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

2013

This Form is Open to Public Inspection

| 1 01131 | on Benefit Guaranty Corporation | | | | Inspection | |
|-------------------|---|--------------------------------------|---------------------------|---|--|--|
| Part I | Annual Report Identifi | cation Information | | | | |
| For cale | ndar plan year 2013 or fiscal plar | year beginning 01/01/2013 | _ | and ending 12/3 | 31/2013 | |
| A This | return/report is for: | a multiemployer plan; | a multip | ole-employer plan; or | | |
| | | X a single-employer plan; | a DFE | (specify) | | |
| | | _ | _ | | | |
| B This | return/report is: | the first return/report; | the fina | I return/report; | | |
| | · | an amended return/report; | a short | plan year return/report (les | ss than 12 months). | |
| C If the | plan is a collectively-bargained p | lan check here | ш | | . □ | |
| | | Form 5558; | _ | tic extension; | the DFVC program; | |
| D Chec | ck box if filing under: | <u> </u> | | lic exterision, | I the bi ve program, | |
| _ | | special extension (enter des | . , | | | |
| Part | | ion—enter all requested informa | ation | | 141 | |
| | ne of plan | EVIDLE DENECIT DLAN | | | 1b Three-digit plan number (PN) ▶ 501 | |
| FLYININ | BROTHERS CONTRACTING FL | EXIBLE BENEFIT PLAN | | | 1c Effective date of plan | |
| | | | | | 10/15/1991 | |
| 2a Plai | n sponsor's name and address; ir | nclude room or suite number (emp | oloyer, if for a single | e-employer plan) | 2b Employer Identification | |
| | | | | | Number (EIN) | |
| FLYNN | BROTHERS CONTRACTING | | | | 61-0905373 | |
| | | | | | 2c Sponsor's telephone number | |
| | | | | | 502-364-9100 | |
| 1213 OU LOUISV | JTER LOOP ILLE, KY 40219 | | TER LOOP .LE, KY 40219 | | 2d Business code (see | |
| | , | | , | | instructions) | |
| | | | | | 237310 | |
| | | | | | | |
| - | | | | | | |
| Caution | : A penalty for the late or incor | nplete filing of this return/repor | rt will be assessed | d unless reasonable caus | se is established. | |
| | | | | | ort, including accompanying schedules, | |
| stateme | nts and attachments, as well as the | ne electronic version of this return | n/report, and to the | best of my knowledge and | belief, it is true, correct, and complete. | |
| | | | | | | |
| SIGN HERE | Filed with authorized/valid electronic | ronic signature. | 07/29/2014 | WILLIAM REED | | |
| TILKE | Signature of plan administrat | or | Date | Enter name of individua | al signing as plan administrator | |
| | | | | | | |
| SIGN | Filed with authorized/valid elect | ronic signature. | 07/29/2014 | WILLIAM REED | | |
| HEKE | HERE Signature of employer/plan sponsor | | Date | Enter name of individual signing as employer or plan spor | | |
| | | | | | | |
| SIGN | | | | | | |
| HERE | Signature of DFE | | Date | Enter name of individua | al signing as DEF | |
| Prepare | r's name (including firm name, if a | applicable) and address; include r | | | Preparer's telephone number | |
| JERRY | SOLZMAN, CPA | | | | (optional) 502-585-3251 | |
| WELEN | KEN CPAS | | | | 302-303-3231 | |
| 730 WF | ST MARKET STREET | | | | | |
| | ILLE, KY 40202-2757 | | | | | |
| | | | | | | |
| | | | | | | |

