

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>09/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☒ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☒ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>LIFEPOINT MARQUETTE PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>09/01/2012</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>09/01/2012</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>09/01/2012</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>LIFEPOINT HOSPITALS INC</u> <u>103 POWELL COURT</u> <u>BRENTWOOD, TN 37027</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>20-1538254</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>615-372-8500</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>20-1538254</u>	2c Sponsor's telephone number <u>615-372-8500</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>20-1538254</u>					
2c Sponsor's telephone number <u>615-372-8500</u>					
2d Business code (see instructions) <u>622000</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	<u>10/15/2013</u> Date	<u>JOHN BUMPUS</u> Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) <u>ROBIN A RAUVALA</u> <u>MAKELA TOUTANT HILL & NARDI PC</u> <u>201 W BLUFF STREET</u> <u>MARQUETTE, MI 49855</u>			Preparer's telephone number (optional) <u>906-228-3600</u>

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 193
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	190
b Retired or separated participants receiving benefits.....	6b	2
c Other retired or separated participants entitled to future benefits.....	6c	1
d Subtotal. Add lines 6a , 6b , and 6c	6d	193
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	
f Total. Add lines 6d and 6e	6f	193
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.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1G		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (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) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 09/01/2012 and ending 12/31/2012

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>LIFEPOINT MARQUETTE PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>LIFEPOINT HOSPITALS INC</u>	D Employer Identification Number (EIN) <u>20-1538254</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>09</u> Day <u>01</u> Year <u>2012</u>	
2 Assets:	
a Market value	2a <u>14435065</u>
b Actuarial value	2b <u>14435065</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a
b For terminated vested participants.....	3b
c For active participants:	
(1) Non-vested benefits.....	3c(1) <u>932700</u>
(2) Vested benefits.....	3c(2) <u>15401418</u>
(3) Total active	3c(3) <u>193</u> <u>16334118</u>
d Total	3d <u>193</u> <u>16334118</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>7.14 %</u>
6 Target normal cost.....	6 <u>107827</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>10/14/2013</u>
Signature of actuary		Date
<u>TIMOTHY HEDLUND, EA, MAAA</u>		<u>11-04791</u>
Type or print name of actuary		Most recent enrollment number
<u>AON HEWITT</u>		<u>314-719-3803</u>
Firm name		Telephone number (including area code)
<u>8182 MARYLAND AVENUE, SUITE 1400</u> <u>ST LOUIS, MO 63105</u>		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of Year Carryover Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	b Interest on (a) using prior year's effective interest rate of _____% except as otherwise provided (see instructions)		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages			
14	Funding target attainment percentage	14	88.37 %
15	Adjusted funding target attainment percentage	15	88.37 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/15/2012	210000				
09/06/2013	7523				
			Totals ►	18(b)	217523 18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	215276
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	107827	
b Excess assets, if applicable, but not greater than line 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1899053	107439	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	215266	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			
36 Additional cash requirement (line 34 minus line 35)	36	215266	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	215276	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	10	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40		

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2012</div> This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning 09/01/2012 and ending 12/31/2012		
A Name of plan LIFEPOINT MARQUETTE PENSION PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 LIFEPOINT HOSPITALS INC		D Employer Identification Number (EIN) 20-1538254

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		3793126
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		108379
	(2) U.S. Government securities.....	1c(2)		2574626
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		8408382
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f		14884513

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l		14884513
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	210000	
(B) Participants	2a(1)(B)	173194	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		383194

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5	
(B) U.S. Government securities	2b(1)(B)	32086	
(C) Corporate debt instruments	2b(1)(C)	80430	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		112521

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	5801607	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5784013	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		17594

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-59504	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-59504

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		453805

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4319	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		4319
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	38	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		38
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4357

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		449448
l Transfers of assets:			
(1) To this plan.....	2l(1)		14435065
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☒ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2012</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2012 or fiscal plan year beginning 09/01/2012 and ending 12/31/2012		
A Name of plan LIFEPOINT MARQUETTE PENSION PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 LIFEPOINT HOSPITALS INC		D Employer Identification Number (EIN) 20-1538254
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 41-6257133		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2012 v. 120126		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 0.0% Investment-Grade Debt: 100.0% High-Yield Debt: 0.0% Real Estate: 0.0% Other: 0.0%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☒ Modified duration ☐ Other (specify):

Schedule SB Attachment (Form 5500)—2012 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

General Information

Original Effective Date:

September 1, 2012

Eligibility

All of the employees of the Hospital are covered employees with the exception of leased employees, interns, residents, student personnel, and employees of Surgical Associates of Marquette, P.C. Employees participate on the January 1 of the Plan Year in which they complete 1,000 hours of service or, if earlier, the January 1 following their date of hire if they complete 1,000 hours of service in the first 12 months of employment. Effective January 1, 2006, Union employees hired after July 1, 2006 are excluded. Eligible employees who participated in a merged plan participate on the merger date. Effective January 1, 2010, Union employees who were re-hired on or after November 1, 2010 are excluded.

Service

An Employee receives one (1) Year of Service for each Plan Year in which he has 1,000 or more hours of service on or after January 1, 1976. Prior to January 1, 1976, Years of Service shall be credited at the rate of one Year of Service for each 12 consecutive month period in which the individual was credited with at least one Hour of Service.

Credited Service

An Employee receives one (1) year of Credited Service for each Plan Year in which he has 1,995 or more hours of service. Proportionate credit is given for 1,000 to 1,995 hours of service. Service with St. Mary's Hospital prior to July 1, 1973 is also included. Employees who are not contributing to the Retirement Plan after November 1, 2010, do not receive Credited Service for hours worked after November 1, 2010.

Annual Compensation

Base rate of pay on January 1 of the Plan Year times 2080 (capped at \$205,000 on and after January 1, 2005).

Schedule SB Attachment (Form 5500)—2012 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Final Average Annual Compensation

The average of the Employee's Annual Compensation during the highest five consecutive calendar years.

Normal Retirement Benefit

Prior to November 1, 2010:

Upon the attainment of age 65.

A Participant who terminates employment with the Employer for any reason on or after January 1, 2001, shall be eligible for a monthly Normal Retirement Benefit equal to one-twelfth ($1/12^{\text{th}}$) of the greater of (i), (ii), or (iii), below.

- (i) If the Participant was born before 1938, 1.7% of his or her Final Average Compensation up to Covered Compensation for each Year of Credited Service (up to a maximum of 30 such Years) plus 2.5% of Final Average Compensation in excess of Covered Compensation for each Year of Credited Service (up to a maximum of 30 such Years). If the Participant was born on or after January 1, 1938 but before January 1, 1955, the 1.7% is replaced with 1.7736%. If the Participant was born on or after January 1, 1955, the 1.7% is replaced with 1.8333%.
- (ii) The Participant's Accrued Benefit determined as of December 31, 1999.
- (iii) For a Participant whose Final Average Compensation is in excess of Covered Compensation and whose Accrued Benefit would otherwise decrease due to a change in Covered Compensation, his or her Accrued Benefit as of the last day of any preceding Plan Year which falls on or after December 31, 1999.

Effective January 1, 2006, a Participant may make an irrevocable election to waive future benefit accruals under the Plan in exchange for increased Company allocations under a defined contribution plan.

