Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

						Inspection	
Part I	Annual Report Identific	ication Information					
For caler	ndar plan year 2012 or fiscal plan	year beginning 07/01/2012		and ending 06/3	30/2013		
A This	eturn/report is for:	a multiemployer plan;	a multip	e-employer plan; or			
		x a single-employer plan;	a DFE (s	specify)			
		_					
B This r	eturn/report is:	the first return/report;	the final	return/report;			
	•	an amended return/report;	a short p	olan year return/report (les	ss than 12 m	onths).	
C If the	nlan is a collectively-hargained pl	blan, check here				▶ □	
		Form 5558;	_	ic extension;		் ப e DFVC program;	
D Chec	k box if filing under:	H '		ic extension,		e Dr vC plogram,	
		special extension (enter desc					
Part		tion—enter all requested informa	tion		1		
	e of plan				1b	Three-digit plan number (PN) ▶	502
MOUNT	AIN COMPREHENSIVE CARE C	CENTER FLEXIBLE BENEFIT PLA	AN		1c	Effective date of pl	an
						07/01/1995	u.i
2a Plan	sponsor's name and address; inc	nclude room or suite number (emp	loyer, if for a single	-employer plan)	2b	Employer Identifica	ation
						Number (EIN)	
MOUNT	AIN COMPREHENSIVE CARE C	CENTER				61-0663787	
					2C	Sponsor's telephor number	ne
						606-886-8572	2
	ITH FRONT AVENUE NSBURG, KY 41653		H FRONT AVENUI ISBURG, KY 41653		2d	2d Business code (see	
TREGIC	11000	T KESTON	1000 KT 41000	,		instructions)	
						621330	
Caution	A penalty for the late or incom	nplete filing of this return/repor	t will be assessed	unless reasonable caus	se is establis	shed.	
		alties set forth in the instructions, I					edules,
		he electronic version of this return					
SIGN	Filed with authorized/valid electron	ronic signature.	12/13/2013	KATHY GOBLE			
HERE	Signature of plan administrate	tor	Date	Enter name of individua	al signing as	plan administrator	
					<u> </u>		
SIGN							
HERE	Signature of employer/plan sp	noncor	Date	Enter name of individua	al cianina ac	employer or plan en	oneor
	orginature or employer/plair sp	polisoi	Date	Enter name of marviage	ar signing as	chiployer or plan sp	7011301
SIGN							
HERE							
Preparer	Signature of DFE	applicable) and address; include re	Date	Enter name of individual		telephone number	
Пораго	3 hame (including initi hame, if a	applicable) and address, include it	John of Suite Humble	or. (optional)	(optional)	telepriorie number	
STROTH	MAN & COMPANY PSC					502-585-1600	
	ST MAIN STREET, SUITE 1600 LLE, KY 40202-4251						
1							

Form 5500 (2012) Page **2**

3a	Plan administrator's name and address Same as Plan Sponsor Name	Same as Plan Spo	nsor Address	3b Administrato 61-0663787	
MO	DUNTAIN COMPREHENSIVE CARE CENTER			3c Administrate	or's telephone
	4 SOUTH FRONT AVENUE ESTONSBURG, KY 41653	number 606-886	S-8572		
F	ESTONSBURG, NT 41033			000-000	5-6372
_				41	
4	If the name and/or EIN of the plan sponsor has changed since the last return EIN and the plan number from the last return/report:	n/report filed for this	plan, enter the name,	4b EIN	
а	Sponsor's name			4c PN	
_					
5	Total number of participants at the beginning of the plan year			5	577
6	Number of participants as of the end of the plan year (welfare plans complete	e only lines 6a, 6b,	6c, and 6d).		
а	Active participants			6a	628
				Cl	
b	Retired or separated participants receiving benefits			6b	
С	Other retired or separated participants entitled to future benefits			6c	
d	Subtotal. Add lines 6a , 6b , and 6c			6d	628
_					020
е	Deceased participants whose beneficiaries are receiving or are entitled to re-	ceive benefits		6e	
f	Total. Add lines 6d and 6e.			6f	
g	Number of participants with account balances as of the end of the plan year	(only defined contri	bution plans		
Ū	complete this item)			6g	
h	Number of participants that terminated employment during the plan year with	n accrued benefits t	hat were		
_	less than 100% vested			6h	
7	Enter the total number of employers obligated to contribute to the plan (only	. , ,	, ,	7	
ŏа	If the plan provides pension benefits, enter the applicable pension feature co	odes from the List of	Plan Characteristics Code	s in the instruction	ons:
b	If the plan provides welfare benefits, enter the applicable welfare feature cod	des from the List of	Plan Characteristics Codes	in the instruction	is:
	4A 4B 4D 4E				
9a	Plan funding arrangement (check all that apply)	9b Plan benefit	arrangement (check all that	t apply)	
	(1) X Insurance	(1) X	Insurance		
	(2) Code section 412(e)(3) insurance contracts (3) Trust	(2)	Code section 412(e)(3) in Trust	nsurance contrac	ets
	(4) General assets of the sponsor	(4)	General assets of the sp	onsor	
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	· · · · ·	·		e instructions)
а	Pension Schedules	b General Sc	hedules		
_	(1) R (Retirement Plan Information)	(1)	H (Financial Inform	ation)	
	(2) MR (Multiomolovor Defined Penefit Dlan and Cortain Manage		`	,	n)
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan	(2) (3) X	I (Financial Information Inf		11)
	actuary	(4)	C (Service Provide	,	
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5)	D (DFE/Participatin		on)
	Information) - signed by the plan actuary	(6)	G (Financial Transa	action Schedules)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2012