| | Form 5500 (2013) | F | Page 2 | 2 | | | | |
|---------|--|--------------------------|---------------|--------|--|---|-----------------------|--|
| 3a | Plan administrator's name and address Same as Plan Sponsor Name | ame as F | Plan Sp | pons | or Address | | | ministrator's EIN |
| 12 | YNN BROTHERS CONTRACTING 13 OUTER LOOP JUISVILLE, KY 40219 | | | | | | 3c Adı | 0905373 ministrator's telephone mber 502-364-9100 |
| LC | OISVILLE, KT 40219 | | | | | | | 302-304-9100 |
| 4 | If the name and/or EIN of the plan sponsor has changed since the last return/re EIN and the plan number from the last return/report: | eport file | d for th | is pl | an, enter th | e name, | 4b EII | N |
| а | Sponsor's name | | | | | | 4c PN | I |
| 5 | Total number of participants at the beginning of the plan year | | | | | | 5 | 302 |
| 6 | Number of participants as of the end of the plan year (welfare plans complete o | only lines | 6a, 6k | b, 6c | c, and 6d). | | | l |
| а | Active participants | | | | | | . 6a | 379 |
| b | Retired or separated participants receiving benefits | | | | | | . 6b | |
| С | Other retired or separated participants entitled to future benefits | | | | | | . 6c | |
| d | Subtotal. Add lines 6a, 6b, and 6c | | | | | | . 6d | 379 |
| e | Deceased participants whose beneficiaries are receiving or are entitled to receive | | | | | | . 6e | |
| T | Total. Add lines 6d and 6e . | | | | | | . 6f | |
| g | Number of participants with account balances as of the end of the plan year (on complete this item) | • | | | • | | . 6g | |
| h | Number of participants that terminated employment during the plan year with acless than 100% vested | | | | | | 6h | |
| 7 | Enter the total number of employers obligated to contribute to the plan (only mu | ultiemplo | yer pla | ans c | complete thi | is item) | 7 | |
| 8a b | If the plan provides pension benefits, enter the applicable pension feature codes If the plan provides welfare benefits, enter the applicable welfare feature codes 4A 4B 4D 4E 4H | | | | | | | |
| | (1) X Insurance (2) Code section 412(e)(3) insurance contracts (3) Trust (4) General assets of the sponsor | (1) (2) (3) (4) |) | X | Insurance Code section Trust General as | (check all that on 412(e)(3) sets of the sp | insuranc ponsor | |
| 10 | Check all applicable boxes in 10a and 10b to indicate which schedules are attack | ched, ar | id, whe | ere ir | ndicated, er | nter the num | ber attac | hed. (See instructions) |
| а | Pension Schedules | b Ger | neral S | Sche | dules | | | |
| | (1) R (Retirement Plan Information) | (1) | Г | 7 | H (Fir | nancial Inform | nation) | |
| | (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) (3) (4) | > | X | I (Fir | nancial Inform surance Infor ervice Provide | nation – S mation) | , |
| | (3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (5) (6) | = | | | E/Participati | - | |

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

2013

This Form is Open to Public Inspection

| For calendar plan year 20 | 13 or fiscal plar | n year beginning 01/01/2013 | а | and end | ling 12/31/20 [,] | 13 | | | |
|---|--------------------------------|---------------------------------------|--|-------------|----------------------------|------------|-------------------------|--|--|
| A Name of plan FLYNN BROTHERS CON | В | | | 504 | | | | | |
| FLYNN BRUTHERS CON | EXIBLE BENEFIT PLAN | | plan r | number (PN) | <u> </u> | 501 | | | |
| | | | | | | | | | |
| C Plan sponsor's name a | | e 2a of Form 5500 | | | er Identification N | Number (| EIN) | | |
| FLYNN BROTHERS CON | TRACTING | | 6 | 61-0905 | 5373 | | | | |
| Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. | | | | | | | | | |
| 1 Coverage Information: | | | | • | | | | | |
| (a) Name of insurance ca | rrier | | | | | | | | |
| UNION SECURITY INSU | | PANY | | | | | | | |
| | 1 | 1 | (e) Approximate number | er of | Po | licy or co | ontract year | | |
| (b) EIN | (c) NAIC code | (d) Contract or identification number | persons covered at end policy or contract year | d of | (f) From | | (g) To | | |
| 81-0170040 | 70408 | C235 | 2 | | 03/01/2012 | | 02/28/2013 | | |
| 2 Insurance fee and com descending order of the | | ation. Enter the total fees and total | Il commissions paid. List in | line 3 tl | he agents, broker | s, and of | ther persons in | | |
| | amount of comr | missions paid | | (b) Tot | al amount of fees | paid | | | |
| | | 30 | | | | | 120 | | |
| 3 Persons receiving com | missions and fe | ees. (Complete as many entries | as needed to report all perso | ons). | | | | | |
| - | | nd address of the agent, broker, | or other person to whom cor | mmissio | ons or fees were | paid | | | |
| ZINSER BENEFIT SERV | ICE INC | | EVERGREEN RD STE 6 SVILLE, KY 40243 | | | | | | |
| | | | | | | | | | |
| | | | | | | | T | | |
| (b) Amount of sales ar | | | s and other commissions pa | | | | | | |
| commissions pa | | (c) Amount | (d) P | urpose | | | (e) Organization code | | |
| | 30 | 120 | | | | | 3 | | |
| | | | | | | | | | |
| | (a) Name a | nd address of the agent, broker, | or other person to whom cor | mmissio | ons or fees were r | naid | | | |
| | (a) Hamo a | na address of the agent, protein | or ourse person to whom son | | 5110 01 1000 Word | paid | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| (b) Amount of sales ar | ees and other commissions paid | | | | | | | | |
| commissions pa | | (c) Amount | (d) P | urpose | | | (e) Organization code | | |
| | | | | | | | | | |
| | | | | | | | | | |
| For Panerwork Reduction | n Act Notice a | nd OMB Control Numbers, see | the instructions for Form | 5500 | | Scher | lule A (Form 5500) 2013 | | |

