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

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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
COIT SERVICES, INC. EMPLOYEE BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 05/01/1989

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

COIT SERVICES, INC.

897 HINCKLEY ROAD
BURLINGAME, CA 94010

897 HINCKLEY ROAD
BURLINGAME, CA 94010

2b Employer Identification Number (EIN)
94-1635764

2c Sponsor's telephone number
650-697-6190

2d Business code (see instructions)
812320

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.	04/25/2014	DOUG KITZMILLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/25/2014	DOUG KITZMILLER
	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)

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address

COIT SERVICES, INC.

897 HINCKLEY ROAD
BURLINGAME, CA 94010

3b Administrator's EIN
94-1635764

3c Administrator's telephone number
650-697-6190

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**	460
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**	460
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	460
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	460
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**	
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:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E

9a Plan funding arrangement (check all that apply)

- **(1)** [X] 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)** [X] 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)** [X] 4 **A** (Insurance Information)
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013

A Name of plan
COIT SERVICES, INC. EMPLOYEE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
COIT SERVICES, INC.

D Employer Identification Number (EIN)
94-1635764

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

KAISER FOUNDATION HEALTH PLAN INC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	0	5175	8	10/01/2012	09/30/2013

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 amount of commissions paid	(b) Total amount of fees paid
2786	

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

BENEFITS ACCESS INSURANCE SERVICES
3470 MT. DIABLO BLVD
SUITE A125
LAFAYETTE, CA 94549

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2786			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(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	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**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)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	77382
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013

A Name of plan
COIT SERVICES, INC. EMPLOYEE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
COIT SERVICES, INC.

D Employer Identification Number (EIN)
94-1635764

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

AETNA LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
06-6033492	0	615921	342	10/01/2012	09/30/2013

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 amount of commissions paid	(b) Total amount of fees paid
67146	

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

G&C INSURANCE SERVICES INC
3470 MT DIABLO BLVD
SUITE A125
LAFAYETTE, CA 94549

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
67146			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (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 commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [X] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**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)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	1726002
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013

A Name of plan
COIT SERVICES, INC. EMPLOYEE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
COIT SERVICES, INC.

D Employer Identification Number (EIN)
94-1635764

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

METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	KM05583994	773	10/01/2012	09/30/2013

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 amount of commissions paid	(b) Total amount of fees paid
30317	

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

NFP INSURANCE SERVICES
1250 S CAPITAL OF TEXAS HWY
BLDG 125
AUSTIN, TX 78746

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
213			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

G&C INSURANCE SERVICES
3470 MT. DIABLO BOULEVARD
SUITE A125
LAFAYETTE, CA 94549

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
28214			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a [ ] Health (other than dental or vision)	**b** [X] Dental	**c** [ ] Vision	**d** [X] Life insurance
e [ ] Temporary disability (accident and sickness)	**f** [ ] Long-term disability	**g** [ ] Supplemental unemployment	**h** [ ] Prescription drug
i [ ] Stop loss (large deductible)	**j** [ ] HMO contract	**k** [ ] PPO contract	**l** [ ] Indemnity contract

m [X] Other (specify) ▶ ADD

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**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)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	265329
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013

A Name of plan
COIT SERVICES, INC. EMPLOYEE BENEFIT PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
COIT SERVICES, INC.

D Employer Identification Number (EIN)
94-1635764

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

VSP (AIS)

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
94-1632821	0	1210378	46	10/01/2012	09/30/2013

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 amount of commissions paid	**(b)** Total amount of fees paid
2269	

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

G&C INSURANCE SERVICES INC.
3470 MT. DIABLO BOULEVARD
SUITE A125
LAFAYETTE, CA 94549

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2269			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(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	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a [ ] Health (other than dental or vision) **b** [ ] Dental **c** [X] Vision **d** [ ] Life insurance
e [ ] Temporary disability (accident and sickness) **f** [ ] Long-term disability **g** [ ] Supplemental unemployment **h** [ ] Prescription drug
i [ ] Stop loss (large deductible) **j** [ ] HMO contract **k** [ ] PPO contract **l** [ ] Indemnity contract
m [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**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)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	29121
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

KAISER PERMANENTE®

Attention: 5500 Central Team
3840 Murphy Canyon Road
San Diego, CA 92123

COIT SERVICES, INC.
DOUG KITZMILLER
897 HINCKLEY RD
BURLINGAME, CA 94010-1502

Reporting Period: 10/2012 - 09/2013

12/10/2013

Dear COIT SERVICES, INC.:

Enclosed is your information from KAISER FOUNDATION HEALTH PLAN INC to assist you in completing the Schedule A of your annual Form 5500. The enclosed report provides you with the following information:

- The total amount of premiums received by KAISER FOUNDATION HEALTH PLAN INC during your plan's contract year.
- The amount of sales and base commissions paid to your broker, or other agent working on your behalf, during your plan's contract year.
- The amount of any fees paid to your broker, or other agent working on your behalf during your plan's contract year. (Please note that bonus payments and non-monetary compensation are defined as fees on the actual Schedule A to Form 5500.)
- The name and address of your broker, or other agent working on your behalf, who received compensation from KAISER FOUNDATION HEALTH PLAN INC during your plan's contract year.
- The purpose of any compensation paid to your broker, or other agent working on your behalf, during your plan's contract year.
- KAISER FOUNDATION HEALTH PLAN INC Employer Identification Number (EIN) and National Association of Insurance Commissioners (NAIC) code.
- The approximate number of covered persons as of the last day of your contract year.

Please be aware that the amount of premium dollars listed on the enclosed report is based on the date KAISER FOUNDATION HEALTH PLAN INC processed and deposited your premium payment. The enclosed premium information is not based on coverage or billing periods.

KAISER FOUNDATION HEALTH PLAN INC is required to provide the enclosed information pursuant to section 103 (a)(2) of the Employee Income Securities Act of 1974 (ERISA) to assist you in completing the Schedule A of your Form 5500. If you feel you have received this information in error and do not file the Form 5500 with the US Department of Labor, please contact your Kaiser Foundation Health Plan representative to request to have this report mailing discontinued in future years.