Effective November 1, 2010:

For all Union Employees who elect to make Employee Mandatory Contributions of 6% to the Retirement Plan, the Normal Retirement Benefit remains the same as described above.

Early Retirement Benefit

Upon the attainment of age 55 with 10 years of service:

A Participant who terminates employment with the employer for any reason on or after January 1, 2001, and who is eligible for an early retirement benefit hereunder shall be entitled to a monthly Single Life Pension equal to the Participant's Accrued Benefit reduced by one-third of one percent for each month during which early retirement benefit payments are made before the Normal Retirement Date.

Schedule SB Attachment (Form 5500)—2012 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Disability Retirement Benefit

Age 40 with 10 Years of Service and eligible for a disability benefit under the Federal Social Security Act. Accrued Normal Retirement Benefit is payable without reduction.

Vesting

Five years of service: Normal Retirement formula in effect at date of termination deferred to age 65 or later, or reduced as for early retirement. Effective January 1, 2010, all participants who are active as of November 1, 2010 are fully vested.

Employee Mandatory Contribution Benefit

The total of the Employee Mandatory Contributions and all interest calculated per section 14.10D of the plan document.

Spouse Benefit for Pre-Retirement Death

Death Benefit Attributable to Employer Contributions:

A monthly benefit payable to the spouse of a vested employee in the amount of 50% of the employee's vested accrued normal retirement benefit attributable to employer contributions, reduced for commencement prior to normal retirement date and the joint and survivor option. The benefit is payable on the first day of the month following the later of the employee's death or attainment of age 55 if eligible for early retirement.

Death Benefit Attributable to Employee Mandatory Contributions:

A lump sum payable to the spouse of a vested employee in the amount equal to the Employee Mandatory Contribution Benefit determined as of the participant's date of death payable immediately.

Payment Options

- a) Automatic Joint and Survivor benefit: reduced benefit payable to retiree with 50% of such reduced benefit payable to surviving spouse (adjusted for age of spouse). Automatic for those married at retirement unless spouse waives rights.
- b) Life only.
- c) Lifetime benefit with 120 payments certain.
- d) Lifetime benefit with 50%, 75% or 100% payable to a contingent annuitant upon the retiree's death with certain restrictions.

Schedule SB Attachment (Form 5500)—2012 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

The total amount that is paid on behalf of a Participant in any of the payment forms that are offered shall never be less than the Employee Mandatory Contribution Benefit determined as of the Participant's annuity starting date. The entire amount of each monthly benefit payment will be treated as a payment of the Employee Mandatory Contribution Benefit until the total amount that has been paid to or for the benefit of the Participant is equal to the Participant's Employee Mandatory Contribution Benefit.

Plan Changes Since the Prior Year

The funding, financial accounting, and plan reporting valuations do not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.



SCHEDULE H, LINE 4I--SCHEDULE OF ASSETS HELD AT END OF YEAR
LIFEPOINT HOSPITALS INC #20-1538254
LIFEPOINT MARQUETTE PENSION PLAN #002

DECEMBER 31, 2012

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SCHEDULE H (FORM 5500 - 4I-1)
SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR

MARQUETTE GENERAL HOSPITAL, INC.
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(b)		(c)	(d)	(e)
IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR		COST	CURRENT VALUE
GENERAL INVESTMENTS				

INTEREST-BEARING CASH (INCLUDING MM ACCTS & CD)				

VP4500022 WELLS FARGO ADVANTAGE CASH	INVESTMENT MONEY MARKET SERVICE		108,379	108,379
	108,378.860			
TOTAL INTEREST-BEARING CASH (INCLUDING MM ACCTS & CD)				

U.S. GOVERNMENT SECURITIES				

38378BDJ5 GOVT NATL MTG ASSN	SER 2012-19 CL D *15 DAY DELAY*		251,696	258,540
	250,000.000			
38378BRY7 GOVT NATL MTG ASSN	SER 2012-44 CL C *15 DAY DELAY*		131,300	138,420
	130,000.000			
912810FP8 US TREASURY BOND	DTD 02/15/01 5.375 02/15/2031		426,762	428,250
	300,000.000			
912810FT0 US TREASURY BOND	DTD 02/15/06 4.500 02/15/2036		190,050	184,253
	140,000.000			
912810GW1 US TREASURY BOND	DTD 05/15/12 3.000 05/15/2042		1,509,808	1,441,531
	1,415,000.000			
912828TY6 US TREASURY NOTE	DTD 11/15/12 1.625 11/15/2022		123,604	123,633
	125,000.000			
TOTAL U.S. GOVERNMENT SECURITIES				

CORPORATE DEBT INSTRUMENTS: ALL OTHER				

00101JAB2 ADI CORP	144A PRIV PLMT 3.500 07/15/2022		122,339	116,711
RATINGS: BAA2 BBB-	120,000.000			
02006CAD5 ALLY AUTO RECEIVABLES TRUST	SER 2012-A CL D *0 DAY DELAY*		168,830	173,878
RATINGS: BAA1 A-	170,000.000			
02364WBC8 AMERICA MOVIL SAB DE CV	DTD 09/08/11 2.375 09/08/2016		49,594	51,969
RATINGS: A2 A-	50,000.000			

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS HELD AT END OF YEAR
LIFEPOINT HOSPITALS INC #20-1538254
LIFEPOINT MARQUETTE PENSION PLAN #002



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SCHEDULE H (FORM 5500 - 4i-1)
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(b)	(c)	(d)	(e)
IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
03063WAF4 AMERICREDIT AUTOMOBILE RECEIVA RATINGS: A1 N/A	SER 2012-2 CL D *0 DAY DELAY* 230,000.000	229,975	238,059
03063XAA3 AMERICREDIT AUTOMOBILE RECEIVA RATINGS: N/A BBB-	SER 2012-4 CL E *0 DAY DELAY* 40,000.000	41,550	41,408
00184AAGO AOL TIME WARNER INC RATINGS: BAA2 BBB	DTD 04/08/02 7.700 05/01/2032 40,000.000	55,282	55,927
05377RAYD AVIS BUDGET RENTAL CAR FUNDING RATINGS: BAA1 N/A	SER 2012-1A CL B *0 DAY DELAY* 195,000.000	195,000	201,084
06051GEC9 BANK OF AMERICA CORP RATINGS: BAA2 A-	DTD 06/22/10 5.625 07/01/2020 80,000.000	87,014	94,850
06051GEE5 BANK OF AMERICA CORP RATINGS: BAA2 A-	DTD 12/21/10 5.875 01/05/2021 50,000.000	55,430	59,864
06051GDX4 BANK OF AMERICA NA RATINGS: BAA2 A-	DTD 05/02/08 5.650 05/01/2018 60,000.000	63,241	69,806
073902RU4 BEAR STEARNS CO INC RATINGS: A2 A	DTD 02/01/08 7.250 02/01/2018 45,000.000	54,589	56,387
084664BQ3 BERKSHIRE HATHAWAY FIN RATINGS: AA2 AA	DTD 01/11/11 4.250 01/15/2021 95,000.000	104,380	108,997
084670AV0 BERKSHIRE HATHAWAY INC RATINGS: AA2 AA	DTD 02/11/10 3.200 02/11/2015 50,000.000	50,701	52,639
055451AP3 BHP BILLITON FIN USA LTD RATINGS: A1 A+	DTD 02/24/12 1.625 02/24/2017 75,000.000	75,096	76,694
09062XAA1 BIOGEN IDEC INC RATINGS: BAA2 BBB+	DTD 03/04/08 6.000 03/01/2013 55,000.000	58,617	55,474
05565QBN7 BP CAPITAL MARKETS PLC RATINGS: A2 A	DTD 10/01/10 3.125 10/01/2015 50,000.000	51,264	53,078
110122AP3 BRISTOL-MYERS SQUIBB RATINGS: A2 A+	DTD 11/20/06 5.875 11/15/2036 170,000.000	225,910	219,519
136069DP3 CANADIAN IMP BK COMM NY RATINGS: AA3 A+	DTD 09/14/10 1.450 09/13/2013 55,000.000	54,937	55,419
14912L4M0 CATERPILLAR FINANCIAL SE RATINGS: A2 A	MED TERM NOTE 50,000.000	51,059	52,371