For calendar plan year 2012 or fiscal plan year beginning 07/01/2012 and ending 08/03/2013 A Name of plan MOUNTAIN COMPREHENSIVE CARE CENTER FLEXIBLE BENEFIT PLAN Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. 1 Coverage Information: (a) Name of insurance carrier ANTHEM HEALTH PLANS OF KENTUCKY (b) EIN (c) NAIC (d) Contract or identification number of persons covered at end of posicy or contract year of persons covered at end of posicy or contract year of the amount paid. (a) Total amount of commissions paid (b) Total amount of fees paid (c) Total amount of fees paid (c) Total amount of sales and base commissions paid (c) Amount (d) Purpose (e) Organization code (e) Organization	$\rho_{\text{current}} = \rho_{\text{current}} = \rho_{\text$					rm is Open to Public Inspection		
C Plan sponsor's name as shown on line 2a of Form 5500 MOUNTAIN COMPREHENSIVE CARE CENTER Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. 1 Coverage Information: (a) Name of insurance carrier ANTHEM HEALTH PLANS OF KENTUCKY (b) EIN (c) NAIC (d) Contract or identification number identification number or persons covered at end of policy or contract year of persons covered at end of policy or contract year identification of the amount paid. (a) To 10103753 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. (a) Total amount of commissions and fees. (Complete as many entries as needed to report all persons). (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base commissions paid (c) Amount (d) Purpose (e) Organization code (b) Amount of sales and base	For calendar plan year 2012 or fiscal plan year beginning 07/01/2012 and ending 06/30/2013						•	
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. 1 Coverage Information: (a) Name of insurance carrier ANTHEM HEALTH PLANS OF KENTUCKY (b) EIN (c) NAIC (d) Contract or identification number persons covered at end of policy or contract year of persons covered at end of policy or contract year of policy or contract year of the amount paid. 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. (a) Total amount of commissions paid (b) Total amount of fees paid 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid CREECH AND STAFFORD INS AGCY INC 210 MALABU DRIVE STE 200 LEXINGTON, KY 40502 (b) Amount of sales and base commissions paid (c) Amount (d) Purpose (e) Organization code (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base reported on a single Schedule A. (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base reported on a single Schedule A. (c) Amount of sales and base reported on a single Schedule A. (d) Purpose (e) Organization code		NSIVE CARE	CENTER FLEXIBLE BENEFIT	PLAN		ū	>	502
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(b) Amount of sales and base Fees and other commissions paid		(a) Name	and address of the agent, broke	r, or other person to who	m commissi	ions or fees w	ere paid	
(b) Amount of sales and base								
	(b) Amount of sales ar	nd base	Fe	ees and other commission	ns paid	-	-	
			(c) Amount		(d) Purpose	е		(e) Organization code

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

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ay		•

Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	ridual contrac	cts with each carrier ma	ay be treated	as a unit for purposes of
_		this report.				
		nt value of plan's interest under this contract in the general account at year				
_		nt value of plan's interest under this contract in separate accounts at year e	nd		5	
ь		acts With Allocated Funds:				
	а	State the basis of premium rates				
	L	Describeration and the country			Ch	
		Premiums paid to carrier			6b	
		Premiums due but unpaid at the end of the year			6c	
		If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
	;	Specify nature of costs				
	e	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan d	heck here		
7		acts With Unallocated Funds (Do not include portions of these contracts ma				
•				ion guarantee		
	u			.o guarantos		
		(3) guaranteed investment (4) other				
	b	Balance at the end of the previous year			7b	
		Additions: (1) Contributions deposited during the year	. 7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 7c(5)			
)					
		(C) Total additions			7c(6)	0
	_	(6)Total additions			76(6)	
		otal of balance and additions (add lines 7b and 7c(6))	Γ		/u	
		Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		Administration charge made by carrier	7e(1)			
		3) Transferred to separate account	7e(2)			
	`	4) Other (specify below)	7e(3)			
	(T) Outor (specify below)	, 5(7)			
	ļ	•				
	(5) Total deductions			7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	

	Schodulo A (Form 5500) 2012		Page	. 1	
	Schedule A (Form 5500) 2012		Fage	· 	
rt III	Welfare Benefit Contract Informat If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts	roup of employees of the surposes if such contracts a	are experience	rated as a unit. Where contract	
Bene	efit and contract type (check all applicable boxes)				
а	Health (other than dental or vision)	b X Dental	c ∏ '	√ision √ision	d Life insurance
e	Temporary disability (accident and sickness)	f Long-term disabilit	y g	Supplemental unemployment	h Prescription drug
iΓ	Stop loss (large deductible)	j HMO contract	k□:	PPO contract	I Indemnity contract
m		•			
∟	Other (specify)				
Expe	rience-rated contracts:				
a F	Premiums: (1) Amount received		9a(1)		
	(2) Increase (decrease) in amount due but unpaid	b	9a(2)		
	(3) Increase (decrease) in unearned premium res	serve	9a(3)		
	(4) Earned ((1) + (2) - (3))	r		9a(4)	
b	Benefit charges (1) Claims paid		9b(1)		
	(2) Increase (decrease) in claim reserves		9b(2)		
	(3) Incurred claims (add (1) and (2))			9b(3)	
	(4) Claims charged			9b(4)	
С	Remainder of premium: (1) Retention charges (c	· ·	T		_
	(A) Commissions		9c(1)(A)		_
	(B) Administrative service or other fees		9c(1)(B)		_
	(C) Other specific acquisition costs		9c(1)(C)		
	(D) Other expenses		9c(1)(D)		