| Schedule A (Form 5500) | 2013 | Page 2 - 1 | |
|---|--------------------------------------|---|-----------------------|
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid |
| (4) | and and address of the agent, profit | ., | |
| | | | |
| | | | |
| | | Fees and other commissions paid | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | (o) / tinodit | (a) 1 dipose | 0000 |
| | | | |
| | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | ere paid |
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| | | | |
| | | Fees and other commissions paid | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | (O) / timodine | (a) 1 diposes | 0000 |
| | | | |
| | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid |
| | _ | | |
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| | | | |
| | | Fees and other commissions paid | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | (o) / unoun | (4) | 3345 |
| | | | |
| | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid |
| | | | |
| | | | |
| | | | |
| | | Fees and other commissions paid | () 0 |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | (1) | (2) | |
| | | | |
| | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | ere paid |
| | | | |
| | | | |
| | | | |
| (h) Amount of sales and har- | | Fees and other commissions paid | (2) Omanination |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
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| Р | art I | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv | idual contra | cts with each carrier ma | ay be treated as a | a unit for purposes of |
|---|----------|---|----------------|--------------------------|--------------------|------------------------|
| | | this report. | | | · · | |
| | | rent value of plan's interest under this contract in the general account at year | | | | |
| _ | | rent value of plan's interest under this contract in separate accounts at year e | nd | | 5 | |
| 6 | | tracts With Allocated Funds: | | | | |
| | а | State the basis of premium rates | | | | |
| | L | Describera a cid to contra | | | Ch. | |
| | b | Premiums paid to carrier. | | | 6b | |
| | ۲ 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 corretention of the contract or policy, enter amount. | | • | 6d | |
| | | Specify nature of costs | | | | |
| | | | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred | d annuity | | | |
| | | (3) other (specify) | | | | |
| | | | | | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | nating plan. o | check here | | |
| 7 | Con | tracts With Unallocated Funds (Do not include portions of these contracts ma | | <u> </u> | | |
| | а | Type of contract: (1) deposit administration (2) immedia | | | | |
| | | (3) guaranteed investment (4) other | | ŭ | | |
| | | (3) U guaranteed investment (4) U other 7 | | | | |
| | | | | | | |
| | b | Balance at the end of the previous year | | | 7b | |
| | C | Additions: (1) Contributions deposited during the year | 7c(1) | | ., | |
| | | (2) Dividends and credits | 7c(2) | | | |
| | | (3) Interest credited during the year | 7c(3) | | | |
| | | (4) Transferred from separate account | 7c(4) | | | |
| | | (5) Other (specify below) | 7c(5) | | | |
| | | • | | | | |
| | | | | | | |
| | | | | | | |
| | | (6)Total additions | | | 7c(6) | 0 |
| | d | Total of balance and additions (add lines 7b and 7c(6)). | | | 7d | <u> </u> |
| | | 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) | 0 |
| | f | Balance at the end of the current year (subtract line 7e(5) from line 7d) | | | | |
| | | | | | 1 | |

| Page 4 | |
|--|---|
| employer(s) or members of the same er xperience-rated as a unit. Where contra d as a unit for purposes of this report. | |
| c Vision g Supplemental unemployment k PPO contract | d ☐ Life insurance h ☐ Prescription drug l ☐ Indemnity contract |
| | |