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS HELD AT END OF YEAR
LIFEPOINT HOSPITALS INC #20-1538254
LIFEPOINT MARQUETTE PENSION PLAN #002



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SCHEDULE H (FORM 5500 - 41-1)
SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR

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(b)	(c)	(d)	(e)
IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
14912L4S7 CATERPILLAR FINANCIAL SE RATINGS: A2 A	MED TERM NOTE 50,000.000	49,912	52,503
151020AD6 CELGENE CORP RATINGS: BAA2 BBB+	DTD 10/07/10 2.450 10/15/2015 55,000.000	55,452	57,074
151020AE4 CELGENE CORP RATINGS: BAA2 BBB+	DTD 10/07/10 3.950 10/15/2020 105,000.000	102,748	113,955
17275RAK8 CISCO SYSTEMS INC RATINGS: A1 A+	DTD 03/16/11 3.150 03/14/2017 50,000.000	54,333	54,309
17275RAE2 CISCO SYSTEMS INC RATINGS: A1 A+	DTD 02/17/09 4.950 02/15/2019 45,000.000	54,129	53,272
172967FD8 CITIGROUP INC RATINGS: BAA2 A-	DTD 05/19/10 4.750 05/19/2015 60,000.000	62,977	64,682
172967EM9 CITIGROUP INC RATINGS: BAA2 A-	DTD 11/21/07 6.125 11/21/2017 55,000.000	62,526	65,459
20030NAJ0 COMCAST CORP RATINGS: A3 A-	DTD 11/14/05 5.850 11/15/2015 50,000.000	55,657	56,910
216871AF0 COOPER US INC RATINGS: BAA1 A-	DTD 12/07/10 2.375 01/15/2016 55,000.000	55,152	56,893
067383AC3 CR BARD INC RATINGS: A3 A	DTD 12/20/10 4.400 01/15/2021 55,000.000	54,605	62,622
247025AE9 DELL COMPUTER CORP DTD 04/15/98 RATINGS: BAA1 B+	7.1000 04/15/2028 45,000.000	56,214	54,179
25459HBE4 DIRECTV HOLDINGS/FING RATINGS: BAA2 BBB	DTD 05/09/12 2.400 03/15/2017 115,000.000	118,172	117,797
25746UBC2 DOMINION RESOURCES INC RATINGS: BAA2 A-	DTD 12/04/07 6.000 11/30/2017 45,000.000	49,992	54,272
26441CAH8 DUKE ENERGY CORP RATINGS: BAA1 BBB	DTD 08/16/12 1.625 08/15/2017 55,000.000	54,853	55,144
26483EAE0 DUN & BRADSTREET CORP RATINGS: N/A BBB	DTD 11/24/10 2.875 11/15/2015 55,000.000	56,235	55,794
278642AE3 EBAY INC RATINGS: A2 A	DTD 07/24/12 2.600 07/15/2022 110,000.000	111,185	111,126

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS HELD AT END OF YEAR
LIFEPOINT HOSPITALS INC #20-1538254
LIFEPOINT MARQUETTE PENSION PLAN #002



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SCHEDULE H (FORM 5500 - 41-1)
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(b)	(c)	(d)	(e)
IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
268317AE4 ELECTRICITE DE FRANCE RATINGS: AA3 A+	144A PRIV PLCMT 5.600 01/27/2040 95,000.000	112,734	109,230
291011AV6 EMERSON ELECTRIC CO RATINGS: A2 A	DTD 12/06/06 5.125 12/01/2016 45,000.000	50,435	51,791
29273RAL3 ENERGY TRANSFER PARTNERS RATINGS: BAA3 BBB-	DTD 04/07/09 8.500 04/15/2014 50,000.000	58,923	54,369
29379VAS2 ENTERPRISE PRODUCTS OPER RATINGS: BAA1 BBB+	DTD 01/13/11 3.200 02/01/2016 50,000.000	49,951	52,832
30161WAG8 EXELON GENERATION CO LLC RATINGS: BAA2 BBB	DTD 09/23/09 6.250 10/01/2039 95,000.000	108,683	110,472
34528BBS2 FORD CREDIT FLOORPLAN MASTER 0 RATINGS: A1 BBB	SER 2012-2 CL D *0 DAY DELAY* 160,000.000	159,940	165,642
35177PAL1 FRANCE TELECOM SA SER W.I. RATINGS: A3 BBB+	DTD 09/01/01 8.500 03/01/2031 75,000.000	112,478	112,265
354613AJ0 FRANKLIN RESOURCES INC RATINGS: A1 AA-	DTD 09/24/12 2.800 09/15/2022 105,000.000	105,748	106,283
36955DAQ1 GENERAL DYNAMICS CORP RATINGS: A2 A	DTD 07/12/11 2.250 07/15/2016 50,000.000	52,375	52,403
36962G4G6 GENERAL ELEC CAP CORP RATINGS: A1 AA+	DTD 11/16/09 3.750 11/14/2014 60,000.000	63,390	63,268
36962G3U6 GENERAL ELEC CAP CORP RATINGS: A1 AA+	DTD 04/21/08 5.625 05/01/2018 45,000.000	52,263	53,439
36962G4R2 GENERAL ELEC CAP CORP RATINGS: A1 AA+	MED TERM NOTE 50,000.000	49,823	55,803
36962G4Y7 GENERAL ELEC CAP CORP RATINGS: A1 AA+	DTD 01/07/11 4.625 01/07/2021 60,000.000	59,323	68,058
38141EA74 GOLDMAN SACHS GROUP INC RATINGS: A3 A-	DTD 07/28/10 3.700 08/01/2015 50,000.000	50,381	52,770
38143USC6 GOLDMAN SACHS GROUP INC RATINGS: A3 A-	DTD 02/07/11 3.625 02/07/2016 80,000.000	78,848	84,682
38141GFM1 GOLDMAN SACHS GROUP INC RATINGS: A3 A-	DTD 04/01/08 6.150 04/01/2018 90,000.000	98,819	105,729

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS HELD AT END OF YEAR
LIFEPOINT HOSPITALS INC #20-1538254
LIFEPOINT MARQUETTE PENSION PLAN #002