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

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

10 Nonexperience-rated contracts:

Part III

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

(H) Total retention

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

(2) Claim reserves

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

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

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

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

9c(1)(E)

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Insurance Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2012

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).			This Fo	rm is Open to Public Inspection				
For calendar plan year 2012 or fiscal plan year beginning 07/01/2012 and ending 06/30/					/30/2013			
A Name of plan MOUNTAIN COMPREHE	NSIVE CARE	CENTER FLEXIBLE BENEFIT	PLAN		e-digit number (PN	v) •	502	
C Plan sponsor's name a MOUNTAIN COMPREHE				D Emplo 61-066		ation Number	(EIN)	
Part I Information on a separate	on Concer e Schedule A	ning Insurance Contrac . Individual contracts grouped a	t Coverage, Fees, as a unit in Parts II and III	I Ind Comi can be repo	missions orted on a si	Provide informingle Schedule	mation for each contract e A.	-
1 Coverage Information:								
(a) Name of insurance ca		JCKY						
	(c) NAIC	(d) Contract or	(e) Approximate n	umber of		Policy or o	contract year	-
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	(g) To	_
61-1237516	95120	001003753	30	01	07/01/20	112	06/30/2013	
2 Insurance fee and com descending order of the		nation. Enter the total fees and t	otal commissions paid. L	ist in line 3	the agents,	brokers, and o	other persons in	
		nmissions paid		(b) To	tal amount	of fees paid		-
, ,		927		, ,		,	0	
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all	persons).				
g		and address of the agent, broke			ons or fees	were paid		-
CREECH AND STAFFOR		' INC 210) MALABU DRIVE SUITE KINGTON, KY 40502			,		-
		F	ees and other commissio	ne naid				_
(b) Amount of sales ar commissions pa		(c) Amount		(d) Purpose)		(e) Organization code	
·	927	, ,		., .				
	(a) Name	and address of the agent, broke	er, or other person to who	m commissi	ons or fees	were paid		-
	(,		., р					-
(b) Amount of sales ar	nd base	F	ees and other commissio	ns paid				
commissions pa		(c) Amount		(d) Purpose)		(e) Organization code	_

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

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Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	ridual contrac	cts with each carrier ma	ay be treated	as a unit for purposes of
_		this report.				
		nt value of plan's interest under this contract in the general account at year				
_		nt value of plan's interest under this contract in separate accounts at year e	nd		5	
ь		acts With Allocated Funds:				
	а	State the basis of premium rates				
	L	Describeration and the country			Ch	
		Premiums paid to carrier			6b	
		Premiums due but unpaid at the end of the year			6c	
		If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
	;	Specify nature of costs				
	e	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan d	heck here		
7		acts With Unallocated Funds (Do not include portions of these contracts ma				
•				ion guarantee		
	u			.o guarantos		
		(3) guaranteed investment (4) other				
	b	Balance at the end of the previous year			7b	
		Additions: (1) Contributions deposited during the year	. 7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 7c(5)			
)					
		(C) Total additions			7c(6)	0
	_	(6)Total additions			76(6)	
		otal of balance and additions (add lines 7b and 7c(6))	Γ		/u	
		Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		Administration charge made by carrier	7e(1)			
		3) Transferred to separate account	7e(2)			
	`	4) Other (specify below)	7e(3)			
	(T) Outor (specify below)	, 5(7)			
	ļ	•				
	(5) Total deductions			7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	

Schedule A (Form 5500) 2012		Page	. 4	
,			· · ·	
Welfare Benefit Contract Informat			()	
If more than one contract covers the same grainformation may be combined for reporting protection the entire group of such individual contracts of the entire group of the enti	urposes if such contracts are e	experience	rated as a unit. Where contra	
efit and contract type (check all applicable boxes)		74 45 4 4m	To purposed of the report.	
Health (other than dental or vision)	b Dental	c 🛛	Vision	d Life insurance
Temporary disability (accident and sickness)	f Long-term disability	g∏s	Supplemental unemployment	h Prescription drug
Stop loss (large deductible)	j HMO contract	k∏ :	PPO contract	I Indemnity contract
Other (specify)				ш .
erience-rated contracts:				
Premiums: (1) Amount received	<u>_</u> 9	a(1)		
(2) Increase (decrease) in amount due but unpaid	gt	a(2)		
(3) Increase (decrease) in unearned premium res	serve9	a(3)		
(4) Earned ((1) + (2) - (3))	<u></u>		9a(4)	
Benefit charges (1) Claims paid	9	b(1)		
(2) Increase (decrease) in claim reserves	9	b(2)		
(3) Incurred claims (add (1) and (2))	······		9b(3)	
(4) Claims charged			9b(4)	
Remainder of premium: (1) Retention charges (c	n an accrual basis)			
(A) Commissions	9с	(1)(A)		
(B) Administrative service or other fees		(1)(B)		
(C) Other specific acquisition costs		(1)(C)		

9c(2)

9d(1)

9d(2) 9d(3)

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10a

10b

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

10 Nonexperience-rated contracts:

Benefit and contract type (check all applicable boxes)

a Health (other than dental or vision)

Experience-rated contracts:

Part III

a Premiums: (1) Amount received...... (2) Increase (decrease) in amount due but unpaid.....