If you have questions regarding the enclosed information, please contact your Kaiser Foundation Health Plan representative, or contact our Client Service Unit at (866) 752-4737.

We at KAISER FOUNDATION HEALTH PLAN INC value our business relationship with you and trust that you share our philosophy of maintaining the highest ethical standards of business practices. Our practices for broker compensation disclosure reporting reflect our shared commitment to full compliance with the law. Thank you for your continued support.

Sincerely,
KAISER FOUNDATION HEALTH PLAN INC

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KAISER PERMANENTE®

INSURANCE INFORMATION

Insurance companies are required to provide the following information pursuant to section 103 (a)(2) of the Employee Income Securities Act of 1974 (ERISA) to assist you in completing the Schedule A of your Form 5500.

Part I: Information Concerning Insurance Coverage, Fees, and Commissions

Name of Insurance Carrier: KAISER FOUNDATION HEALTH PLAN INC
Plan Sponsor's Name: COIT SERVICES, INC.

Information Concerning Insurance Contract Coverage

Kaiser Foundation Health Plan Region: CA
Insurance Carrier: KAISER FOUNDATION HEALTH PLAN INC
Insurance Carrier Employer Identification Number: 94-1340523
Insurance Carrier NAIC Code: 00000
Plan Sponsor Contract or Identification Number: 5175
Approximate number of persons covered at end of policy contract year: 8
Contract Year from 10/2012 - 09/2013

Information Concerning Insurance Contract Fees and Commissions

Total Amount of Commissions Paid: $2,785.74
Total Amount of Fees Paid: $0.00

1) Name and address of the agent, broker, or other person to whom commissions or fees were paid:

Benefits Access Ins. Svcs
3470 MT DIABLO BLVD STE A125
LAFAYETTE, CA 94549-3978

Amount of sales and base commissions paid to Benefits Access Ins. Svcs:
$2,785.74
Fees and other compensation paid to Benefits Access Ins. Svcs:
$0.00

Bonus Amount: $0.00
Bonus Purpose:
Value of Non-Monetary Compensation: $0.00
Type/Purpose of Non-Monetary Compensation:

2) Name and address of the agent, broker, or other person to whom commissions or fees were paid:

None

Amount of sales and base commissions paid to: None: $0.00
Fees and other compensation paid to: None: $0.00

Bonus Amount: $0.00
Bonus Purpose: None
Value of Non-Monetary Compensation:$0.00
Type/Purpose of Non-Monetary Compensation: None

3) Name and address of the agent, broker, or other person to whom commissions or fees were paid:

None

Amount of sales and base commissions paid to: None: $0.00
Fees and other compensation paid to: None: $0.00
Bonus Amount: $0.00
Bonus Purpose: None
Value of Non-Monetary Compensation:$0.00
Type/Purpose of Non-Monetary Compensation: None

4) Name and address of the agent, broker, or other person to whom commissions or fees were paid:

None

Amount of sales and base commissions paid to: None: $0.00
Fees and other compensation paid to: None: $0.00
Bonus Amount: $0.00
Bonus Purpose: None
Value of Non-Monetary Compensation:$0.00
Type/Purpose of Non-Monetary Compensation: None

Part II: Investment and Annuity Contract Information

KAISER FOUNDATION HEALTH PLAN INC is not offering you an investment or annuity contract.

Part III: Welfare Benefit Contract Information

Benefit and Contract Type: HMO Contract

Premium received by KAISER FOUNDATION HEALTH PLAN INC during your plan's contract year: $77,382.35

Part IV: Provision of Information

Kaiser Foundation Health Plan, Inc. hereby certifies that the foregoing statement furnished pursuant to 29 US Code of Federal Regulations 2520.103(c) is complete and accurate.

Barbara Ishikawa
Vice President, Commercial Membership Administration
Kaiser Foundation Health Plan, Inc
12/10/2013

aetna
ERISA 5500 Schedule A Unit
4300 Centreway Place
Arlington TX 76018

Important Document Enclosed

January 29, 2014

COIT SERVICES, INC.
DOUG KITZMILLER
897 HINCKLEY ROAD
BURLINGAME CA 94010

Re: Annual Reporting Under Employee Retirement Income Security Act of 1974 (ERISA)
For: COIT SERVICES, INC.
615921
Policy Period: October 01, 2012 through September 30, 2013

We have enclosed information for your policy period listed above to help you complete the Schedule A to ERISA Form 5500 Annual Report. We are providing this information in accordance with U.S. Department of Labor regulations.

Note that compliance with the ERISA requirements for completion of the Annual Report and its filing with the Internal Revenue Service is the sole responsibility of employers, plan administrators and their professional advisors. Aetna cannot and does not assume any responsibility for such compliance, but we are pleased to provide information pertaining to your insurance program as needed to complete the Report.

Information may also be included in the enclosure(s) for your consideration in completing Schedule C of your Form 5500. This information may consist of one or more of the following: Producer Service Fees, Indirect Compensation (as it pertains to meals and entertainment) and/or Direct Billed Fees. Information pertaining to Indirect Compensation and Direct Billed Fees is provided on a calendar year basis, which may not coincide with your plan year.

If you have other benefits plans with Aetna, you may receive additional ERISA information to complete your Schedule A and Schedule C for those plans under separate cover.

If you have any additional reporting needs, please contact your Aetna account manager, or call 1-800-818-0691 to speak with the ERISA support team.

Sincerely,

Aetna

Enclosure

aetna™

INSURANCE INFORMATION
AETNA LIFE INSURANCE COMPANY AND AFFILIATES

The following information is intended for your use in completing Schedule A of Form 5500.

For Fiscal Plan Year beginning 10/01/2012 and ending 09/30/2013

C. Name of the Plan Sponsor: COIT SERVICES, INC.

PART I Information Concerning Insurance Contract Coverage, Fees, and Commissions.