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MARQUETTE GENERAL HOSPITAL, INC.
UNION ACTIVE PLAN

(b)	(c)	(d)	(e)
IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
38141EA58 GOLDMAN SACHS GROUP INC RATINGS: A3 A-	DTD 03/08/10 5.375 03/15/2020 60,000.000	61,697	68,762
459200GU9 IBM CORP RATINGS: AA3 AA-	DTD 12/09/10 2.000 01/05/2016 65,000.000	67,456	67,163
45814QAH3 INTEL CORP RATINGS: A1 A+	DTD 09/19/11 1.950 10/01/2016 55,000.000	57,743	56,821
478165AG8 JOHNSON (S.C.) & SON INC RATINGS: N/A A-	144A PRIV PLCMT 4.800 09/01/2040 95,000.000	108,025	105,197
46625HGYD JP MORGAN CHASE & CO RATINGS: A2 A	DTD 12/20/07 6.000 01/15/2018 70,000.000	78,811	83,803
46625HJJA9 JPMORGAN CHASE & CO RATINGS: A2 A	DTD 06/29/11 3.150 07/05/2016 50,000.000	50,040	52,973
46625HHS2 JPMORGAN CHASE & CO RATINGS: A2 A	DTD 07/22/10 4.400 07/22/2020 70,000.000	75,453	79,019
46625HHU7 JPMORGAN CHASE & CO RATINGS: A2 A	DTD 10/21/10 4.250 10/15/2020 50,000.000	47,922	55,607
46625HJD3 JPMORGAN CHASE & CO RATINGS: A2 A	DTD 01/23/12 4.500 01/24/2022 50,000.000	55,134	56,562
49167ABC0 KENTUCKY UTILITIES RATINGS: A2 A-	DTD 06/30/11 1.625 11/01/2015 55,000.000	54,808	56,577
548661CV7 LOWE'S COMPANIES INC RATINGS: A3 A-	DTD 11/23/11 3.800 11/15/2021 50,000.000	50,323	55,231
548661CJ4 LOWE'S COMPANIES INC RATINGS: A3 A-	DTD 10/06/05 5.500 10/15/2035 50,000.000	58,568	60,938
58155QAD5 MCKESSON CORP RATINGS: BAA2 A-	DTD 02/28/11 4.750 03/01/2021 65,000.000	73,997	75,495
61747YCE3 MORGAN STANLEY RATINGS: BAA1 A-	MED TERM NOTE 50,000.000	54,066	54,461
61746SBR9 MORGAN STANLEY RATINGS: BAA1 A-	DTD 10/21/05 5.375 10/15/2015 80,000.000	82,842	86,974
61747YCM5 MORGAN STANLEY RATINGS: BAA1 A-	DTD 01/26/10 5.500 01/26/2020 40,000.000	40,173	44,872



SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS HELD AT END OF YEAR
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MARQUETTE GENERAL HOSPITAL, INC.
UNION ACTIVE PLAN

(b)		(c)		(d)	(e)
IDENTITY OF ISSUE, BORROWER, LESSOR		DESCRIPTION OF INVESTMENT SHARES / PAR		COST	CURRENT VALUE
6174467P8 MORGAN STANLEY RATINGS: BAA1 A-		DTD 07/26/10 5.500 07/24/2020 55,000.000		55,342	61,876
61747WAF6 MORGAN STANLEY RATINGS: BAA1 A-		DTD 01/25/11 5.750 01/25/2021 55,000.000		56,139	62,812
637432MN2 NATIONAL RURAL UTIL COOP RATINGS: A1 A+		DTD 02/22/11 3.050 03/01/2016 50,000.000		49,903	53,075
638671AK3 NATIONWIDE MUTUAL INSURA RATINGS: A3 A-		144A PRIV PLCMT 9.375 08/15/2039 75,000.000		108,836	105,531
63946BAC4 NBCUNIVERSAL MEDIA LLC RATINGS: A3 A-		DTD 04/01/11 2.875 04/01/2016 75,000.000		74,959	79,069
63946BAE0 NBCUNIVERSAL MEDIA LLC RATINGS: A3 A-		DTD 04/01/11 4.375 04/01/2021 50,000.000		50,621	56,167
681919AZ9 OMNICO GROUP INC RATINGS: BAA1 BBB+		DTD 04/23/12 3.625 05/01/2022 105,000.000		109,913	109,381
682680AQ6 ONEOK INC RATINGS: BAA2 BBB		DTD 01/26/12 4.250 02/01/2022 80,000.000		85,554	86,926
68389XAE5 ORACLE CORP RATINGS: A1 A+		DTD 04/09/08 6.500 04/15/2038 75,000.000		106,897	104,289
694308GL5 PACIFIC GAS & ELECTRIC RATINGS: A3 BBB		DTD 12/04/07 5.625 11/30/2017 45,000.000		49,924	54,329
713409AC4 PEPSI BOTTLING SER B RATINGS: A1 A		DTD 03/08/99 7.000 03/01/2029 80,000.000		108,021	114,903
73755LAJ6 POTASH CORP-SASKATCHEWAN RATINGS: A3 A-		DTD 11/30/10 3.250 12/01/2017 50,000.000		49,826	54,709
743674AY9 PROTECTIVE LIFE CORP RATINGS: BAA2 A-		DTD 10/09/09 8.450 10/15/2039 45,000.000		55,291	58,687
826200AD9 SIEMENS FINANCIAL RATINGS: AA3 A+		144A PRIV PLCMT 6.125 08/17/2026 50,000.000		63,316	65,745
837004CE8 SOUTH CAROLINA ELEC&GAS RATINGS: WR A		DTD 01/27/11 5.450 02/01/2041 90,000.000		110,081	110,253
842400EY5 SOUTHERN CAL EDISON RATINGS: A1 A		DTD 01/19/05 5.000 01/15/2016 50,000.000		55,381	56,063



SCHEDULE H, LINE 4I--SCHEDULE OF ASSETS HELD AT END OF YEAR
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DECEMBER 31, 2012