Remainder of premium: (1) Retention charges (on an accrual basis) --(A) Commissions..... (B) Administrative service or other fees (C) Other specific acquisition costs..... (D) Other expenses.....

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

(H) Total retention

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

(2) Claim reserves

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

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

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

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

9c(1)(D) 9c(1)(E)

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2012

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).			This Fo	This Form is Open to Public Inspection		
For calendar plan year 20	12 or fiscal pl	an year beginning 07/01/2012	2	and ending	06/30/2013	
A Name of plan MOUNTAIN COMPREHE	A Name of plan MOUNTAIN COMPREHENSIVE CARE CENTER FLEXIBLE BENEFIT			Three-digit plan numbe	er (PN)	502
C Plan sponsor's name a MOUNTAIN COMPREHE			[Employer Ide 61-0663787	ntification Number	(EIN)
		rning Insurance Contract . Individual contracts grouped as				
(a) Name of insurance ca		JCKY				
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate num persons covered at e policy or contract you	nd of	Policy or o	contract year (g) To
61-1237516	95120	001003753	370		11/2012	06/30/2013
2 Insurance fee and com descending order of the		nation. Enter the total fees and to	otal commissions paid. List	n line 3 the age	ents, brokers, and	other persons in
		mmissions paid		(b) Total amo	ount of fees paid	
•		56256				0
3 Persons receiving com		fees. (Complete as many entrie				
CREECH AND STAFFOR			r, or other person to whom of MALABU DRIVE SUITE 20 SINGTON, KY 40502		fees were paid	
(b) Amount of sales ar	nd base	Fe	ees and other commissions	paid		
commissions pa		(c) Amount	(d)	Purpose		(e) Organization code
	56256					3
	(a) Name	and address of the agent, broke	r, or other person to whom	commissions or	fees were paid	
	(1)					
(b) Amount of sales ar	nd base	Fe	ees and other commissions			
commissions pa		(c) Amount	(d)	Purpose		(e) Organization code

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

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Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	ridual contrac	cts with each carrier ma	ay be treated	as a unit for purposes of
_		this report.				
		nt value of plan's interest under this contract in the general account at year				
_		nt value of plan's interest under this contract in separate accounts at year e	nd		5	
ь		acts With Allocated Funds:				
	а	State the basis of premium rates				
	L	Describeration and the country			Ch	
		Premiums paid to carrier			6b	
		Premiums due but unpaid at the end of the year			6c	
		If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
	;	Specify nature of costs				
	e	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan d	heck here		
7		acts With Unallocated Funds (Do not include portions of these contracts ma				
•				ion guarantee		
	u			.o guarantos		
		(3) guaranteed investment (4) other				
	b	Balance at the end of the previous year			7b	
		Additions: (1) Contributions deposited during the year	. 7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 7c(5)			
)					
		(C) Total additions			7c(6)	0
	_	(6)Total additions			76(6)	
		otal of balance and additions (add lines 7b and 7c(6))	Γ		/u	
		Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		Administration charge made by carrier	7e(1)			
		3) Transferred to separate account	7e(2)			
	`	4) Other (specify below)	7e(3)			
	(T) Outor (specify below)	, 5(7)			
	ļ	•				
	(5) Total deductions			7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	

	Schedule A (Form 5500) 2012		Pag	e 4	
rt II	Welfare Benefit Contract Information If more than one contract covers the same grainformation may be combined for reporting put the entire group of such individual contracts we	oup of employees of the sa rposes if such contracts ar	re experience	e-rated as a unit. Where contra	
Ben	efit and contract type (check all applicable boxes)				
а	Health (other than dental or vision)	b Dental	с	Vision	d Life insurance
е	Temporary disability (accident and sickness)	f Long-term disability	, g	Supplemental unemployment	h Prescription drug
ιĖ	Stop loss (large deductible)	j HMO contract	=	PPO contract	I Indemnity contract
m [=	, 🗀 : 55	🗀	o oomaat	
···· [_ Other (specify) •				
Expe	erience-rated contracts:				
•	Premiums: (1) Amount received		9a(1)		
	(2) Increase (decrease) in amount due but unpaid	ļ	9a(2)		
	(3) Increase (decrease) in unearned premium res	erve	9a(3)		
	(4) Earned ((1) + (2) - (3))	<u>.</u>		9a(4)	
b	Benefit charges (1) Claims paid		9b(1)		
	(2) Increase (decrease) in claim reserves		9b(2)		
	(3) Incurred claims (add (1) and (2))			9b(3)	
	(4) Claims charged			9b(4)	
С	Remainder of premium: (1) Retention charges (or		1		
	(A) Commissions		9c(1)(A)		
	(B) Administrative service or other fees		9c(1)(B)		
	(C) Other specific acquisition costs		9c(1)(C)		
	(D) Other expenses		9c(1)(D)		

9c(2)

9d(1)

9d(2) 9d(3)

9e

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

10 Nonexperience-rated contracts:

Part III

(E) Taxes.....