1. Coverage: Traditional Prospective

(a) Name of Insurance Carrier: Aetna Life Insurance Co.	(d) Contract Number or Identification:	(e) Approximate Number of persons covered at the end of policy or contract year:	Policy or contract Year	
(b) EIN: 06-6033492	615921		(f) From:	(g)To:
(c) NAIC Code: See Attached		342	10/01/2012	09/30/2013

2. Insurance Fees and commissions paid to agents and brokers:

Contract or Identification	(a) Name and address of the agents or brokers to whom commissions or fees were paid.	(b) Amount of commissions paid	(c) & (d) Fees Paid	
			Amount	Purpose
615921	G & C INSURANCE SERVICES INC 3470 MT DIABLO BLVD SUITE A125 LAFAYETTE CA 94549	$67,146.10	$0.00	
TOTAL		$67,146.10	$0.00	

Reported fees and commissions may be attributed to multiple Aetna companies.

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. 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.

7. Benefit and contract type (check all applicable boxes)

- [X] Health (other than dental or vision)
- [ ] Dental
- [ ] Vision
- [ ] Life Insurance
- [ ] Temporary disability (accident and sickness)
- [ ] Long-term disability
- [ ] Supplemental unemployment
- [ ] Prescription drug
- [ ] Stop loss (large deductible)
- [ ] HMO contract
- [ ] PPO contract
- [ ] Indemnity contract
- [ ] Accidental Death & Dismemberment
- [ ] Short Term Disability

8. Experience rated contracts: NA

9. Non experience rated contracts:

(a) Total premiums or subscription charges paid to carrier..... $1,726,002.17

(b) If the carrier, service or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in 2 above, report amount .....
Specify nature of costs -->

This information was generated as of 12/27/2013

Date 01/21/2014 11:21 FINAL RELEASE

Regina Pendergrass

Registrar

AETNA LIFE INSURANCE COMPANY AND AFFILIATES hereby certifies that the foregoing statement is complete and accurate

Michael W Fedyna

Michael W Fedyna, Head Actuary
AETNA LIFE INSURANCE COMPANY AND AFFILIATES

DD132

NAIC Code	Service Area
95094	Aetna Health Inc. (a Georgia Corporation)
95003	Aetna Health Inc. (an Arizona Corporation)
60054	Aetna Life Insurance Company
N/A	Aetna Dental of California Inc.
11183	Aetna Dental Inc (a New Jersey Corporation)
95910	Aetna Dental Inc (a Texas Corporation)

Metropolitan Life Insurance Company
Sales & Broker Compensation Services
501 U.S. Highway 22, 2nd Floor - West
Bridgewater, NJ 08807

MetLife®

10/31/2013

COIT SERVICES, INC.
897 HINCKLEY ROAD
BURLINGAME, CA 94010

The Employee Retirement Income Security Act of 1974 ("ERISA") requires an annual financial report on employee welfare benefit plans and pension benefit plans which cover 100 or more participants at the beginning of the plan year and are subject to ERISA. The administrator of such a plan is required to file an annual report on I.R.S./DOL Form 5500, including the accompanying Schedule A, with the Employee Benefits Security Administration.

Your Metropolitan Life Insurance Company ("MetLife") employee welfare benefit plan may be subject to ERISA's annual reporting requirements and MetLife is therefore providing you with the information needed to complete Schedule A of Form 5500. The attached report is not an actual Schedule A form and should not be attached to the Form 5500 for regulatory filing. The information should be forwarded to the person who will be completing your annual filing. The information is taken from the data MetLife maintains within its normal business records and is, to the best of MetLife's knowledge and belief, complete and accurate.

Part I, Section 2 of this report lists the compensation paid to intermediaries related to your plan. Intermediaries may include brokers, consultants, agents and third-party administrators. There are several categories of compensation that may be paid to an intermediary. For your reference, the categories of compensation are listed below.

- Base Commissions - Base commissions are generally paid to an intermediary on a monthly basis and are usually calculated as a percentage of premium. Base commissions are typically factored into the cost of the customer's plan.
- Supplemental Compensation - Supplemental compensation may be paid to qualifying intermediaries based on an intermediary's new business or total inforce premium for a specified year. It is not MetLife's practice to specifically factor supplemental compensation into the cost of customer's plan. Supplemental compensation is factored into the price structure of MetLife's institutional business products.
- Fees - Fees may include payments made to intermediaries for services such as administration, communication, enrollment, billing, eligibility, recordkeeping, printing and mailing. Fees may be directly charged to the customer's plan.
- Award - If your intermediary received an award (such as travel or a gift) from MetLife, MetLife allocated the value of the award to all plans that were considered in the qualification criteria proportionately.

Note, the non-monetary compensation amount included in the Schedule A, Fees Paid section of the enclosed report is based on the calendar year tracking of all individual gifts or items of non-monetary compensation such as dinners, tickets for shows or other entertainment events, membership dues, hotels, equal to or greater than $10, that are given to or provided directly or indirectly to brokers, producers, and other insurance intermediaries and/or their spouses, companions or family members. This information is tracked and aggregated at the brokerage firm or company level. The total value is divided by the total number of active contracts or policies in place with that firm for that year except for

items relating directly to a specific customer or customers (which are reported to the specific customer(s)). This allocation is reported on the Schedule A reports for all ERISA customers who are part of a given broker firm's book of business.

Before submitting the Schedule A with your annual report to the Employee Benefits Security Administration, in addition to the information MetLife has provided, you should enter in the Schedule the appropriate name of the plan, three-digit plan number and employer identification number in the appropriate spaces immediately preceding Part I.

You may also wish to consult with your counsel concerning any need for attaching an opinion by an independent qualified public accountant.

This letter, together with your copy of the complete annual report should be retained for at least the 6-year period required by ERISA.