AS OF DECEMBER 31, 2012

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MARQUETTE GENERAL HOSPITAL, INC.
UNION ACTIVE PLAN

(b)		(c)	(d)	(e)
IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE	
85771PAB8 STATOIL ASA RATINGS: AA2 AA-	DTD 08/17/10 3-125 08/17/2017 50,000.000	54,122	54,419	
85771SAA4 STATOILHYDRO ASA RATINGS: AA2 AA-	DTD 04/23/09 5-250 04/15/2019 90,000.000	109,021	107,916	
78487YAB9 SVO VOI MORTGAGE CORP RATINGS: N/A BBB	SER 2010-AA CL B *19 DAY DELAY* 172,317.270	176,948	177,947	
87612EAR7 TARGET CORP RATINGS: A2 A+	DTD 10/05/07 6-500 10/15/2037 155,000.000	218,082	216,357	
883556AY8 THERMO FISHER SCIENTIFIC RATINGS: BAA1 BBB	DTD 02/22/11 3-200 03/01/2016 50,000.000	53,108	53,099	
88732JQA1 TIME WARNER CABLE INC RATINGS: BAA2 BBB	DTD 11/18/08 8-250 02/14/2014 50,000.000	57,737	54,163	
891490AT1 TOSCO CORP RATINGS: A1 A	DTD 02/15/00 8-125 02/15/2030 75,000.000	114,438	111,221	
89152UAC6 TOTAL CAPITAL SA RATINGS: AA1 AA-	DTD 06/24/10 3-000 06/24/2015 40,000.000	39,844	42,250	
89233P5F9 TOYOTA MOTOR CREDIT CORP RATINGS: AA3 AA-	MED TERM NOTE 50,000.000	54,013	54,453	
89233P5T9 TOYOTA MOTOR CREDIT CORP RATINGS: AA3 AA-	DTD 01/12/12 3-300 01/12/2022 75,000.000	74,949	79,830	
8935268Z9 TRANS-CANADA PIPELINES RATINGS: A3 A-	DTD 01/09/09 7-625 01/15/2039 60,000.000	93,469	90,262	
911312AJ5 UNITED PARCEL SERVICE RATINGS: AA3 A+	DTD 01/15/08 6-200 01/15/2038 120,000.000	162,906	160,952	
92343VAC8 VERIZON COMMUNICATIONS RATINGS: BAA1 BBB+	DTD 02/15/06 5-500 02/15/2016 70,000.000	80,955	79,712	
92343VAV6 VERIZON COMMUNICATIONS RATINGS: BAA1 BBB+	DTD 03/27/09 6-350 04/01/2019 85,000.000	103,526	107,421	
931142DD2 WAL-MART STORES INC RATINGS: AA2 AA	DTD 04/18/11 4-250 04/15/2021 60,000.000	70,576	69,680	
94973VAV9 WELLPOINT INC RATINGS: BAA2 A-	DTD 08/15/11 2-375 02/15/2017 110,000.000	109,483	113,890	



SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS HELD AT END OF YEAR
LIFEPOINT HOSPITALS INC #20-1538254
LIFEPOINT MARQUETTE PENSION PLAN #002

DECEMBER 31, 2012

FD491 SCHEDULE H (FORM 5500 - 41-1) SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR			MARQUETTE GENERAL HOSPITAL, INC. UNION ACTIVE PLAN		PAGE 85 17697690
			AS OF	DECEMBER 31, 2012	
(b)			(d)	(e)	
IDENTITY OF ISSUE, BORROWER, LESSOR			COST	CURRENT VALUE	
94973VBA4 RATINGS: BAA2 A-	WELLPOINT INC	DTD 09/10/12 3-300 01/15/2023	100,211	102,600	
		100,000.000			
94974BFD7 RATINGS: A2 A+	WELLS FARGO & COMPANY	MED TERM NOTE	55,493	56,863	
		55,000.000			
94974BFC9 RATINGS: A2 A+	WELLS FARGO & COMPANY	DTD 03/08/12 3-500 03/08/2022	49,891	53,333	
		50,000.000			
983024AF7 RATINGS: A1 AA	WYETH	DTD 12/16/03 6-450 02/01/2024	105,942	108,594	
		80,000.000			
TOTAL CORPORATE DEBT INSTRUMENTS: ALL OTHER			8,204,833	8,408,382	
TOTAL GENERAL INVESTMENTS			10,946,431	11,091,387	

Schedule SB Attachment (Form 5500)—2012 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of September 1, 2012

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29			2							
30-34		3	11	1						
35-39		6	11	6	1					
40-44			6	5	4					
45-49		4	6	7	13	6				
50-54			10	6	10	13	8			
55-59		1	5	5	7	6	8	2		
60-64			3	1	5	3	4			
65-69			1		1		2			
70+										

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Schedule SB Attachment (Form 5500)—2012 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Methods

For ERISA Requirements

Interest Rates for Minimum Funding Purposes

Based on segment rates with a four-month lookback (as of May 2012), each adjusted as needed to fall within the 25-year average interest rate corridor under MAP-21

1st Segment Rate	5.54%
2nd Segment Rate	6.85%
3rd Segment Rate	7.52%

Interest Rates for Maximum Tax Purposes

Based on segment rates with a four-month lookback (as of May 2012), without regard to the MAP-21 interest rate corridor

1st Segment Rate	1.87%
2nd Segment Rate	4.84%
3rd Segment Rate	5.96%

Salary Increases

Minimum Funding Target Normal Cost	3.00%
Maximum Tax Expected Benefit Increase	3.00%

Social Security Wage Base Increases

Future wage indices are based on a national wage increase of 3.00% per year.

Social Security COLA Increases

3.00%

Retirement Age

Active Participants	See Table 1
Terminated Vested Participants	Age 65

Schedule SB Attachment (Form 5500)—2012 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

For ERISA Requirements

Mortality Rates

Healthy and Disabled

2012 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)

Withdrawal Rates

See Table 2

Disability Rates

None

Decrement Timing

Beginning of year decrements

Surviving Spouse Benefit

It is assumed that 80% of males and 70% of females have an eligible spouse, and that males are 3 years older than their spouses.

Valuation Compensation

2012 Pay Rate * 2080

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$200,000 and the IRC section 401(a)(17) compensation limit of \$250,000.

Valuation of Plan Assets

Fair market value

Trust Expenses Included in Target Normal Cost

0

Actuarial Method

Standard unit credit cost method

Valuation Date

September 1, 2012

Schedule SB Attachment (Form 5500)—2012 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Actuarial Assumptions and Methods

Table 1

Retirement Rates—Retirement Rates

Age	Rate	Age	Rate
15	0.00%	45	0.00%
16	0.00%	46	0.00%
17	0.00%	47	0.00%
18	0.00%	48	0.00%
19	0.00%	49	0.00%
20	0.00%	50	0.00%
21	0.00%	51	0.00%
22	0.00%	52	0.00%
23	0.00%	53	0.00%
24	0.00%	54	0.00%
25	0.00%	55	10.00%
26	0.00%	56	3.00%
27	0.00%	57	3.00%
28	0.00%	58	5.00%
29	0.00%	59	5.00%
30	0.00%	60	10.00%
31	0.00%	61	15.00%
32	0.00%	62	35.00%
33	0.00%	63	25.00%
34	0.00%	64	25.00%
35	0.00%	65	50.00%
36	0.00%	66	50.00%
37	0.00%	67	100.00%
38	0.00%	68	100.00%
39	0.00%	69	100.00%
40	0.00%	70	100.00%
41	0.00%	71	100.00%
42	0.00%	72	100.00%
43	0.00%	73	100.00%
44	0.00%	74	100.00%

Schedule SB Attachment (Form 5500)—2012 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Table 2

Withdrawal Rates—Withdrawal Rates (For Causes Other Than Death, Disability or Retirement)