(F) Charges for risks or other contingencies

(H) Total retention

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

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

(2) Claim reserves

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

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

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

9c(1)(E)

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

2012

This Form is Open to Public

		pursuant to El	RISA section 103(a)(2).		1	Inspection
For calendar plan year 20	12 or fiscal plan	year beginning 07/01/2012	and e	nding 0	6/30/2013	-
A Name of plan MOUNTAIN COMPREHE	NSIVE CARE C	ENTER FLEXIBLE BENEFIT PL	AN B Thr	ee-digit n number (F	PN) 🕨	502
C Plan sponsor's name a MOUNTAIN COMPREHE				loyer Identifi 663787	ication Number (EIN)
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.					
1 Coverage Information:						
(a) Name of insurance ca	rrier					
AFLAC	T-	,				
41 EIN	(c) NAIC	(d) Contract or	(e) Approximate number of		Policy or co	ontract year
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	(g) To
58-0663085	60380	ZY056	28	07/01/2	013	06/30/2013
2 Insurance fee and com descending order of the		tion. Enter the total fees and tota	commissions paid. List in line	3 the agents	, brokers, and of	ther persons in
(a) Total a	(a) Total amount of commissions paid (b) Total amount of fees paid					
		2843				0
3 Persons receiving com	missions and fe	es. (Complete as many entries a	as needed to report all persons).			
	(a) Name a	nd address of the agent, broker, o		sions or fee	s were paid	
THOMAS A MORRIS AN	D ASSOC INC		EXECUTIVE DR SUITE 204 GTON, KY 40505			
(b) Amount of sales ar	nd base	Fees	and other commissions paid			
commissions pa		(c) Amount	(d) Purpose			(e) Organization code
	1659	0				
	(a) Name a	nd address of the agent, broker, o	or other person to whom commis	sions or fee	s were paid	
CREECH AND STAFFOR		NC 210 M	ALABU DRIVE SUITE 200 GTON, KY 40502		о	
(b) Amount of sales ar	nd base	Fees	and other commissions paid			
commissions pa		(c) Amount	(d) Purpo	se		(e) Organization code
	701	0				3
				_		

Schedule A (Form 5500)	2012	Page 2 - 1	
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were	e paid
ESLIE K KIMBROUGH		X 623557 DO, FL 32762	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 332	(c) Amount	(d) Purpose	code
		, or other person to whom commissions or fees were	e paid
RUEANN EMERSON		ORTUNE DR SUITE 100 GTON, KY 40509	
(b) Amount of sales and base		ees and other commissions paid	(e) Organization
commissions paid 151	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were	e paid
ζ.γ		,	.1
(h) Amount of polon and hoos	-	Fees and other commissions paid	(2) Organization
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were	e paid
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
·		.,	
(a) Na	me and address of the agent, broker	, or other person to whom commissions or fees were	e paid
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
			<u> </u>

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Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	ridual contrac	cts with each carrier ma	ay be treated	as a unit for purposes of
_		this report.				
		nt value of plan's interest under this contract in the general account at year				
_		nt value of plan's interest under this contract in separate accounts at year e	nd		5	
6		acts With Allocated Funds:				
	а	State the basis of premium rates				
	L	Describeration and the country			Ch	
		Premiums paid to carrier			6b	
		Premiums due but unpaid at the end of the year			6c	
		If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
	;	Specify nature of costs				
	e	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan d	heck here		
7		acts With Unallocated Funds (Do not include portions of these contracts ma				
•				ion guarantee		
	u			.o guarantos		
		(3) guaranteed investment (4) other				
	b	Balance at the end of the previous year			7b	
		Additions: (1) Contributions deposited during the year	. 7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 7c(5)			
)					
		(C) Total additions			7c(6)	0
	_	(6)Total additions			76(6)	
		otal of balance and additions (add lines 7b and 7c(6))	Γ		/u	
		Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		Administration charge made by carrier	7e(1)			
		3) Transferred to separate account	7e(2)			
	`	4) Other (specify below)	7e(3)			
	(T) Outor (specify below)	, 5(7)			
	ļ	•				
	(5) Total deductions			7e(5)	0
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	

		- 4		
Schedule A (Form 5500) 2012		Page 4		
Irt III Welfare Benefit Contract Inform If more than one contract covers the same information may be combined for reporting the entire group of such individual contract	group of employees of the purposes if such contracts	are experience-rated	d as a unit. Where contrac	
Benefit and contract type (check all applicable boxe	s)			
a Health (other than dental or vision)	b Dental	C Vision	า	d Life insurance
e Temporary disability (accident and sickness)	f Long-term disabili	ity g Supp	lemental unemployment	h Prescription drug
i Stop loss (large deductible)	j HMO contract	k∏ PPO	contract	I Indemnity contract
m X Other (specify) ▶SUPPLEMENTAL	, 🗆	□		- 🗆
THE Other (specify) FOOTT ELIMENTAL				
Experience-rated contracts:				
a Premiums: (1) Amount received		. 9a(1)		7
(2) Increase (decrease) in amount due but unp	aid	. 9a(2)		
(3) Increase (decrease) in unearned premium r	eserve	. 9a(3)		
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid		. 9b(1)		
(2) Increase (decrease) in claim reserves		. 9b(2)		
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges	(on an accrual basis)			
(A) Commissions		9c(1)(A)		
(B) Administrative service or other fees		9c(1)(B)		
(C) Other specific acquisition costs		9c(1)(C)		
(D) Other expenses		9c(1)(D)	· · · · · · · · · · · · · · · · · · ·	