* The Gross Dealer Concession is based on premiums received and represents the total compensation and fees paid by the Insurance Company to the selling firm for the coverage used to fund the plan. Your representative(s) received payments subject to selling agreements that they have with the selling firm. The remaining compensation is used by the distributor or selling firm to pay other expenses, including Management Compensation, Conference expenses, etc. The Gross Dealer Concession includes the Commission Paid which is listed separately. The Metropolitan Life Insurance Company attests that the foregoing statement is complete and accurate to the best of its knowledge, information, and belief.

If you have any questions please contact your MetLife Account Representative:
Carrie A Ledbetter, (816) 204-3831 or 800-ASK-4-MET and MetLife will assist you in obtaining this information.

MetLife appreciates your business.

Official Use Only

SCHEDULE A
(Form 5500)

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.

▶ **File as an attachment to Form 5500**

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning **10/01/20 2** , and ending **09/30/2013**

A Name of plan	**B** Three digit plan number ▶	
C Plan sponsor's name as shown on line 2a of Form 5500 **COIT SERVICES, INC.**	**D** Employer Identification Number	

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 can be reported on a single Schedule A

1 Coverage:

(a) Name of insurance carrier

METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	**65978**	**KM05583994**	**773**	**10/01/2012**	**09/30/2013**

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part 1.

Totals *

Total amount of commissions paid	Total Fees Paid / amount
30,317	**0**

Official Use Only

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

Name: G&C INSURANCE SERVICES INC

Address: 3470 MT DIABLO BLVD STE A125 C/O G&C INSURANCE SERVICES City: LAFAYETTE ST: CA ZIP: 94549-3978

Commissions Paid			Fees Paid			Organization code
Coverage	Amount	Purpose	Coverage	Amount	Purpose	
Dental	20,881	Base Commissions				03
LIFE	7,185	Base Commissions				
AD&D	148	Base Commissions				
	28,214	Sub-total		0	Sub-total	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

Name: NFP INS SERVICES INC

Address: 1250 S CAPITAL OF TEXAS HWY BLDG 125 City: AUSTIN ST: TX ZIP: 78746-6446

Commissions Paid			Fees Paid			Organization code
Coverage	Amount	Purpose	Coverage	Amount	Purpose	
Dental	1,735	Base Commissions				03
LIFE	360	Base Commissions				
AD&D	8	Base Commissions				
	2,103	Sub-total		0	Sub-total	

Official Use Only

Part III **Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. 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.

7 Benefit and contract type (check all applicable boxes)

a [ ]	Health (other than dental or vision)	b [X]	Dental	c [ ]	Vision	d [X]	Life Insurance
e [ ]	Temporary disability (accident & sickness)	f [ ]	Long-term disability	g [ ]	Supplemental unemployment	h [ ]	Prescription drug
i [ ]	Stop Loss (large deductible)	j [ ]	HMO contract	k [ ]	PPO contract	l [ ]	Indemnity contract
m [X]	Other (specify) ▶ ADD						

8 Experience-rated contracts N/A

9 Nonexperience-rated contracts

Coverage	Amount
Dental	214,527
LIFE	49,783
AD&D	1,019

a Total premiums or subscription charges paid to carrier. 265,329

b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount

Specify nature of costs below ▶

Footnote(s)

The approximate number of persons covered as shown on the first page of the Schedule A is MetLife's estimated view of participants, spouses and dependents at the end of the policy period. This estimation should be used for reporting purposes only.

If the plan named in Item A on the first page of Schedule A (the "Plan") retains the services of a broker, consultant, agent or third-party administrator (each an "Intermediary") for the Plan, MetLife may in addition to paying base commission provide additional compensation to the Intermediary under various preferred broker and other compensation programs and expense reimbursement. Under such programs, an Intermediary may qualify for additional compensation that may or may not be directly charged to the Plan. Such compensation may not be included in the amount listed in item 2 on the first page of Schedule A. Please contact MetLife if you would like additional information or details.