Age	Male	Female	Age	Male	Female
15	0.00%	0.00%	45	2.00%	5.00%
16	0.00%	0.00%	46	1.80%	4.60%
17	0.00%	0.00%	47	1.60%	4.20%
18	0.00%	0.00%	48	1.40%	3.80%
19	0.00%	0.00%	49	1.20%	3.40%
20	15.00%	38.00%	50	1.00%	3.00%
21	14.00%	34.90%	51	0.80%	2.60%
22	13.00%	31.80%	52	0.60%	2.20%
23	12.00%	28.70%	53	0.40%	1.80%
24	11.00%	25.60%	54	0.20%	1.40%
25	10.00%	22.50%	55	0.00%	1.00%
26	9.40%	21.00%	56	0.00%	0.80%
27	8.80%	19.50%	57	0.00%	0.60%
28	8.20%	18.00%	58	0.00%	0.40%
29	7.60%	16.50%	59	0.00%	0.20%
30	7.00%	15.00%	60	0.00%	0.00%
31	6.60%	14.20%	61	0.00%	0.00%
32	6.20%	13.40%	62	0.00%	0.00%
33	5.80%	12.60%	63	0.00%	0.00%
34	5.40%	11.80%	64	0.00%	0.00%
35	5.00%	11.00%	65	0.00%	0.00%
36	4.60%	10.30%	66	0.00%	0.00%
37	4.20%	9.60%	67	0.00%	0.00%
38	3.80%	8.90%	68	0.00%	0.00%
39	3.40%	8.20%	69	0.00%	0.00%
40	3.00%	7.50%	70	0.00%	0.00%
41	2.80%	7.00%	71	0.00%	0.00%
42	2.60%	6.50%	72	0.00%	0.00%
43	2.40%	6.00%	73	0.00%	0.00%
44	2.20%	5.50%	74	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2012 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Schedule SB, line 32—Schedule of Amortization Bases

Type Of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	\$1,899,053	January 1, 2008	7	\$322,316
		Prorated for 4 months from 9/1/12 to 12/31/12		\$107,439

Schedule SB Attachment (Form 5500)—2012 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2012

Date	Amount	Interest Rate	Days to Discount to 9/1/2012	Interest Adjusted Contribution
October 15, 2012	\$ 210,000	7.14%	44	\$ 208,261
September 6, 2013	7,523	7.14%	370	7,015
Total Contribution	\$ 217,523			\$ 215,276

Schedule SB Attachment (Form 5500)—2012 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

			(d)
(a)	(b)	(c)	Product
Age	Rate	Weight	(a) × (b) × (c)
55	10.00%	1.0000	5.50
56	3.00%	0.9000	1.51
57	3.00%	0.8730	1.49
58	5.00%	0.8468	2.46
59	5.00%	0.8045	2.37
60	10.00%	0.7642	4.59
61	15.00%	0.6878	6.29
62	35.00%	0.5846	12.69
63	25.00%	0.3800	5.99
64	25.00%	0.2850	4.56
65	50.00%	0.2138	6.95
66	50.00%	0.1069	3.53
67	100.00%	0.0534	3.58
Weighted Average			61.51

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 4085 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. 1510-0110 1510-0089 2012 This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2012 or fiscal plan year beginning 09/01/2012 and ending 12/31/2012			
A This return/report is for:	☐ a multiple-employer plan; ☒ a single-employer plan;	☐ a multiple-employer plan; or ☐ a DFE (specify) _____	
B This return/report is:	☒ the first return/report; ☐ an amended return/report;	☐ the final return/report; ☒ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here	▶ ☒		
D Check box if filing under:	☒ Form 5558; ☐ special extension (enter description) _____	☐ automatic extension;	☐ the DFVC program;

Part II Basic Plan Information - enter all requested information			
1a Name of plan LIFEPOINT MARQUETTE PENSION PLAN	1b	Three-digit plan number (PN) ▶	002
2a Plan sponsor's name and address, include room or suite number (employer, if for a single-employer plan) LIFEPOINT HOSPITALS INC 103 POWELL COURT BRENTWOOD TN 37027	1c	Effective date of plan	09/01/2012
	2b	Employer Identification Number (EIN)	20-1538254
	2c	Sponsor's telephone number	615-372-8500
	2d	Business code (see instructions)	622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	 (Signature of plan administrator)	10/14/2013 Date	JOHN BUMPUS Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) ROBIN A RAUVALA MAKELA TOUTANT HILL & NARDI PC 201 W BLUFF STREET MARQUETTE MI 49855			Preparer's telephone number (optional) (906) 228-3600

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2012)
v. 120126

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☒ Same as Plan Sponsor Address	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN
	4c PN

5 Total number of participants at the beginning of the plan year	5	193
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	190
b Retired or separated participants receiving benefits	6b	2
c Other retired or separated participants entitled to future benefits	6c	1
d Subtotal. Add lines 6a, 6b, and 6c	6d	193
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	193
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	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the Instructions:
1A 1G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the Instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(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) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information - Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☐ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE H, LINE 3d - - REASON ACCOUNTANT'S OPINION NOT ATTACHED
LIFEPOINT HOSPITALS INC #20-1538254
LIFEPOINT MARQUETTE PENSION PLAN #002

DECEMBER 31, 2012

The plan has elected to defer attaching the accountant's opinion for this plan year as allowed under 29 CFR 2520.104-50 of the DOL Regulations. This plan year is of four months duration because it was established on September 1, 2012.

The annual report for the succeeding plan year of January 1, 2013 to December 31, 2013, will include a report from an independent qualified public account with respect to the financial statements and accompanying schedules for both of the two plan years.

SCHEDULE H, LINE 4j - - SCHEDULE OF REPORTABLE TRANSACTIONS
LIFEPOINT HOSPITALS INC #20-1538254
LIFEPOINT MARQUETTE PENSION PLAN #002

DECEMBER 31, 2012

(a) Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
SINGLE TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS						
Banc of America Securities LLC	Purchase of 2,250,000 par value of U.S. Treasury Bonds 3% due 05/15/2042	106.6641		2,399,941	2,399,941	
BNP Paribas Securities Bond	Sale of 988,000 par value of U.S. Treasury Notes .25% due 02/15/2015		99.9531	985,110	987,537	2,427
Banc of America Securities LLC	Sale of 883,000 par value of U.S. Treasury Notes .625% due 05/31/2017		100.2266	880,579	885,001	4,422
Wells Fargo Bank NA	Purchase of 886,493 shares of Wells Fargo Advantage Cash Investment Money Market	100.00		886,493	886,493	
Wells Fargo Bank NA	Sale of 859,533 shares of Wells Fargo Advantage Cash Investment Money Market		100.00	859,533	859,533	
SERIES OF TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS						
	<u>U.S. Treasury Bonds 3% due 05/15/2042</u>					
Banc of America Securities LLC	Purchase of 2,250,000 par value	106.6641		2,399,941	2,399,941	
Deutsche Bank Securities Inc.	Sale of 95,000 par value		103.4141	101,365	98,243	(3,122)
Banc of America Securities LLC	Sale of 150,000 par value		103.5938	160,050	155,391	(4,659)
Deutsche Bank Securities Inc.	Sale of 95,000 par value		100.7109	101,365	95,675	(5,690)
CS First Boston Corp.	Sale of 60,000 par value		102.4805	64,020	61,488	(2,532)
Deutsche Bank Securities Inc.	Sale of 100,000 par value		102.5977	106,700	102,598	(4,102)
Deutsche Bank Securities Inc.	Sale of 115,000 par value		100.9180	122,705	116,056	(6,649)
Deutsche Bank Securities Inc.	Sale of 110,000 par value		105.2930	117,370	115,822	(1,548)
Banc of America Securities LLC	Sale of 165,000 par value		100.8370	176,055	166,386	(9,669)
	SECURITY TOTAL			<u>3,349,571</u>	<u>3,311,600</u>	<u>(37,971)</u>

SCHEDULE H, LINE 4j - - SCHEDULE OF REPORTABLE TRANSACTIONS
LIFEPOINT HOSPITALS INC #20-1538254
LIFEPOINT MARQUETTE PENSION PLAN #002