| Pa | rt I | Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting p the entire group of such individual contracts of | oup of employees of the surposes if such contracts | are experience | ce-rated as a unit. Wh | ere contract | | |
|----|------|---|--|-----------------|------------------------|--------------|-------------------------|-----|
| 8 | Ben | efit and contract type (check all applicable boxes) | | | | | | |
| | а | Health (other than dental or vision) | b X Dental | С | Vision | | d Life insurance | |
| | е | Temporary disability (accident and sickness) | f Long-term disabilities | ty g 🗍 | Supplemental unem | ployment | h ☐ Prescription drug | |
| | i İ | Stop loss (large deductible) | j HMO contract | k [| PPO contract | | I Indemnity contract | :t |
| | m | Other (specify) | <i>-</i> L | _ | _ | | _ , | |
| 9 | Ехр | erience-rated contracts: | | | | | | |
| | а | Premiums: (1) Amount received | | 9a(1) | | | | |
| | | (2) Increase (decrease) in amount due but unpaid | | 9a(2) | | | | |
| | | (3) Increase (decrease) in unearned premium res | serve | 9a(3) | | _ | | |
| | | (4) Earned ((1) + (2) - (3)) | | | | . 9a(4) | | |
| | b | Benefit charges (1) Claims paid | | 9b(1) | | | | |
| | | (2) Increase (decrease) in claim reserves | | 9b(2) | | | | |
| | | (3) Incurred claims (add (1) and (2)) | | | | 9b(3) | | |
| | | (4) Claims charged | | | | . 9b(4) | | |
| | C | Remainder of premium: (1) Retention charges (c | n 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 | e 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) | | |
| | е | Dividends or retroactive rate refunds due. (Do n | ot include amount entered | d in line 9c(2) | .) | . 9e | | |
| 10 | No | nexperience-rated contracts: | | | • | 1 | | |
| | | Total premiums or subscription charges paid to o | arrier | | | . 10a | | 348 |
| | b | If the carrier, service, or other organization incur retention of the contract or policy, other than rep | red any specific costs in c | onnection wit | th the acquisition or | . 10b | | |
| | Sp | pecify nature of costs | | | | | | |

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

Schedule A (Form 5500) 2013

Part III

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

2013

| | | pursuant to Ef | RISA section 103(a)(2). | | | inspection | |
|---|--|-------------------------------------|--|----------------------|------------------|-------------------------|--|
| For calendar plan year 20 | 13 or fiscal plan | year beginning 01/01/2013 | and en | nding 12 | 2/31/2013 | | |
| A Name of plan FLYNN BROTHERS CON | ITRACTING FLI | EXIBLE BENEFIT PLAN | | e-digit number (P | PN) | 501 | |
| | | | | | | | |
| C Plan sponsor's name a FLYNN BROTHERS CON | | 2a of Form 5500 | D Emplo | - | cation Number (| EIN) | |
| | | | overage, Fees, and Com unit in Parts II and III can be repo | | | | |
| 1 Coverage Information: | | | | | | | |
| (a) Name of insurance ca | rrier | | | | | | |
| AMERICAN HERITAGE | LIFE INSURAN | CE | | | | | |
| | (c) NAIC | (d) Contract or | (e) Approximate number of | | Policy or co | contract year | |
| (b) EIN | code | identification number | persons covered at end of policy or contract year | (f |) From | (g) To | |
| 59-0781901 | 60534 | BG980 | 64 | 03/01/2 | 012 | 02/28/2013 | |
| 2 Insurance fee and com descending order of the | | tion. Enter the total fees and tota | I commissions paid. List in line 3 | the agents | , brokers, and o | ther persons in | |
| (a) Total a | amount of comn | nissions paid | (b) To | otal amount | t of fees paid | | |
| | | 5149 | | | | 0 | |
| 3 Persons receiving com | missions and fe | es. (Complete as many entries a | as needed to report all persons). | | | | |
| | (a) Name a | | or other person to whom commiss | ions or fee | s were paid | | |
| MARY T MADDOX | | | STONY SPRING CIRCLE VILLE, KY 40220 | | | | |
| | | | | | | | |
| (b) Amount of sales ar | nd base | Fees | and other commissions paid | | | | |
| commissions pa | | (c) Amount | (d) Purpose | | | (e) Organization code | |
| | 2894 | | | | | 3 | |
| | | | | | | | |
| | (a) Name a | nd address of the agent, broker, o | or other person to whom commiss | ions or fee | s were paid | | |
| WELLS FARGO INS SVO | (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid WELLS FARGO INS SVCS USA INC 950 BRECKENRIDGE LANE SUITE 50 | | | | | | |
| | | LOUIS | VILLE, KY 40207 | | | | |
| | | | | | | | |
| (b) Amount of sales ar | nd base | Fees | and other commissions paid | | | | |
| commissions pa | | (c) Amount | (d) Purpos | е | | (e) Organization code | |
| | 2171 | | | | | 3 | |
| | | | | | | | |
| For Donomyork Doductio | n Act Notice o | nd OMP Control Numbers and | the instructions for Form FEON | | Caha | Jula A (Form 5500) 2012 | |