9c(2)

9d(1)

9d(2) 9d(3)

9e

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10b

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

10 Nonexperience-rated contracts:

Part III

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

(H) Total retention

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

(2) Claim reserves

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

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

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

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

9c(1)(E)

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

2012

		ERISA section 103(a)(2).			Inspection
For calendar plan year 2012 or fiscal plan year beginning 07/01/2012 and ending 06/30/2013					
ARE CI	ENTER FLEXIBLE BENEFIT P	LAN B		-	502
					(EIN)
IPANY				5.0	
	(d) Contract or	` ' ' ' ' '		•	
е	identification number	policy or contract year		(f) From	(g) To
	00202661		0	7/01/2012	06/30/2013
	tion. Enter the total fees and tot	al commissions paid. List in li	ine 3 the	agents, brokers, and	other persons in
(a) Total amount of commissions paid (b) Total amount of fees paid					
3025					
and fee	es. (Complete as many entries	as needed to report all perso	ns).		
			nmissions	or fees were paid	
GCY IN					
	Fee	es and other commissions pai	d		
	(c) Amount	(d) Pu	ırpose		(e) Organization code
3025		3			
	ad addraga of the agent broker	or other person to whom com-	missions	or food word poid	
arrie ar	id address of the agent, broker,	of other person to whom con	11115510115	or rees were paid	
	Fee	es and other commissions pai	d		
	(c) Amount	(d) Pu	ırpose		(e) Organization code
	on line ARE C on line ARE C ncerni ule A. I MPANY IAIC de nforma paid. of comm and fe lame ar GCY III	ARE CENTER FLEXIBLE BENEFIT P on line 2a of Form 5500 ARE CENTER ncerning Insurance Contract ule A. Individual contracts grouped as MPANY IAIC de	ARE CENTER FLEXIBLE BENEFIT PLAN On line 2a of Form 5500 ARE CENTER Ocerning Insurance Contract Coverage, Fees, and Coule A. Individual contracts grouped as a unit in Parts II and III can be described identification number persons covered at end policy or contract year 00202661 Information. Enter the total fees and total commissions paid. List in lippaid. If commissions paid 3025 Is and fees. (Complete as many entries as needed to report all personance and address of the agent, broker, or other person to whom complete as many entries as needed to report all personance and address of the agent, broker, or other person to whom complete as and other commissions paid (c) Amount (d) Put 1025 Fees and other commissions paid (d) Put 1025 The search of the agent, broker, or other person to whom complete and address of the agent, broker, or other person to whom complete and address of the agent, broker, or other person to whom complete and address of the agent, broker, or other person to whom complete and address of the agent, broker, or other person to whom complete and address of the agent, broker, or other person to whom complete and address of the agent, broker, or other person to whom complete and address of the agent, broker, or other person to whom complete and address of the agent, broker, or other person to whom complete and address of the agent, broker, or other person to whom complete and address of the agent, broker, or other person to whom complete and address of the agent, broker, or other person to whom complete and address of the agent, broker, or other person to whom complete and address of the agent, broker, or other person to whom complete and address of the agent, broker, or other person to whom complete and address of the agent and address of the	ARE CENTER FLEXIBLE BENEFIT PLAN On line 2a of Form 5500 ARE CENTER D Employer 61-066376 ARE CENTER Cerning Insurance Contract Coverage, Fees, and Commisule A. Individual contracts grouped as a unit in Parts II and III can be reported for identification number of persons covered at end of policy or contract year O0202661 Information. Enter the total fees and total commissions paid. List in line 3 the paid. Information for commissions paid Information for commissions for commissions paid Information for commissions for commissions for commissions for commissions for commissions for commissions for comm	ARE CENTER FLEXIBLE BENEFIT PLAN B Three-digit plan number (PN) On line 2a of Form 5500 ARE CENTER D Employer Identification Number 61-0663787 IDENDOY IDENDOY Identification Number 61-0663787 IDENDOY

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

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Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	ridual contrac	cts with each carrier ma	ay be treated	as a unit for purposes of	
_		this report.					
		nt value of plan's interest under this contract in the general account at year					
_		nt value of plan's interest under this contract in separate accounts at year e	nd		5		
6		acts With Allocated Funds:					
	a State the basis of premium rates						
	L	Describeration and the country			Ch		
		Premiums paid to carrier			6b		
		Premiums due but unpaid at the end of the year			6c		
		If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d		
	;	Specify nature of costs					
	e	Type of contract: (1) individual policies (2) group deferred	d annuity				
		(3) other (specify)					
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan d	heck here			
7		acts With Unallocated Funds (Do not include portions of these contracts ma					
•				ion guarantee			
	u			.o guarantos			
		(3) guaranteed investment (4) other					
	b	Balance at the end of the previous year			7b		
		Additions: (1) Contributions deposited during the year	. 7c(1)				
		(2) Dividends and credits	7c(2)				
		(3) Interest credited during the year	7c(3)				
		(4) Transferred from separate account	7c(4)				
		(5) Other (specify below)	. 7c(5)				
)						
		(C) Total additions			7c(6)	0	
	_	(6)Total additions			76(6)		
		otal of balance and additions (add lines 7b and 7c(6))	Γ		/u		
		Disbursed from fund to pay benefits or purchase annuities during year	7e(1)				
		Administration charge made by carrier	7e(1)				
		3) Transferred to separate account	7e(2)				
	`	4) Other (specify below)	7e(3)				
	(T) Outor (specify below)	, 5(7)				
	ļ	•					
	(5) Total deductions			7e(5)	0	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f		

