Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

	enetit Guaranty Corporation	▶ Complete all entries in accordance	rdance with the instruc	ctions to the Form 550	<u>0-SF.</u>		
Part I		dentification Information					
For calend	ar plan year 2013 or fisc	cal plan year beginning 01/01/201	13	and ending 1	2/31/2	2013	
A This ret	turn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	pant plan
B This ret	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)	_	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am
	1	special extension (enter descripti	<u> </u>				
Part II		mation—enter all requested inform	nation				T
1a Name	•				1b	Three-digit	
MOST INSU	RANCE, LLC 401(K) PL	.AN				plan number (PN) ▶	001
					10	Effective date o	
					10		/2012
	ponsor's name and addr JRANCE, LLC	ress; include room or suite number (employer, if for a single-	employer plan)	2b	Employer Identi	fication Number
WOOT INSC	MANGE, LEG				2c	(EIN) 35-23 Sponsor's telep	shone number
	ARMENIA AVENUE					813-34	7-5555
TAMPA, FL	33609				2d	Business code ((see instructions)
3a Plan a	dministrator's name and	address Same as Plan Sponsor	Name Same as Plar	Sponsor Address	3b	Administrator's	EIN
					3c	Administrator's	telephone number
						, tarrimotrator o	toropriorio marridor
		plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b	EIN	
	, EIN, and the plan numl or's name	ber from the last return/report.			4c	PN	
5a Total i	number of participants a	t the beginning of the plan year			5a		12
		t the beginning of the plan year t the end of the plan year			5a 5b		12
b Total i	number of participants a er of participants with ac	t the end of the plan year	plan year (defined bene	efit plans do not	5b		9
b Total i	number of participants a er of participants with ad lete this item)	t the end of the plan year	plan year (defined bene	efit plans do not	5b 5c		
b Total of C Numb complete C Numb complete C Numb complete C Numb complete C Number	number of participants a er of participants with ad lete this item)all of the plan's assets on ou claiming a waiver of t	t the end of the plan yeardccount balances as of the end of the during the plan year invested in eligil the annual examination and report of	plan year (defined bene ble assets? (See instruc f an independent qualific	efit plans do not tions.)tions.(IQ	5b 5c		9 12 X Yes No
b Total in complete C	er of participants a er of participants with ad lete this item)	t the end of the plan yeardccount balances as of the end of the during the plan year invested in eligible annual examination and report of (See instructions on waiver eligibility	plan year (defined beneather) ble assets? (See instruction fan independent qualifier and conditions.)	efit plans do not tions.)ed public accountant (IQ	5b 5c PA)		9
b Total in C Numb complete 6a Were b Are you under If your	number of participants a er of participants with ad lete this item)	during the plan year invested in eligil he annual examination and report of (See instructions on waiver eligibility her line 6a or line 6b, the plan can	plan year (defined beneated by the sassets? (See instruction of an independent qualifier and conditions.)	efit plans do not tions.) ed public accountant (IQ	5b 5c PA)	5500.	9 12 X Yes No X Yes No
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Pa	rt III Financial Information									
7	Plan Assets and Liabilities				T		(b) End o	f Voor		
	Total plan assets	7a	(a) Beginning of Tea				(b) Liid 0	1295	85	
	Total plan liabilities	7b			+					
	Net plan assets (subtract line 7b from line 7a)	7c	4778	6				1295	85	
8	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount		(b) Total					
	Contributions received or receivable from:		(a) Amount				(6) 10	ıaı		
	(1) Employers	8a(1)	1775	4						
	(2) Participants	8a(2)	4994	1						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	1737	0						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						850	65	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	320	6						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	6	0						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						32	66	
i	Net income (loss) (subtract line 8h from line 8c)	8i						817	99	
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructi	ons:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instructio	ns:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		mount		
а				10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		Х				
				10c		Χ				
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		X				
	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth			100						
-	insurance service, or other organization that provides some or all				X					