DECEMBER 31, 2012

(a) Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
SERIES OF TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS - continued						
	Wells Fargo Advantage Cash Investment Money Market					
Wells Fargo Bank NA	49 Purchases totaling 2,423,574 shares	100.00		2,423,574	2,423,574	
Wells Fargo Bank NA	17 Sales totaling 2,315,195 shares		100.00	2,315,195	2,315,195	
	SECURITY TOTAL			<u>4,738,769</u>	<u>4,738,769</u>	

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 09/01/2012 and ending 12/31/2012

- **Round off amounts to nearest dollar.**
 ► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>LifePoint Marquette Pension Plan</u>	B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>LifePoint Hospitals</u>	D Employer Identification Number (EIN) <u>20-1538254</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>9</u> Day <u>1</u> Year <u>2012</u>			
2 Assets:			
a Market value	2a	14,435,065	
b Actuarial value	2b	14,435,065	
3 Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	0	0
b For terminated vested participants.....	3b	0	0
c For active participants:			
(1) Non-vested benefits	3c(1)		932,700
(2) Vested benefits	3c(2)		15,401,418
(3) Total active.....	3c(3)	193	16,334,118
d Total.....	3d	193	16,334,118
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate	5		7.14 %
6 Target normal cost	6		107,827

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>10/14/2013</u> Date
	Signature of actuary <u>Timothy Hedlund, EA, MAAA</u> Type or print name of actuary	<u>11-04791</u> Most recent enrollment number
	<u>Aon Hewitt</u> Firm name <u>8182 Maryland Ave, Suite 1400</u> <u>St. Louis</u> <u>MO 63105</u> Address of the firm	<u>(314) 719-3803</u> Telephone number (including area code)

Part II Beginning of Year Carryover Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>0.00</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b Interest on (a) using prior year's effective interest rate of <u>0.00</u> % except as otherwise provided (see instructions)		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	88.37 %
15 Adjusted funding target attainment percentage	15	88.37 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	.00 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/15/2012	210,000				
09/06/2013	7,523				
Totals ▶			18(b)	217,523	18(c)
					0

19 Discounted employer contributions — see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	215,276

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 5.54 %	2nd segment: 6.85 %	3rd segment: 7.52 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....	21b		4
22 Weighted average retirement age	22		62
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	107,827	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	1,899,053		107,439
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	215,266	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	215,266	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	215,276	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	10	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Schedule SB Attachment (Form 5500)—2012 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Schedule SB, line 19—Discounted Employer Contributions
Year applied for contributions: 2012

Date	Amount	Interest Rate	Days to Discount to 9/1/2012	Interest Adjusted Contribution
October 15, 2012	\$ 210,000	7.14%	44	\$ 208,261
September 6, 2013	7,523	7.14%	370	7,015
Total Contribution	\$ 217,523			\$ 215,276

Schedule SB Attachment (Form 5500)—2012 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55	10.00%	1.0000	5.50
56	3.00%	0.9000	1.51
57	3.00%	0.8730	1.49
58	5.00%	0.8468	2.46
59	5.00%	0.8045	2.37
60	10.00%	0.7642	4.59
61	15.00%	0.6878	6.29
62	35.00%	0.5846	12.69
63	25.00%	0.3800	5.99
64	25.00%	0.2850	4.56
65	50.00%	0.2138	6.95
66	50.00%	0.1069	3.53
67	100.00%	0.0534	3.58
Weighted Average			61.51

Schedule SB Attachment (Form 5500)—2012 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Methods

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of May 2012), each adjusted as needed to fall within the 25-year average interest rate corridor under MAP-21
---	--

1st Segment Rate	5.54%
2nd Segment Rate	6.85%
3rd Segment Rate	7.52%

Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of May 2012), without regard to the MAP-21 interest rate corridor
---	---

1st Segment Rate	1.87%
2nd Segment Rate	4.84%
3rd Segment Rate	5.96%

Salary Increases

Minimum Funding Target Normal Cost	3.00%
Maximum Tax Expected Benefit Increase	3.00%

Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.00% per year.
-------------------------------------	--

Social Security COLA Increases	3.00%
--------------------------------	-------

Retirement Age

Active Participants	See Table 1
Terminated Vested Participants	Age 65

Schedule SB Attachment (Form 5500)—2012 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

For ERISA Requirements

Mortality Rates

Healthy and Disabled

2012 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)

Withdrawal Rates

See Table 2

Disability Rates

None

Decrement Timing

Beginning of year decrements

Surviving Spouse Benefit

It is assumed that 80% of males and 70% of females have an eligible spouse, and that males are 3 years older than their spouses.

Valuation Compensation

2012 Pay Rate * 2080

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$200,000 and the IRC section 401(a)(17) compensation limit of \$250,000.

Valuation of Plan Assets

Fair market value

Trust Expenses Included in Target Normal Cost

0

Actuarial Method

Standard unit credit cost method

Valuation Date

September 1, 2012

Schedule SB Attachment (Form 5500)—2012 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Actuarial Assumptions and Methods

Table 1

Retirement Rates—Retirement Rates

Age	Rate	Age	Rate
15	0.00%	45	0.00%
16	0.00%	46	0.00%
17	0.00%	47	0.00%
18	0.00%	48	0.00%
19	0.00%	49	0.00%
20	0.00%	50	0.00%
21	0.00%	51	0.00%
22	0.00%	52	0.00%
23	0.00%	53	0.00%
24	0.00%	54	0.00%
25	0.00%	55	10.00%
26	0.00%	56	3.00%
27	0.00%	57	3.00%
28	0.00%	58	5.00%
29	0.00%	59	5.00%
30	0.00%	60	10.00%
31	0.00%	61	15.00%
32	0.00%	62	35.00%
33	0.00%	63	25.00%
34	0.00%	64	25.00%
35	0.00%	65	50.00%
36	0.00%	66	50.00%
37	0.00%	67	100.00%
38	0.00%	68	100.00%
39	0.00%	69	100.00%
40	0.00%	70	100.00%
41	0.00%	71	100.00%
42	0.00%	72	100.00%
43	0.00%	73	100.00%
44	0.00%	74	100.00%

Schedule SB Attachment (Form 5500)—2012 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Table 2

Withdrawal Rates—Withdrawal Rates (For Causes Other Than Death, Disability or Retirement)

Age	Male	Female	Age	Male	Female
15	0.00%	0.00%	45	2.00%	5.00%
16	0.00%	0.00%	46	1.80%	4.60%
17	0.00%	0.00%	47	1.60%	4.20%
18	0.00%	0.00%	48	1.40%	3.80%
19	0.00%	0.00%	49	1.20%	3.40%
20	15.00%	38.00%	50	1.00%	3.00%
21	14.00%	34.90%	51	0.80%	2.60%
22	13.00%	31.80%	52	0.60%	2.20%
23	12.00%	28.70%	53	0.40%	1.80%
24	11.00%	25.60%	54	0.20%	1.40%
25	10.00%	22.50%	55	0.00%	1.00%
26	9.40%	21.00%	56	0.00%	0.80%
27	8.80%	19.50%	57	0.00%	0.60%
28	8.20%	18.00%	58	0.00%	0.40%
29	7.60%	16.50%	59	0.00%	0.20%
30	7.00%	15.00%	60	0.00%	0.00%
31	6.60%	14.20%	61	0.00%	0.00%
32	6.20%	13.40%	62	0.00%	0.00%
33	5.80%	12.60%	63	0.00%	0.00%
34	5.40%	11.80%	64	0.00%	0.00%
35	5.00%	11.00%	65	0.00%	0.00%
36	4.60%	10.30%	66	0.00%	0.00%
37	4.20%	9.60%	67	0.00%	0.00%
38	3.80%	8.90%	68	0.00%	0.00%
39	3.40%	8.20%	69	0.00%	0.00%
40	3.00%	7.50%	70	0.00%	0.00%
41	2.80%	7.00%	71	0.00%	0.00%
42	2.60%	6.50%	72	0.00%	0.00%
43	2.40%	6.00%	73	0.00%	0.00%
44	2.20%	5.50%	74	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2012 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