Schedule A (Form 5500) 2012		Page 4	
Scriedule A (FOITH 5500) 2012		rage -	
Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting pu the entire group of such individual contracts w	oup of employees of the same emp rposes if such contracts are experi	ence-rated as a unit. Where contra	
nefit and contract type (check all applicable boxes)			
Health (other than dental or vision)	b Dental	Vision	d X Life insurance
Temporary disability (accident and sickness)	f Long-term disability	Supplemental unemployment	h Prescription drug
Stop loss (large deductible)		PPO contract	I Indemnity contract
Other (specify)	,		О ,
erience-rated contracts:			
Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium res	erve 9a(3)		
(4) Earned ((1) + (2) - (3))	······	9a(4)	
Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
Remainder of premium: (1) Retention charges (or	າ an accrual basis)		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(E	3)	
(C) Other specific acquisition costs	9c(1)(C		
(D) Other expenses	9c(1)(D)	

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

39549

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

10 Nonexperience-rated contracts:

Benefit and contract type (check all applicable boxes)

a Health (other than dental or vision)

Experience-rated contracts:

Part III

a Premiums: (1) Amount received..... (2) Increase (decrease) in amount due but unpaid......

(E) Taxes.....

(F) Charges for risks or other contingencies

(H) Total retention

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

(2) Claim reserves

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

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

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

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

9c(1)(E)

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

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

OMB No. 1210-0110

2012

This Form is Open to Public

		parodant to 2	1110/1 30011011 103(a)(z).		Inspection
For calendar plan year 20	12 or fiscal plan	year beginning 07/01/2012	and er	nding 06/30/2013	
A Name of plan MOUNTAIN COMPREHE	NSIVE CARE C	ENTER FLEXIBLE BENEFIT PL	ΛNI	e-digit number (PN)	502
C Plan sponsor's name a			-	oyer Identification Number	(EIN)
MOUNTAIN COMPREHE	NSIVE CARE C	ENTER	61-06	63787	
			Coverage, Fees, and Com a unit in Parts II and III can be rep		
1 Coverage Information:					
(a) Name of insurance ca	rrier				
COLONIAL LIFE & ACCI	DENT INSURA	NCE COMPANY			
42.50	(c) NAIC	(d) Contract or	(e) Approximate number of	Policy or o	contract year
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	(g) To
57-0144607	62049	E7817000	82	07/01/2012	06/30/2013
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.					
(a) Total a	(a) Total amount of commissions paid (b) Total amount of fees paid				
3923 412					
3 Persons receiving com	missions and fe	es. (Complete as many entries a	as needed to report all persons).		
	(a) Name a		or other person to whom commiss	sions or fees were paid	
MARY DUFF			ASADENA DRIVE IGTON, KY 40503		
			s and other commissions paid		T
(b) Amount of sales ar commissions pa		(c) Amount	(d) Purpose		(e) Organization code
commissions pa	1533	323	(u) 1 dipos	<u> </u>	(c) Organization code
		323			
			or other person to whom commiss	sions or fees were paid	
BB&T INSURANCE SERVICES INC. 414 GALLIMORE DAIRY ROAD GREENSBORO, NC 27409					
(b) Amount of sales ar	nd base	Fees	s and other commissions paid		
commissions pa		(c) Amount	(d) Purpos	е	(e) Organization code
	682				
					<u> </u>

Schedule A (Form 5500)	2012	Page 2 - 1	
(a) Na	ame and address of the agent, broke	r, or other person to whom commissions or fees were pa	nid
MCGOHAN BRABENDER AGY	3931 \$	S DIXIE DR ON, OH 45439	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
403			
(a) Na	ame and address of the agent, broke	r, or other person to whom commissions or fees were pa	iid
DARRELL L PATTON		DX 925 TONSBURG, KY 41653	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 368	(c) Amount	(d) Purpose	code
(a) Na		r, or other person to whom commissions or fees were pa	id
FINCH INSURANCE GROUP LLC		ASADENA DR IGTON, KY 40503	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
253			
(a) Na	ame and address of the agent, broke	r, or other person to whom commissions or fees were pa	id
LERMAN VENTURES INC	2985 \$	SURREY RIDGE ROAD KSVILLE, TN 37043	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
114	67		
(a) Na	ame and address of the agent, broke	r, or other person to whom commissions or fees were pa	nid
DEE ANN SLADE	104 P	OTOMAC COURT KFORT, KY 40601	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 164	(c) Amount	(d) Purpose	code