| Schedule A (Form 5500) | 2013 | Page 2 - 1 | |
|--|--------------------------------|---|-----------------------|
| (a) Na | me and address of the agent, b | proker, or other person to whom commissions or fees were pa | id |
| BENEFIT COMMUNICATIONS INC | 34 | 429 STONY SPRING CIRCLE OUISVILLE, KY 40220 | |
| | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | Fees and other commissions paid (d) Purpose | (e) Organization code |
| 84 | (o) / unount | (4): 0.5000 | 3 |
| (a) Na | me and address of the agent, b | proker, or other person to whom commissions or fees were pa | id |
| | | | |
| (b) Amount of colon and book | | Fees and other commissions paid | (a) Organization |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | | | |
| | | | |
| (a) Na | me and address of the agent, b | oroker, or other person to whom commissions or fees were pa | id |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| | | | |
| (a) Na | me and address of the agent, b | proker, or other person to whom commissions or fees were pa | id |
| | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| | | | |
| (a) Na | me and address of the agent, b | oroker, or other person to whom commissions or fees were pa | id |
| | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |

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| Р | art I | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv | idual contra | cts with each carrier ma | ay be treated as a | a unit for purposes of |
|---|----------|---|----------------|--------------------------|--------------------|------------------------|
| | | this report. | | | · · | |
| | | rent value of plan's interest under this contract in the general account at year | | | | |
| _ | | rent value of plan's interest under this contract in separate accounts at year e | nd | | 5 | |
| 6 | | tracts With Allocated Funds: | | | | |
| | а | State the basis of premium rates | | | | |
| | L | Describera a cid to contra | | | Ch. | |
| | b | Premiums paid to carrier. | | | 6b | |
| | ۲ 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 corretention of the contract or policy, enter amount. | | • | 6d | |
| | | Specify nature of costs | | | | |
| | | | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred | d annuity | | | |
| | | (3) other (specify) | | | | |
| | | | | | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | nating plan. o | check here | | |
| 7 | Con | tracts With Unallocated Funds (Do not include portions of these contracts ma | | <u> </u> | | |
| | а | Type of contract: (1) deposit administration (2) immedia | | | | |
| | | (3) guaranteed investment (4) other | | ŭ | | |
| | | (3) U guaranteed investment | | | | |
| | | | | | | |
| | b | Balance at the end of the previous year | | | 7b | |
| | C | Additions: (1) Contributions deposited during the year | 7c(1) | | ., | |
| | | (2) Dividends and credits | 7c(2) | | | |
| | | (3) Interest credited during the year | 7c(3) | | | |
| | | (4) Transferred from separate account | 7c(4) | | | |
| | | (5) Other (specify below) | 7c(5) | | | |
| | | • | | | | |
| | | | | | | |
| | | | | | | |
| | | (6)Total additions | | | 7c(6) | 0 |
| | d | Total of balance and additions (add lines 7b and 7c(6)). | | | 7d | <u> </u> |
| | | 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) | 0 |
| | f | Balance at the end of the current year (subtract line 7e(5) from line 7d) | | | | |
| | | | | | 1 | |

| Page 4 | |
|--|---|
| e employer(s) or members of the same er experience-rated as a unit. Where contra ed as a unit for purposes of this report. | |
| c ☐ Vision g ☐ Supplemental unemployment k ☐ PPO contract | d ☐ Life insurance h ☐ Prescription drug l ☐ Indemnity contract |
| 9a(1) | |

