es and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| 43 | | | 3 |
| (a) Name | and address of the agent, broker, c | or other person to whom commissions or fees were pa | iid |
| DAVID B PHILLIPS | SUITE 80 | RIMETER PARK BLVD)2 NVILLE, FL 32216 | |
| T | | | |
| (b) Amount of sales and base | Fe | es and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | es and other commissions paid (d) Purpose | code |
| ` ' | | • | |
| commissions paid 395 | (c) Amount | • | code 3 |
| commissions paid 395 (a) Name | and address of the agent, broker, c | (d) Purpose or other person to whom commissions or fees were pa | code 3 |
| commissions paid 395 | and address of the agent, broker, constant address of the agent, address of the agent address of the a | (d) Purpose or other person to whom commissions or fees were particular parti | code 3 |
| (a) Name MELISSA E KLIPP (b) Amount of sales and base commissions paid | and address of the agent, broker, constant address of the agent | (d) Purpose or other person to whom commissions or fees were particles with the commission of the com | code 3 iid (e) Organization code |
| (a) Name MELISSA E KLIPP (b) Amount of sales and base | and address of the agent, broker, constant address of the agent, address of the agent address of the a | (d) Purpose or other person to whom commissions or fees were particle (d) Purpose or other person to whom commissions or fees were particle (d) Purpose or other person to whom commissions or fees were particle (d) Purpose | code 3 iid (e) Organization |
| (a) Name MELISSA E KLIPP (b) Amount of sales and base commissions paid | and address of the agent, broker, contractions of the agent | (d) Purpose or other person to whom commissions or fees were particle (d) Purpose or other person to whom commissions or fees were particle (d) Purpose or other person to whom commissions or fees were particle (d) Purpose | code 3 id (e) Organization code 3 |

Fees and other commissions paid

(d) Purpose

(c) Amount

(e) Organization code

3

(b) Amount of sales and base commissions paid

Page **2 -** 3

| (a) Na | me and address of the agent, broke | er, or other person to whom commissions or fees were paid | t | | | |
|--|--|--|-----------------------|--|--|--|
| LESLEE RAY | | ADMIRAL WALK DRIVE W IGE PARK, FL 32073 | | | | |
| | | | | | | |
| (b) Amount of sales and base commissions paid | | | | | | |
| 49 | (c) Amount | (u) i dipose | code 3 | | | |
| (a) Na | I ime and address of the agent, broke | I er, or other person to whom commissions or fees were paid | d | | | |
| MARK FALBO | SUITE | PERIMETER PARK BLVD E 802 SONVILLE, FL 32216 | | | | |
| (b) Amount of sales and base | | (e) Organization | | | | |
| commissions paid | (c) Amount | (d) Purpose | code 3 | | | |
| 110 | | | Ŭ | | | |
| (a) Na | me and address of the agent, broke | er, or other person to whom commissions or fees were paid | i i | | | |
| | | | | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | | | | |
| commissions paid | (c) Amount | (d) Purpose | code | | | |
| (a) Na | me and address of the agent broke | er, or other person to whom commissions or fees were paid | 1 | | | |
| (4) | | ,, o. c., o. posco, to mich estimated to 1900 here pare | - | | | |
| (I) A second of colors and have | | Fees and other commissions paid | (1) (2) | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | | |
| | | | | | | |
| (a) Na | me and address of the agent, broke | er, or other person to whom commissions or fees were paid | d | | | |
| | | | | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | | | |
| commissions paid | (c) Amount | (d) Purpose | code | | | |
| | | | | | | |