ductNo	ClientN	ClientName	eriodCom	Premium	CommAmt	AgentName	PayDate
7-0003-170	4890	COIT SERVICES - SUPERIOR CLEANING	10/12	$ 210.60	$ 16.83	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	10/15/12
7-0003-141	4484	COIT SERVICES - LOS ANGELES	08/12	$ 485.56	$ 38.81	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	10/15/12
7-0003-144	4485	COIT SERVICES - PHOENIX	09/12	$ 216.83	$ 17.33	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	10/15/12
7-0003-546	9550	COIT SERVICES - UTAH	09/12	$ 40.58	$ 3.24	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	10/15/12
7-0003-142	4487	COIT SERVICES - SAN DIEGO	09/12	$ 71.58	$ 5.72	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	10/15/12
7-0003-147	4488	COIT SERVICES - SEATTLE	10/12	$ 130.49	$ 10.43	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	10/15/12
7-0003-226	7572	COIT SERVICES - ORANGE COUNTY	10/12	$ 35.92	$ 2.87	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	10/15/12
7-0003-143	4483	COIT SERVICES - HOUSTON	09/12	$ 79.33	$ 6.34	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	10/15/12
7-0003-170	4890	COIT SERVICES - SUPERIOR CLEANING	09/12	$ 7.75	$ 0.62	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	10/15/12
7-0003-141	4484	COIT SERVICES - LOS ANGELES	10/12	$ 470.06	$ 37.57	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	11/15/12
7-0003-143	4483	COIT SERVICES - HOUSTON	10/12	$ 71.58	$ 5.72	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	11/15/12
7-0003-226	7572	COIT SERVICES - ORANGE COUNTY	10/12	$ (20.42)	$ (1.63)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	11/15/12
7-0003-226	7572	COIT SERVICES - ORANGE COUNTY	09/12	$ (20.42)	$ (1.63)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	11/15/12
7-0003-170	4890	COIT SERVICES - SUPERIOR CLEANING	11/12	$ 210.60	$ 16.83	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	11/15/12
7-0003-170	4890	COIT SERVICES - SUPERIOR CLEANING	10/12	$ 7.75	$ 0.62	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	11/15/12
7-0003-170	4890	COIT SERVICES - SUPERIOR CLEANING	09/12	$ 7.75	$ 0.62	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	11/15/12
7-0003-147	4488	COIT SERVICES - SEATTLE	11/12	$ 130.49	$ 10.43	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	11/15/12
7-0003-142	4487	COIT SERVICES - SAN DIEGO	10/12	$ 71.58	$ 5.72	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	11/15/12
7-0003-144	4485	COIT SERVICES - PHOENIX	11/12	$ 115.25	$ 9.21	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	11/15/12
7-0003-144	4485	COIT SERVICES - PHOENIX	10/12	$ 115.25	$ 9.21	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	11/15/12
7-0003-144	4485	COIT SERVICES - PHOENIX	09/12	$ (81.16)	$ (6.49)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	11/15/12
7-0003-141	4484	COIT SERVICES - LOS ANGELES	08/12	$ (7.75)	$ (0.62)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	11/15/12
7-0003-141	4484	COIT SERVICES - LOS ANGELES	09/12	$ 436.97	$ 34.92	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	11/15/12
7-0003-140	4482	COIT SERVICES - BAY AREA	10/12	$ 790.09	$ 63.14	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	11/15/12
7-0003-140	4482	COIT SERVICES - BAY AREA	09/12	$ (15.50)	$ (1.24)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	11/15/12
7-0003-140	4482	COIT SERVICES - BAY AREA	08/12	$ (15.50)	$ (1.24)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	11/15/12
7-0003-546	9550	COIT SERVICES - UTAH	11/12	$ 12.41	$ 0.99	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	11/15/12
7-0003-546	9550	COIT SERVICES - UTAH	10/12	$ 12.41	$ 0.99	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	11/15/12
7-0003-546	9550	COIT SERVICES - UTAH	09/12	$ (28.17)	$ (2.25)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	11/15/12
7-0003-226	7572	COIT SERVICES - ORANGE COUNTY	11/12	$ 15.50	$ 1.24	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	11/15/12
7-0003-140	4482	COIT SERVICES - BAY AREA	10/12	$ (40.58)	$ (3.24)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	12/15/12
7-0003-140	4482	COIT SERVICES - BAY AREA	11/12	$ 117.08	$ 9.36	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	12/15/12
7-0003-142	4487	COIT SERVICES - SAN DIEGO	10/12	$ 51.16	$ 4.09	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	12/15/12
7-0003-141	4484	COIT SERVICES - LOS ANGELES	09/12	$ 40.84	$ 3.26	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	12/15/12
7-0003-141	4484	COIT SERVICES - LOS ANGELES	10/12	$ 51.42	$ 4.11	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	12/15/12
7-0003-226	7572	COIT SERVICES - ORANGE COUNTY	10/12	$ 7.75	$ 0.62	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	12/15/12
7-0003-144	4485	COIT SERVICES - PHOENIX	10/12	$ 76.24	$ 6.09	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	12/15/12
7-0003-226	7572	COIT SERVICES - ORANGE COUNTY	11/12	$ 7.75	$ 0.62	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	12/15/12
7-0003-226	7572	COIT SERVICES - ORANGE COUNTY	12/12	$ 23.25	$ 1.86	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	12/15/12
7-0003-144	4485	COIT SERVICES - PHOENIX	11/12	$ 76.24	$ 6.09	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	12/15/12