	instructions.)			10e	^					385
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i		X				
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П үе	es 🔀	No
11:	Enter the unpaid minimum required contribution for current year fr					11a				
12	· · · · · · · · · · · · · · · · · · ·		,				EDISA2	П үе	s X	No
12	Is this a defined contribution plan subject to the minimum funding			oi se	CHUII	JUZ UI	LNISA!	<u> </u>	,o <u>^</u>	140
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being the standard for a prior year.	ng amortiz	ed in this plan year, see instru		and e	_			rulin	g
	you completed line 12a, complete lines 3, 9, and 10 of Schedule			ιτη		Day		ear		
	Enter the minimum required contribution for this plan year	•				12b				
	Liner the minimum required contribution for this plan year						I			

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С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

▶ Complete all entries in accordance with the instructions to the Form 5508-SF.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identifi	cation Information		and anding	12/31/201	3
For calendar plan year 2013 or fiscal plan	year beginning 01/	01/2013	and ending		
A This return/report is for:		nuitiple-employer plar	not multiemptoyer)	a one-particip	ан рап
D this terminabours.	(10t lotalinishan)	final return/report		03	
an a	eport (less than 12 mor		-		
C Check box if filing under:	n 5558 🗍 au	tomatic extension		☐ DFVC progra	im
spec	cial extension (enter description)				
Part II Basic Plan Informatio	n—enter all requested information	n			
1a Name of plan				1b Three-digit plan number	
Most Insurance, LLC 40	l(k) Plan			(PN) ▶	001
			Ī	1c Effective date o	•
				01/01/201	
2a Plan sponsor's name and address; in	clude room or suite number (emp	loyer, if for a single-e	mployer plan)	2b Employer Identi (EIN) 35-231	
Most Insurance, LLC				2c Sponsor's telep	
<i>*</i>				(813) 347	
801 North Armenia Aven	ue			2d Business code	(see instructions)
Tampa			33609	812990	
3a Plan administrator's name and addre	ss XSame as Plan Sponsor Nar	ne Same as Plan	Sponsor Address	3b Administrator's	EIN
				3c Administrator's	telephone number
					·
				Al- etc.	
4 If the name and/or EIN of the plan s	consor has changed since the las	t return/report filed fo	rthis plan, enter the	4b EIN	
name, EIN, and the plan number fro	m the last return/report.			4c PN	
name, EIN, and the plan number from a Sponsor's name 5a Total number of participants at the base of t	m the last return/report. eginning of the plan year			4c PN 5a	12
name, EIN, and the plan number from a Sponsor's name 5a Total number of participants at the box Total number of participants at the second se	m the last retum/report. eginning of the plan year			4c PN	12
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name, EIN, and the plan number from a Sponsor's name 5a Total number of participants at the base of participants at the base of participants with account complete this item)	m the last retum/report. leginning of the plan year and of the plan year balances as of the end of the plan the plan year invested in eligible must examination and report of an instructions on waiver eligibility ar are 6a or line 6b, the plan cannot is it covered under the PBGC insimplete filling of this return/reportations set forth in the instructions, and by an enrolled actuary, as well trater	assets? (See instruct independent qualifie d conditions.) use Form 5500-SF urance program (see as the electronic vers 1300cc 2414 Date 13 June 2014 Date	fit plans do not dions.)	4c PN 5a 5b 5c PA) Form 5500. Isse is established. Dort, including, if application, and to the best of meaning as plan actual signing as employed.	9 12 X Yes No X Yes No Not determined cable, a Schedule by knowledge and
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Par	t III Financial Information							
7 1	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Y	
a	Total plan assets	7a	47	,78	6	**	· .	129,585
b ·	Total plan liabilities	7b	*/					100 505
	Net plan assets (subtract line 7b from line 7a)	7c	47	,78	6		<u></u>	129,585
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount		_		(b) Tota	<u> </u>
	Contributions received or receivable from:	8a(1)	17	75,	4			
	(1) Employers	8a(2)		, 94				
		8a(3)		•	+			:
	(3) Others (including rollovers)	8b	17	, 37	0			
	Other Income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		·	<u> </u>			85,065
	Benefits paid (including direct rollovers and insurance premiums	00			1			
	to provide benefits)	8d	3	3,20	6			
e	Certain deemed and/or corrective distributions (see instructions)	. 8e			Щ.			