General Information

Original Effective Date: September 1, 2012

Eligibility

All of the employees of the Hospital are covered employees with the exception of leased employees, interns, residents, student personnel, and employees of Surgical Associates of Marquette, P.C. Employees participate on the January 1 of the Plan Year in which they complete 1,000 hours of service or, if earlier, the January 1 following their date of hire if they complete 1,000 hours of service in the first 12 months of employment. Effective January 1, 2006, Union employees hired after July 1, 2006 are excluded. Eligible employees who participated in a merged plan participate on the merger date. Effective January 1, 2010, Union employees who were re-hired on or after November 1, 2010 are excluded.

Service

An Employee receives one (1) Year of Service for each Plan Year in which he has 1,000 or more hours of service on or after January 1, 1976. Prior to January 1, 1976, Years of Service shall be credited at the rate of one Year of Service for each 12 consecutive month period in which the individual was credited with at least one Hour of Service.

Credited Service

An Employee receives one (1) year of Credited Service for each Plan Year in which he has 1,995 or more hours of service. Proportionate credit is given for 1,000 to 1,995 hours of service. Service with St. Mary's Hospital prior to July 1, 1973 is also included. Employees who are not contributing to the Retirement Plan after November 1, 2010, do not receive Credited Service for hours worked after November 1, 2010.

Annual Compensation

Base rate of pay on January 1 of the Plan Year times 2080 (capped at \$205,000 on and after January 1, 2005).

Schedule SB Attachment (Form 5500)—2012 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Final Average Annual Compensation

The average of the Employee's Annual Compensation during the highest five consecutive calendar years.

Normal Retirement Benefit

Prior to November 1, 2010:

Upon the attainment of age 65.

A Participant who terminates employment with the Employer for any reason on or after January 1, 2001, shall be eligible for a monthly Normal Retirement Benefit equal to one-twelfth (1/12th) of the greater of (i), (ii), or (iii), below.

- (i) If the Participant was born before 1938, 1.7% of his or her Final Average Compensation up to Covered Compensation for each Year of Credited Service (up to a maximum of 30 such Years) plus 2.5% of Final Average Compensation in excess of Covered Compensation for each Year of Credited Service (up to a maximum of 30 such Years). If the Participant was born on or after January 1, 1938 but before January 1, 1955, the 1.7% is replaced with 1.7736%. If the Participant was born on or after January 1, 1955, the 1.7% is replaced with 1.8333%.
- (ii) The Participant's Accrued Benefit determined as of December 31, 1999.
- (iii) For a Participant whose Final Average Compensation is in excess of Covered Compensation and whose Accrued Benefit would otherwise decrease due to a change in Covered Compensation, his or her Accrued Benefit as of the last day of any preceding Plan Year which falls on or after December 31, 1999.

Effective January 1, 2006, a Participant may make an irrevocable election to waive future benefit accruals under the Plan in exchange for increased Company allocations under a defined contribution plan.

Effective November 1, 2010:

For all Union Employees who elect to make Employee Mandatory Contributions of 6% to the Retirement Plan, the Normal Retirement Benefit remains the same as described above.

Early Retirement Benefit

Upon the attainment of age 55 with 10 years of service:

A Participant who terminates employment with the employer for any reason on or after January 1, 2001, and who is eligible for an early retirement benefit hereunder shall be entitled to a monthly Single Life Pension equal to the Participant's Accrued Benefit reduced by one-third of one percent for each month during which early retirement benefit payments are made before the Normal Retirement Date.

Schedule SB Attachment (Form 5500)—2012 Plan Year
LifePoint Marquette Pension Plan
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Disability Retirement Benefit

Age 40 with 10 Years of Service and eligible for a disability benefit under the Federal Social Security Act. Accrued Normal Retirement Benefit is payable without reduction.

Vesting

Five years of service: Normal Retirement formula in effect at date of termination deferred to age 65 or later, or reduced as for early retirement. Effective January 1, 2010, all participants who are active as of November 1, 2010 are fully vested.

Employee Mandatory Contribution Benefit

The total of the Employee Mandatory Contributions and all interest calculated per section 14.10D of the plan document.

Spouse Benefit for Pre-Retirement Death

Death Benefit Attributable to Employer Contributions:

A monthly benefit payable to the spouse of a vested employee in the amount of 50% of the employee's vested accrued normal retirement benefit attributable to employer contributions, reduced for commencement prior to normal retirement date and the joint and survivor option. The benefit is payable on the first day of the month following the later of the employee's death or attainment of age 55 if eligible for early retirement.

Death Benefit Attributable to Employee Mandatory Contributions:

A lump sum payable to the spouse of a vested employee in the amount equal to the Employee Mandatory Contribution Benefit determined as of the participant's date of death payable immediately.

Payment Options

- a) Automatic Joint and Survivor benefit: reduced benefit payable to retiree with 50% of such reduced benefit payable to surviving spouse (adjusted for age of spouse). Automatic for those married at retirement unless spouse waives rights.
- b) Life only.
- c) Lifetime benefit with 120 payments certain.
- d) Lifetime benefit with 50%, 75% or 100% payable to a contingent annuitant upon the retiree's death with certain restrictions.

Schedule SB Attachment (Form 5500)—2012 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

The total amount that is paid on behalf of a Participant in any of the payment forms that are offered shall never be less than the Employee Mandatory Contribution Benefit determined as of the Participant's annuity starting date. The entire amount of each monthly benefit payment will be treated as a payment of the Employee Mandatory Contribution Benefit until the total amount that has been paid to or for the benefit of the Participant is equal to the Participant's Employee Mandatory Contribution Benefit.

Plan Changes Since the Prior Year

The funding, financial accounting, and plan reporting valuations do not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2012 Plan Year
LifePoint Marquette Pension Plan
EIN: 20-1538254 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of September 1, 2012

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29			2							
30-34		3	11	1						
35-39		6	11	6	1					
40-44			6	5	4					
45-49		4	6	7	13	6				
50-54			10	6	10	13	8			
55-59		1	5	5	7	6	8	2		
60-64			3	1	5	3	4			
65-69			1		1		2			
70+										

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Schedule SB Attachment (Form 5500)—2012 Plan Year
 LifePoint Marquette Pension Plan
 EIN: 20-1538254 PN: 002

Schedule SB, line 32—Schedule of Amortization Bases

Type Of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	\$1,899,053	January 1, 2008	7	\$322,316
		Prorated for 4 months from 9/1/12 to 12/31/12		\$107,439