7-0003-143	4483	COIT SERVICES - HOUSTON	10/12	$ 54.25	$ 4.34	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	12/15/12
7-0003-147	4488	COIT SERVICES - SEATTLE	10/12	$ 1.57	$ 0.13	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	01/15/13
7-0003-142	4487	COIT SERVICES - SAN DIEGO	11/12	$ 135.15	$ 10.80	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	01/15/13
7-0003-546	9550	COIT SERVICES - UTAH	12/12	$ 12.41	$ 0.99	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	01/15/13
7-0003-144	4485	COIT SERVICES - PHOENIX	11/12	$ 12.67	$ 1.01	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	01/15/13
7-0003-147	4488	COIT SERVICES - SEATTLE	11/12	$ (10.84)	$ (0.87)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	01/15/13
7-0003-147	4488	COIT SERVICES - SEATTLE	12/12	$ 119.65	$ 9.56	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	01/15/13
7-0003-147	4488	COIT SERVICES - SEATTLE	01/13	$ 119.65	$ 9.56	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	01/15/13
7-0003-144	4485	COIT SERVICES - PHOENIX	12/12	$ 204.16	$ 16.32	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	01/15/13
7-0003-142	4487	COIT SERVICES - SAN DIEGO	12/12	$ 135.15	$ 10.80	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	01/15/13
7-0003-655	10451	COIT SERVICES - MINNEAPOLIS	12/12	$ 134.41	$ 10.74	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	01/15/13
7-0003-143	4483	COIT SERVICES - HOUSTON	11/12	$ 125.83	$ 10.06	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	01/15/13
7-0003-140	4482	COIT SERVICES - BAY AREA	12/12	$ 871.51	$ 69.65	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	01/15/13
7-0003-141	4484	COIT SERVICES - LOS ANGELES	12/12	$ 521.48	$ 41.68	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	01/15/13
7-0003-141	4484	COIT SERVICES - LOS ANGELES	11/12	$ 521.48	$ 41.68	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	01/15/13
7-0003-546	9550	COIT SERVICES - UTAH	01/13	$ 12.41	$ 0.99	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	01/15/13
7-0003-140	4482	COIT SERVICES - BAY AREA	01/13	$ 871.51	$ 69.65	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	01/15/13
7-0003-655	10451	COIT SERVICES - MINNEAPOLIS	11/12	$ 134.41	$ 10.74	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	01/15/13
7-0003-143	4483	COIT SERVICES - HOUSTON	12/12	$ 125.83	$ 10.06	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	01/15/13
7-0003-170	4890	COIT SERVICES - SUPERIOR CLEANING	01/13	$ 213.43	$ 17.06	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	01/15/13
7-0003-170	4890	COIT SERVICES - SUPERIOR CLEANING	12/12	$ 226.10	$ 18.07	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	01/15/13
7-0003-655	10451	COIT SERVICES - MINNEAPOLIS	01/13	$ 134.41	$ 10.74	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	01/15/13
7-0003-170	4890	COIT SERVICES - SUPERIOR CLEANING	11/12	$ 15.50	$ 1.24	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	01/15/13
7-0003-144	4485	COIT SERVICES - PHOENIX	01/13	$ 204.16	$ 16.32	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	01/15/13
7-0003-170	4890	COIT SERVICES - SUPERIOR CLEANING	10/12	$ 27.91	$ 2.23	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	01/15/13
7-0003-226	7572	COIT SERVICES - ORANGE COUNTY	01/13	$ 23.25	$ 1.86	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	01/15/13
7-0003-140	4482	COIT SERVICES - BAY AREA	11/12	$ 866.59	$ 69.26	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	01/15/13
7-0003-141	4484	COIT SERVICES - LOS ANGELES	11/12	$ (35.92)	$ (2.87)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	02/15/13
7-0003-141	4484	COIT SERVICES - LOS ANGELES	12/12	$ (48.33)	$ (3.86)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	02/15/13
7-0003-226	7572	COIT SERVICES - ORANGE COUNTY	02/13	$ 23.25	$ 1.86	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	02/15/13
7-0003-141	4484	COIT SERVICES - LOS ANGELES	01/13	$ 473.15	$ 37.81	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	02/15/13
7-0003-142	4487	COIT SERVICES - SAN DIEGO	11/12	$ (31.00)	$ (2.48)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	02/15/13
7-0003-142	4487	COIT SERVICES - SAN DIEGO	12/12	$ (31.00)	$ (2.48)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	02/15/13
7-0003-142	4487	COIT SERVICES - SAN DIEGO	01/13	$ 104.15	$ 8.32	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	02/15/13
7-0003-142	4487	COIT SERVICES - SAN DIEGO	10/12	$ (31.00)	$ (2.48)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	02/15/13
7-0003-141	4484	COIT SERVICES - LOS ANGELES	10/12	$ (23.25)	$ (1.86)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	02/15/13
7-0003-170	4890	COIT SERVICES - SUPERIOR CLEANING	02/13	$ 221.18	$ 17.68	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	02/15/13
7-0003-170	4890	COIT SERVICES - SUPERIOR CLEANING	01/13	$ 15.50	$ 1.24	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	02/15/13
7-0003-226	7572	COIT SERVICES - ORANGE COUNTY	03/13	$ 26.25	$ 2.10	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	03/15/13
7-0003-655	10451	COIT SERVICES - MINNEAPOLIS	02/13	$ 106.24	$ 8.49	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	03/15/13
7-0003-140	4482	COIT SERVICES - BAY AREA	09/12	$ (20.16)	$ (1.61)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	03/15/13

7-0003-147	4488	COIT SERVICES - SEATTLE	03/13	$ 146.06	$ 11.67	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	03/15/13
7-0003-546	9550	COIT SERVICES - UTAH	02/13	$ 12.41	$ 0.99	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	03/15/13
7-0003-147	4488	COIT SERVICES - SEATTLE	02/13	$ 132.06	$ 10.55	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	03/15/13
7-0003-143	4483	COIT SERVICES - HOUSTON	01/13	$ 125.83	$ 10.06	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	03/15/13
7-0003-140	4482	COIT SERVICES - BAY AREA	11/12	$ (7.75)	$ (0.62)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	03/15/13
7-0003-140	4482	COIT SERVICES - BAY AREA	10/12	$ (20.16)	$ (1.61)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	03/15/13
7-0003-142	4487	COIT SERVICES - SAN DIEGO	02/13	$ 104.15	$ 8.32	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	03/15/13
7-0003-147	4488	COIT SERVICES - SEATTLE	01/13	$ 12.41	$ 0.99	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	03/15/13
7-0003-141	4484	COIT SERVICES - LOS ANGELES	02/13	$ 473.15	$ 37.81	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	03/15/13
7-0003-140	4482	COIT SERVICES - BAY AREA	01/13	$ (15.50)	$ (1.24)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	03/15/13
7-0003-140	4482	COIT SERVICES - BAY AREA	12/12	$ (7.75)	$ (0.62)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	03/15/13
7-0003-140	4482	COIT SERVICES - BAY AREA	02/13	$ 802.76	$ 64.16	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	03/15/13
7-0003-144	4485	COIT SERVICES - PHOENIX	02/13	$ 224.58	$ 17.95	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	04/15/13
7-0003-655	10451	COIT SERVICES - MINNEAPOLIS	03/13	$ 130.74	$ 10.45	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	04/15/13
7-0003-546	9550	COIT SERVICES - UTAH	03/13	$ 13.41	$ 1.07	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	04/15/13
7-0003-142	4487	COIT SERVICES - SAN DIEGO	03/13	$ 114.15	$ 9.12	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	04/15/13
7-0003-655	10451	COIT SERVICES - MINNEAPOLIS	02/13	$ 28.17	$ 2.25	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	04/15/13
7-0003-662	4486	COIT SERVICES - SACRAMENTO	04/13	$ 112.67	$ 9.00	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	04/15/13
7-0003-226	7572	COIT SERVICES - ORANGE COUNTY	04/13	$ 26.25	$ 2.10	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	04/15/13
7-0003-662	4486	COIT SERVICES - SACRAMENTO	03/13	$ 112.67	$ 9.00	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	04/15/13
7-0003-140	4482	COIT SERVICES - BAY AREA	12/12	$ 7.75	$ 0.62	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	04/15/13
7-0003-662	4486	COIT SERVICES - SACRAMENTO	02/13	$ 104.67	$ 8.37	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	04/15/13
7-0003-140	4482	COIT SERVICES - BAY AREA	02/13	$ 61.00	$ 4.88	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	04/15/13
7-0003-140	4482	COIT SERVICES - BAY AREA	01/13	$ 7.75	$ 0.62	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	04/15/13
7-0003-144	4485	COIT SERVICES - PHOENIX	01/13	$ 20.42	$ 1.63	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	04/15/13
7-0003-144	4485	COIT SERVICES - PHOENIX	12/12	$ 20.42	$ 1.63	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	04/15/13
7-0003-141	4484	COIT SERVICES - LOS ANGELES	03/13	$ 532.82	$ 42.58	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	04/15/13
7-0003-141	4484	COIT SERVICES - LOS ANGELES	02/13	$ 4.92	$ 0.39	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	04/15/13
7-0003-143	4483	COIT SERVICES - HOUSTON	02/13	$ 125.83	$ 10.06	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	04/15/13
7-0003-140	4482	COIT SERVICES - BAY AREA	03/13	$ 924.35	$ 73.87	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	04/15/13
7-0003-170	4890	COIT SERVICES - SUPERIOR CLEANING	03/13	$ 205.26	$ 16.40	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	04/15/13
7-0003-141	4484	COIT SERVICES - LOS ANGELES	05/13	$ 506.57	$ 40.49	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	05/15/13
7-0003-662	4486	COIT SERVICES - SACRAMENTO	05/13	$ 103.92	$ 8.31	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	05/15/13
7-0003-662	4486	COIT SERVICES - SACRAMENTO	04/13	$ (8.75)	$ (0.70)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	05/15/13
7-0003-141	4484	COIT SERVICES - LOS ANGELES	04/13	$ 532.82	$ 42.58	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	05/15/13
7-0003-655	10451	COIT SERVICES - MINNEAPOLIS	04/13	$ 108.58	$ 8.68	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	05/15/13
7-0003-655	10451	COIT SERVICES - MINNEAPOLIS	03/13	$ (8.75)	$ (0.70)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	05/15/13
7-0003-140	4482	COIT SERVICES - BAY AREA	03/13	$ (13.67)	$ (1.09)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	05/15/13
7-0003-142	4487	COIT SERVICES - SAN DIEGO	04/13	$ 114.15	$ 9.12	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	05/15/13
7-0003-140	4482	COIT SERVICES - BAY AREA	04/13	$ 888.52	$ 71.01	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	05/15/13
7-0003-170	4890	COIT SERVICES - SUPERIOR CLEANING	04/13	$ 210.18	$ 16.80	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	05/15/13