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| Part II | | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report. | idual contrac | cts with each carrier ma | ay be treated | as a unit for purposes of |
|---------|-------|--|----------------|--------------------------|---------------|---------------------------|
| 4 | Curre | nt value of plan's interest under this contract in the general account at year | end | | 4 | |
| _ | | rrent value of plan's interest under this contract in separate accounts at year end | | | 5 | |
| 6 | Contr | intracts With Allocated Funds: | | | | |
| | а | State the basis of premium rates | | | | |
| | | Premiums paid to carrier | | | 6b | |
| | | Premiums due but unpaid at the end of the year | | | 6c | |
| | | If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount | | | 6d | |
| | ; | Specify nature of costs • | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred | d annuity | | | |
| | | (3) other (specify) | | | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | ating plan cl | neck here | | |
| 7 | Contr | acts With Unallocated Funds (Do not include portions of these contracts ma | intained in s | eparate accounts) | | |
| | а | Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶ | | ion guarantee | | |
| | L | | | | 71. | |
| | | Balance at the end of the previous year | | | 7b | |
| | | Additions: (1) Contributions deposited during the year | | | | |
| | | (2) Dividends and credits | 7c(2) 7c(3) | | | |
| | | (3) Interest credited during the year | 7c(4) | | | |
| | | (4) Transferred from separate account | 7c(4) | | | |
| | | (5) Other (specify below) | 10(3) | | | |
| | , | • | | | | |
| | | | | | | |
| | | (6)Total additions | | | 7c(6) | |
| | | otal of balance and additions (add lines 7b and 7c(6)) | | | 7d | |
| | | Deductions: | Г | | • | |
| | (| 1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (| 2) Administration charge made by carrier | . 7e(2) | | | |
| | (| 3) Transferred to separate account | . 7e(3) | | | |
| | (| 4) Other (specify below) | . 7e(4) | | | |
| | l | • | | | | |
| | | | | | | |
| | | | | | | |
| | (| 5) Total deductions | | | 7e(5) | |
| | , | Balance at the end of the current year (subtract line 7e(5) from line 7d) | | | | |

| Schedule A (Form 5500) 2012 | | Page 4 | | |
|---|--|---------------------|---------------------------|-------------------------|
| Welfare Benefit Contract Informat If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts | roup of employees of the sa ourposes if such contracts ar | re experience-rated | as a unit. Where contract | |
| Benefit and contract type (check all applicable boxes) |) | | | |
| a X Health (other than dental or vision) | b Dental | C Vision | | d Life insurance |
| e Temporary disability (accident and sickness) | f Long-term disability | g Suppl | emental unemployment | h Prescription drug |
| Stop loss (large deductible) | j HMO contract | k PPO c | | I Indemnity contract |
| m ☐ Other (specify) ▶ | , | 🗀 | | - <u> </u> |
| Uller (Specify) | | | | |
| experience-rated contracts: | | | | |
| Premiums: (1) Amount received | | 9a(1) | | |
| (2) Increase (decrease) in amount due but unpai | d | 9a(2) | | |
| (3) Increase (decrease) in unearned premium res | serve | 9a(3) | | |
| (4) Earned ((1) + (2) - (3)) | | | 9a(4) | |
| b Benefit charges (1) Claims paid | | 9b(1) | | |
| (2) Increase (decrease) in claim reserves | | 9b(2) | | |
| (3) Incurred claims (add (1) and (2)) | | | 9b(3) | |
| (4) Claims charged | | | 9b(4) | |
| c Remainder of premium: (1) Retention charges (c | on an accrual basis) | | | |
| (A) Commissions | | 9c(1)(A) | | |
| (B) Administrative service or other fees | | 9c(1)(B) | | |
| (C) Other specific acquisition costs | | 9c(1)(C) | | |
| (D) Other expenses | | 9c(1)(D) | | |

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

81094

retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... Specify nature of costs

10 Nonexperience-rated contracts:

Part III

(E) Taxes..... (F) Charges for risks or other contingencies

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....

Total premiums or subscription charges paid to carrier If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....

| Part IV | Provision of Information | | | |
|-----------|---|-----|------|--|
| 11 Did th | e insurance company fail to provide any information necessary to complete Schedule A? | Yes | X No | |

9c(1)(E)

¹² If the answer to line 11 is "Yes," specify the information not provided.