| | in | more than one contract covers the same gro formation may be combined for reporting pune entire group of such individual contracts w | rposes if such contracts a | are experienc | ce-rated as a unit. Whe | ere contrac | | |
|----|----------------|--|----------------------------|------------------------|-------------------------|-------------|--|-------|
| 8 | Benefit an | d contract type (check all applicable boxes) | | | | | | |
| | a X Hea | alth (other than dental or vision) | b Dental | c | Vision | | d Life insurance | |
| | e 🗌 Ten | mporary disability (accident and sickness) | f Long-term disabilit | ty g | Supplemental unemp | loyment | $\mathbf{h} \ \square$ Prescription drug | |
| | i Sto | p loss (large deductible) | j HMO contract | k [| PPO contract | | I Indemnity contrac | :t |
| | m Oth | ner (specify) | | | | | | |
| 9 | Experience | e-rated contracts: | | | | | | |
| | • | ums: (1) Amount received | | 9a(1) | | | _ | |
| | | crease (decrease) in amount due but unpaid | ŀ | | | | 7 | |
| | | crease (decrease) in unearned premium rese | ľ | | | | _ | |
| | | arned ((1) + (2) - (3)) | • | | | 9a(4) | | |
| | b Bene | efit charges (1) Claims paid | | 9b(1) | | | | |
| | (2) In | crease (decrease) in claim reserves | | 9b(2) | | | | |
| | (3) In | curred claims (add (1) and (2)) | | | | 9b(3) | | |
| | | aims charged | | | | 9b(4) | | |
| | C Rema | ainder of premium: (1) Retention charges (or | n an accrual basis) | | | | | |
| | (A | A) Commissions | | 9c(1)(A) | | | | |
| | (E | Administrative service or other fees | | 9c(1)(B) | | | | |
| | (0 | C) Other specific acquisition costs | | 9c(1)(C) | | | | |
| | 1) | D) Other expenses | | 9c(1)(D) | | | _ | |
| | (E | E) Taxes | | | | | _ | |
| | | F) Charges for risks or other contingencies | | | | | | |
| | ((| G) Other retention charges | | 9c(1)(G) | | | | |
| | , | H) Total retention | _ | _ | | 9c(1)(H) | | |
| | (2) D | ividends or retroactive rate refunds. (These | amounts were paid in | cash, or | credited.) | 9c(2) | | |
| | d Statu | is of policyholder reserves at end of year: (1) | Amount held to provide | benefits after | retirement | 9d(1) | | |
| | (2) C | laim reserves | | | | 9d(2) | | |
| | ` ' | ther reserves | | | | 9d(3) | | |
| | e Divid | ends or retroactive rate refunds due. (Do no | t include amount entered | l in line 9c(2) | .) | 9e | | |
| 10 | | erience-rated contracts: | | | ı | | | |
| | _ | premiums or subscription charges paid to ca | | | | 10a | | 28819 |
| | | carrier, service, or other organization incurrention of the contract or policy, other than repo | , . | | • | 10b | | |
| | Specify i | nature of costs 🕨 | | | | | | |

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

Schedule A (Form 5500) 2013

Welfare Benefit Contract Information

Part III

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2013

| r ension benefit dualarity of | проганоп | Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | | | | Inspection | | |
|---|---------------|--|-----------------------------|---|-----------------------|--------------|-----------------------|--|
| For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and en | | | | | | /31/2013 | | |
| A Name of plan | | LEXIBLE BENEFIT PLAN | | | e-digit number (PN | ۱) 🕨 | 501 | |
| C Plan sponsor's name a FLYNN BROTHERS CON | | ne 2a of Form 5500 | | D Emplo | - | ation Numbe | r (EIN) | |
| on a separat | | ning Insurance Contract . Individual contracts grouped as | | | | | | |
| 1 Coverage Information: | | | | | | | | |
| (a) Name of insurance ca | rrier | | | | | | | |
| ANTHEM HEALTH PLAN | IS OF KENTU | JCKY, INC. | | | | | | |
| | (-) NIAIO | (a) Contract on | (e) Approximate nu | mber of | | Policy or | contract year | |
| (b) EIN | (c) NAIC code | (d) Contract or identification number | persons covered at | persons covered at end of policy or contract year | | From | (g) To | |
| 61-1237516 | 95120 | 001005796 | 249 | | 03/01/20 | 12 | 02/28/2013 | |
| 2 Insurance fee and com descending order of the | | nation. Enter the total fees and to | otal commissions paid. Lis | st in line 3 | the agents, | brokers, and | other persons in | |
| (a) Total a | amount of con | nmissions paid | | (b) To | otal amount | of fees paid | | |
| | | 41192 | | | | | 0 | |
| 3 Persons receiving com | missions and | fees. (Complete as many entries | s as needed to report all p | ersons). | | | | |
| | | and address of the agent, broker | | | ions or fees | were paid | | |
| WELLS FARGO INS SVO | CS USA INC | | BRECKENRIDGE LANE | SUITE 50 | | | | |
| | | | | | | | | |
| (b) Amount of sales ar | nd hase | Fe | ees and other commission | s paid | | | | |
| commissions pa | | (c) Amount | (| (d) Purpose | | | (e) Organization code | |
| | 41192 | | | | | | | |
| | | | | | | | | |
| | (a) Name | and address of the agent, broker | r, or other person to whom | n commiss | ions or fees | were paid | | |
| | | _ | | | | | | |
| | | | | | | | | |
| | T | Fe | ees and other commission | s paid | | | | |
| (b) Amount of sales ar commissions pa | | (c) Amount | | d) Purpose | е | | (e) Organization code | |
| | | | | | | | | |
| | | | | | | | | |