07-0003-226	7572	COIT SERVICES - ORANGE COUNTY	05/13	$ 26.25	$ 2.10	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	05/15/13
07-0003-140	4482	COIT SERVICES - BAY AREA	05/13	$ 888.52	$ 71.01	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	05/15/13
07-0003-170	4890	COIT SERVICES - SUPERIOR CLEANING	05/13	$ 201.43	$ 16.10	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	05/15/13
07-0003-147	4488	COIT SERVICES - SEATTLE	04/13	$ 146.06	$ 11.67	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	05/15/13
07-0003-147	4488	COIT SERVICES - SEATTLE	05/13	$ 146.06	$ 11.67	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	05/15/13
07-0003-144	4485	COIT SERVICES - PHOENIX	04/13	$ 273.66	$ 21.87	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	06/15/13
07-0003-144	4485	COIT SERVICES - PHOENIX	05/13	$ 282.41	$ 22.57	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	06/15/13
07-0003-142	4487	COIT SERVICES - SAN DIEGO	05/13	$ 119.07	$ 9.52	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	06/15/13
07-0003-546	9550	COIT SERVICES - UTAH	04/13	$ 13.41	$ 1.07	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	06/15/13
07-0003-144	4485	COIT SERVICES - PHOENIX	02/13	$ 13.67	$ 1.09	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	06/15/13
07-0003-655	10451	COIT SERVICES - MINNEAPOLIS	05/13	$ 108.58	$ 8.68	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	06/15/13
07-0003-662	4486	COIT SERVICES - SACRAMENTO	06/13	$ 103.92	$ 8.31	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	06/15/13
07-0003-142	4487	COIT SERVICES - SAN DIEGO	04/13	$ 4.92	$ 0.39	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	06/15/13
07-0003-144	4485	COIT SERVICES - PHOENIX	03/13	$ 273.66	$ 21.87	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	06/15/13
07-0003-226	7572	COIT SERVICES - ORANGE COUNTY	06/13	$ 26.25	$ 2.10	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	06/15/13
07-0003-141	4484	COIT SERVICES - LOS ANGELES	06/13	$ 532.82	$ 42.58	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	06/15/13
07-0003-141	4484	COIT SERVICES - LOS ANGELES	05/13	$ 26.25	$ 2.10	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	06/15/13
07-0003-143	4483	COIT SERVICES - HOUSTON	04/13	$ 140.83	$ 11.26	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	06/15/13
07-0003-143	4483	COIT SERVICES - HOUSTON	03/13	$ 132.08	$ 10.56	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	06/15/13
07-0003-142	4487	COIT SERVICES - SAN DIEGO	03/13	$ 4.92	$ 0.39	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	06/15/13
07-0003-140	4482	COIT SERVICES - BAY AREA	05/13	$ (48.41)	$ (3.87)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	07/15/13
07-0003-147	4488	COIT SERVICES - SEATTLE	06/13	$ 137.31	$ 10.97	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	07/15/13
07-0003-144	4485	COIT SERVICES - PHOENIX	06/13	$ 282.41	$ 22.57	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	07/15/13
07-0003-140	4482	COIT SERVICES - BAY AREA	04/13	$ (13.41)	$ (1.07)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	07/15/13
07-0003-140	4482	COIT SERVICES - BAY AREA	07/13	$ 840.11	$ 67.14	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	07/15/13
07-0003-142	4487	COIT SERVICES - SAN DIEGO	07/13	$ 119.07	$ 9.52	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	07/15/13
07-0003-143	4483	COIT SERVICES - HOUSTON	05/13	$ 140.83	$ 11.26	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	07/15/13
07-0003-142	4487	COIT SERVICES - SAN DIEGO	06/13	$ 119.07	$ 9.52	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	07/15/13
07-0003-170	4890	COIT SERVICES - SUPERIOR CLEANING	05/13	$ 30.17	$ 2.41	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	07/15/13
07-0003-546	9550	COIT SERVICES - UTAH	05/13	$ 13.41	$ 1.07	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	07/15/13
07-0003-141	4484	COIT SERVICES - LOS ANGELES	07/13	$ 528.16	$ 42.21	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	07/15/13
07-0003-141	4484	COIT SERVICES - LOS ANGELES	06/13	$ (4.66)	$ (0.37)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	07/15/13
07-0003-141	4484	COIT SERVICES - LOS ANGELES	05/13	$ (4.66)	$ (0.37)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	07/15/13
07-0003-141	4484	COIT SERVICES - LOS ANGELES	04/13	$ 8.75	$ 0.70	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	07/15/13
07-0003-140	4482	COIT SERVICES - BAY AREA	06/13	$ 840.11	$ 67.14	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	07/15/13
07-0003-170	4890	COIT SERVICES - SUPERIOR CLEANING	06/13	$ 214.10	$ 17.11	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	07/15/13
07-0003-147	4488	COIT SERVICES - SEATTLE	05/13	$ (8.75)	$ (0.70)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	07/15/13
07-0003-655	10451	COIT SERVICES - MINNEAPOLIS	06/13	$ 108.58	$ 8.68	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	07/15/13
07-0003-662	4486	COIT SERVICES - SACRAMENTO	07/13	$ 103.92	$ 8.31	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	07/15/13
07-0003-147	4488	COIT SERVICES - SEATTLE	07/13	$ 146.06	$ 11.67	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	08/15/13
07-0003-142	4487	COIT SERVICES - SAN DIEGO	07/13	$ (22.42)	$ (1.79)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	08/15/13