(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
ANNE OWENS	1516 [I FXIN	DEAR LAKE DRIVE GTON, KY 40515	
	EEXIII		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
128	9		
()) (
LISA R GRAVES		r, or other person to whom commissions or fees were paid GLENNS CREEK RD	
LIO/CIC GIOTALES		KFORT, KY 40601	
		Face and other commissions and	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
81	(c) Amount	(d) i dipose	code
(a) Na		r, or other person to whom commissions or fees were paid	
BART GAUNT	4021 S LOUIS	ST GERMAINE CT SVILLE, KY 40241	
		,	
(b) Amount of sales and base		(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code
45	2		
(a) No.	ama and address of the agent broke	r or other person to whom commissions or food were poid	
BENJAMIN B GAUNT		r, or other person to whom commissions or fees were paid FALLEN LEAF CIRCLE	
	LOUIS	SVILLE, KY 40241	
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
45	(6) 7 1110 3111	(4): 4:,5000	
		r, or other person to whom commissions or fees were paid	
CREECH AND STAFFORD INS AGC		ALABU DRIVE STE 200 GTON, KY 40502	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
41			

Page **2** - 2

Schedule A (Form 5500) 2012

Schedule A (Form 5500)	2012	Page 2 - 3	
(a) Nar	me and address of the agent, brok	er, or other person to whom commissions or fees were pa	id
MARK HOLLAND		OX 38366 MANTOWN, TN 38183	
(b) Amount of sales and base	(-) A	Fees and other commissions paid	(e) Organization
commissions paid 38	(c) Amount	(d) Purpose	code
(a) Nar	me and address of the agent, brok	er, or other person to whom commissions or fees were pa	id
CATHY M LERMAN	2985	SURREY RIDGE ROAD RKSVILLE, TN 37043	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
21	2		
(a) Nar		er, or other person to whom commissions or fees were pa	id
KAREN TOBIAS	PMB FRAI	308 NKLIN, TN 37069	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
4			
(a) Nar	me and address of the agent, brok	er, or other person to whom commissions or fees were pa	id
CAROL LAMB	309 F	FOX HARBOUR DR NGTON, KY 40517	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
2			
(a) Nar	ne and address of the agent, brok	er, or other person to whom commissions or fees were pa	id
WHOP AND GO LLC	118 F	PROMONADE CT SVILLE, KY 40223	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
1			
			•

Schedule A	(Form	5500)	2012
JULIEUUIE A	(1 01111	3300	2012

Page **2 -** 4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid					
MICHAEL J BOONE		CLEAR SPRINGS TRACE VILLE, KY 40223			
		Fees and other commissions paid			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
0	(0)//	(4): 4:,5000	0000		
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid			
(b) Amount of sales and base	ı	Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid			
(b) Amount of sales and base	ſ	Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		

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Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of				
_		this report.			4	
		nt value of plan's interest under this contract in the general account at year				
_		nt value of plan's interest under this contract in separate accounts at year e	nd		5	
6		acts With Allocated Funds:				
	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
		Premiums due but unpaid at the end of the year				
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount	nnection with	the acquisition or	6d	
		Specify nature of costs			·· <u> </u>	
	e	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan c	heck here		
7	Contra	acts With Unallocated Funds (Do not include portions of these contracts ma	intained in s	eparate accounts)		
				ion guarantee		
		(3) guaranteed investment (4) other	•			
		(e) [] gastamood into same in (, [])				
	b	Balance at the end of the previous year			7b	
	C	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	. 7c(2)			
		(3) Interest credited during the year	. 7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
)					
		(6)Total additions			7c(6)	0
	_	otal of balance and additions (add lines 7b and 7c(6)).			7d	
		Deductions:	Γ		,	
		Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		2) Administration charge made by carrier	. 7e(2)			
		3) Transferred to separate account	7e(3)			
	`	4) Other (specify below)	7e(4)			
	1	. , (-1 , ,	- (' /			
	,	•				
	,	5) Total deductions			7e(5)	0
	f I	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	

Schedule A (Form 5500) 2012		Page 4		
Scriedule A (Form 5300) 2012		1 age 4		
It III Welfare Benefit Contract In: If more than one contract covers the information may be combined for repthe entire group of such individual contract.	same group of employees of the porting purposes if such contract	ts are experience-rated a	as a unit. Where contract	
Benefit and contract type (check all applicable	e boxes)			
a Health (other than dental or vision)	b Dental	c Vision		d X Life insurance
e Temporary disability (accident and sick	kness) f Long-term disab	oility g Supple	mental unemployment	h ☐ Prescription drug
i Stop loss (large deductible)	j HMO contract	k PPO co		I Indemnity contract
	, Lime contidet	n □110 a	Jilli dot	
m ☐ Other (specify) ▶				
Experience-rated contracts:				
a Premiums: (1) Amount received		9a(1)		_
(2) Increase (decrease) in amount due be	ut unpaid			
(3) Increase (decrease) in unearned prer	nium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid		9b(1)		
(2) Increase (decrease) in claim reserves	3	9b(2)		
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention ch	arges (on an accrual basis)			
(A) Commissions		9c(1)(A)		
(B) Administrative service or other fe	es			
(C) Other specific acquisition costs		9c(1)(C)		
(D) Other expenses		9c(1)(D)		

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

52965

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

10 Nonexperience-rated contracts:

Part III

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

(H) Total retention

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

(2) Claim reserves

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

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

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

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

9c(1)(E)

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