| Schedule A (Form 5500) | 2013 | Page 2 - 1 | |
|---|--------------------------------------|---|-----------------------|
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid |
| (4) | and and address of the agent, profit | ., | |
| | | | |
| | | | |
| | | Fees and other commissions paid | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | (o) / tinodit | (a) 1 dipose | 0000 |
| | | | |
| | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | ere paid |
| | | | |
| | | | |
| | | | |
| | | Fees and other commissions paid | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | (O) / timodine | (a) 1 diposes | 0000 |
| | | | |
| | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid |
| | _ | | |
| | | | |
| | | | |
| | | Fees and other commissions paid | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | (o) / unoun | (4) | 3345 |
| | | | |
| | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid |
| | | | |
| | | | |
| | | | |
| | | Fees and other commissions paid | () 0 |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | (1) | (2) | |
| | | | |
| | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | ere paid |
| | | | |
| | | | |
| | | | |
| (h) Amount of sales and har- | | Fees and other commissions paid | (2) Omanination |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | , , | , , , | |
| | | | |
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| ıay | | • |

| Р | art I | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv | idual contra | cts with each carrier ma | ay be treated as a | a unit for purposes of |
|---|----------|---|----------------|--------------------------|--------------------|------------------------|
| | | this report. | | | · · | |
| | | rent value of plan's interest under this contract in the general account at year | | | | |
| _ | | rent value of plan's interest under this contract in separate accounts at year e | nd | | 5 | |
| 6 | | tracts With Allocated Funds: | | | | |
| | а | State the basis of premium rates | | | | |
| | L | Describera a cid to contra | | | Ch. | |
| | b | Premiums paid to carrier. | | | 6b | |
| | ۲ 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 corretention of the contract or policy, enter amount. | | • | 6d | |
| | | Specify nature of costs | | | | |
| | | | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred | d annuity | | | |
| | | (3) other (specify) | | | | |
| | | | | | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | nating plan. o | check here | | |
| 7 | Con | tracts With Unallocated Funds (Do not include portions of these contracts ma | | <u> </u> | | |
| | а | Type of contract: (1) deposit administration (2) immedia | | | | |
| | | (3) guaranteed investment (4) other | | ŭ | | |
| | | (3) U guaranteed investment | | | | |
| | | | | | | |
| | b | Balance at the end of the previous year | | | 7b | |
| | C | Additions: (1) Contributions deposited during the year | 7c(1) | | ., | |
| | | (2) Dividends and credits | 7c(2) | | | |
| | | (3) Interest credited during the year | 7c(3) | | | |
| | | (4) Transferred from separate account | 7c(4) | | | |
| | | (5) Other (specify below) | 7c(5) | | | |
| | | • | | | | |
| | | | | | | |
| | | | | | | |
| | | (6)Total additions | | | 7c(6) | 0 |
| | d | Total of balance and additions (add lines 7b and 7c(6)). | | | 7d | <u> </u> |
| | | 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) | 0 |
| | f | Balance at the end of the current year (subtract line 7e(5) from line 7d) | | | | |
| | | | | | 1 | |