7-0003-147	4488	COIT SERVICES - SEATTLE	08/13	$ 146.06	$ 11.67	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	08/15/13
7-0003-141	4484	COIT SERVICES - LOS ANGELES	07/13	$ (26.25)	$ (2.10)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	08/15/13
7-0003-142	4487	COIT SERVICES - SAN DIEGO	08/13	$ 96.65	$ 7.72	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	08/15/13
7-0003-170	4890	COIT SERVICES - SUPERIOR CLEANING	07/13	$ 196.60	$ 15.71	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	08/15/13
7-0003-144	4485	COIT SERVICES - PHOENIX	07/13	$ 282.41	$ 22.57	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	08/15/13
7-0003-170	4890	COIT SERVICES - SUPERIOR CLEANING	08/13	$ 196.60	$ 15.71	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	08/15/13
7-0003-141	4484	COIT SERVICES - LOS ANGELES	08/13	$ 501.91	$ 40.11	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	08/15/13
7-0003-147	4488	COIT SERVICES - SEATTLE	06/13	$ 8.75	$ 0.70	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	08/15/13
7-0003-143	4483	COIT SERVICES - HOUSTON	06/13	$ 140.83	$ 11.26	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	08/15/13
7-0003-141	4484	COIT SERVICES - LOS ANGELES	06/13	$ (26.25)	$ (2.10)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	08/15/13
7-0003-140	4482	COIT SERVICES - BAY AREA	07/13	$ (17.50)	$ (1.40)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	08/15/13
7-0003-226	7572	COIT SERVICES - ORANGE COUNTY	07/13	$ 26.25	$ 2.10	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	08/15/13
7-0003-226	7572	COIT SERVICES - ORANGE COUNTY	08/13	$ 26.25	$ 2.10	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	08/15/13
7-0003-546	9550	COIT SERVICES - UTAH	06/13	$ 8.75	$ 0.70	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	08/15/13
7-0003-141	4484	COIT SERVICES - LOS ANGELES	05/13	$ (8.75)	$ (0.70)	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	08/15/13
7-0003-140	4482	COIT SERVICES - BAY AREA	08/13	$ 822.61	$ 65.74	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	08/15/13
7-0003-144	4485	COIT SERVICES - PHOENIX	09/13	$ 282.41	$ 22.57	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	09/15/13
7-0003-143	4483	COIT SERVICES - HOUSTON	07/13	$ 132.08	$ 10.56	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	09/15/13
7-0003-141	4484	COIT SERVICES - LOS ANGELES	07/13	$ 8.75	$ 0.70	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	09/15/13
7-0003-141	4484	COIT SERVICES - LOS ANGELES	08/13	$ 8.75	$ 0.70	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	09/15/13
7-0003-141	4484	COIT SERVICES - LOS ANGELES	09/13	$ 510.66	$ 40.81	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	09/15/13
7-0003-144	4485	COIT SERVICES - PHOENIX	08/13	$ 282.41	$ 22.57	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	09/15/13
7-0003-662	4486	COIT SERVICES - SACRAMENTO	08/13	$ 82.50	$ 6.59	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	09/15/13
7-0003-142	4487	COIT SERVICES - SAN DIEGO	09/13	$ 96.65	$ 7.72	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	09/15/13
7-0003-546	9550	COIT SERVICES - UTAH	06/13	$ 13.41	$ 1.07	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	09/15/13
7-0003-655	10451	COIT SERVICES - MINNEAPOLIS	07/13	$ 108.58	$ 8.68	G & C INS. SERV. DBA BENEFITS ACCESS INS. SERV.	09/15/13

Total amount of commissions from 10/1/12 - 9/30/13	**$ 2,269.46**

$ 29,120.76