f	Administrative service providers (salaries, fees, commissions)	8f		6	0			
g	Other expenses	. 8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			┸			3,266
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			_			81,799
j	Transfers to (from) the plan (see instructions)	· 8j			1	-		
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension are plant to the plant provides welfare benefits, enter the applicable pension are plant to the plant provides welfare benefits, enter the applicable pension are plant to the plant provides welfare benefits, enter the applicable welfare for the plant provides welfare benefits, enter the applicable welfare for the plant provides welfare benefits, enter the applicable welfare for the plant provides welfare benefits, enter the applicable welfare for the plant provides welfare benefits.							
10	During the plan year:				Yes	No	An	nount
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	itions withi uciary Cor	n the time period described in rection Program)	10a		х		
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not	include transactions reported	10b		Х		
C	Was the plan covered by a fidelity bond?			10c		Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	and, that was caused by fraud	10d		х		
е	Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	Х			385
f	Has the plan failed to provide any benefit when due under the pla	an?		10f	<u> </u>	Х		
g	Did the plan have any participant loans? (If "Yes," enter amount	as of year	end.)	10g		Х		
_	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h		х		
i	If 10h was answered "Yes," check the box if you either provided to	the require	d notice or one of the	40:		х		
	exceptions to providing the notice applied under 29 CFR 2520.10	J 1-0		10i				
Part	VI Pension Funding Compliance			· · ·			<u> </u>	· · · · · · · · · · · · · · · · · · ·
Part 11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	nents? (If	"Yes," see instructions and com	plete		dule Si	3 (Form	Yes X No
11	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirer	nents? (If	"Yes," see instructions and com	plete		dule Si	3 (Form	
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	nents? (If	"Yes," see instructions and com dule SB (Form 5500) line 39	ıplete		dule St		Yes X No
11 11a 12	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) Enter the unpaid minimum required contribution for current year Is this a defined contribution plan subject to the minimum funding (If "Yes." complete line 12a or lines 12b, 12c, 12d, and 12e below	nents? (If ' from Sche g requiren v, as appli	"Yes," see instructions and comdule SB (Form 5500) line 39	nplete	ection	dule SE 11a 302 of	ERISA?	Yes X No
11 11a 12	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) Enter the unpaid minimum required contribution for current year. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. If a waiver of the minimum funding standard for a prior year is be granting the waiver.	nents? (If ' from Sche g requirem v, as applieding amortic	"Yes," see instructions and com- dule SB (Form 5500) line 39 lents of section 412 of the Code cable.) zed in this plan year, see instru	e or so	ection	dule SE 11a 302 of	ERISA?	Yes X No
11 11a 12 a	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) Enter the unpaid minimum required contribution for current year. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. If a waiver of the minimum funding standard for a prior year is be	from Sche g requirem v, as applied ing amorticular	"Yes," see instructions and com- dule SB (Form 5500) line 39 tents of section 412 of the Code cable.) zed in this plan year, see instru	e or sections	ection	dule SE	ERISA?	Yes X No

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	Enter the amount contributed by the employer to the plan for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets					
	Has a resolution to terminate the plan been adopted in any plan year?			es X No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	••••	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und				Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s) t	0			
1	3c(1) Name of plan(s):	13	ic(2) El	N(s)	13c(3	PN(s)
Part	VIII Trust Information (optional)				•	
	Name of trust		14b Tr	ust's EIN		