| Pag | e 4 | |
|-----|------------|--|
| | | |

| Pa | art I | Welfare Benefit Contract Informat If more than one contract covers the same guinformation may be combined for reporting p the entire group of such individual contracts. | roup of employees of the urposes if such contracts | are experience | ce-rated as a unit. Whe | re contracts | |
|----|-------|--|--|------------------------|--|--------------|-------------------------|
| 8 | Ben | nefit and contract type (check all applicable boxes) | | | | | |
| | а | X Health (other than dental or vision) | b Dental | CX | Vision | | d Life insurance |
| | е | Temporary disability (accident and sickness) | f Long-term disabili | ty g | Supplemental unempl | oyment | h Prescription drug |
| | i | Stop loss (large deductible) | i HMO contract | k 🗍 | PPO contract | | I Indemnity contract |
| | m | Other (specify) | <i>,</i> L | | 1 | | |
| | | | | | | | |
| 9 | Ехр | erience-rated contracts: | | | | | |
| | | Premiums: (1) Amount received | | 9a(1) | | 1338897 | |
| | | (2) Increase (decrease) in amount due but unpaid | j | 9a(2) | | 100276 | |
| | | (3) Increase (decrease) in unearned premium res | serve | 9a(3) | | | |
| | | (4) Earned ((1) + (2) - (3)) | | | | 9a(4) | 1439173 |
| | b | Benefit charges (1) Claims paid | | · · · / | | 1244338 | |
| | | (2) Increase (decrease) in claim reserves | | 9b(2) | | 109000 | |
| | | (3) Incurred claims (add (1) and (2)) | | | - | 9b(3) | 1353338 |
| | | (4) Claims charged | | | | 9b(4) | 90148 |
| | С | Remainder of premium: (1) Retention charges (c | , | 0-(4)(4) | | 40000 | - |
| | | (A) Commissions | | 9c(1)(A) | | 43820 | - |
| | | (B) Administrative service or other fees | | 9c(1)(B) 9c(1)(C) | | 203630 | - |
| | | (C) Other specific acquisition costs | | 2 (4)(5) | | | |
| | | (D) Other expenses(E) Taxes | | 0 (4)(5) | | | - |
| | | (F) Charges for risks or other contingencies. | | 0.(4)(5) | | | |
| | | (G) Other retention charges | | - (1)(-) | | 2089 | |
| | | (H) Total retention | | | | 9c(1)(H) | 249539 |
| | | (2) Dividends or retroactive rate refunds. (These | | | The state of the s | 9c(2) | |
| | d | Status of policyholder reserves at end of year: (1 | — | _ | - | 9d(1) | |
| | - | (2) Claim reserves | , · | | = | 9d(2) | |
| | | (3) Other reserves | | | - | 9d(3) | |
| | е | Dividends or retroactive rate refunds due. (Do n | ot include amount entered | d in line 9c(2) | .) | 9e | |
| 10 | No | onexperience-rated contracts: | | | | | |
| | а | Total premiums or subscription charges paid to o | arrier | | | 10a | 1345087 |
| | b | If the carrier, service, or other organization incur retention of the contract or policy, other than rep | , , | | | 10b | |
| | S | pecify nature of costs 🕨 | | | _ | | |
| | | | | | | | |

| Part | ١٧ | Provision of Information | | | |
|------|---------|---|-----|------|--|
| 11 | Did the | e 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.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

2013

| | | | ERISA section 103(a)(2). | ic illioilliatic | 511 | | Inspection |
|--|---|--|---|-----------------------|----------------------|----------------|-----------------------|
| For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 | | | | | | | |
| A Name of plan FLYNN BROTHERS CON | TRACTING FL | EXIBLE BENEFIT PLAN | | B Three-plan r | -digit number (PN | N) • | 501 |
| | | | | | | | |
| • | C Plan sponsor's name as shown on line 2a of Form 5500 FLYNN BROTHERS CONTRACTING D Employer Identification Number (E 61-0905373 | | | | | | (EIN) |
| | | ning Insurance Contract Individual contracts grouped a | | | | | |
| 1 Coverage Information: | | | | | | g | |
| (a) Name of insurance ca | rrier | | | | | | |
| ANTHEM LIFE INSURAN | ICE COMPAN | Υ | | | | | |
| | (c) NAIC | (d) Contract or | (e) Approximate nu | _ | | Policy or c | ontract year |
| (b) EIN | code | identification number | persons covered at policy or contract | | (f) | From | (g) To |
| 35-0980405 | 61069 | 00210529 | 29 | 4 | 03/01/20 | 12 | 02/28/2013 |
| 2 Insurance fee and com descending order of the | | ation. Enter the total fees and to | otal commissions paid. Li | st in line 3 th | he agents, l | brokers, and o | ther persons in |
| (a) Total a | amount of com | missions paid | | (b) Tot | al amount o | of fees paid | |
| | | 5124 | | | | | 0 |
| 3 Persons receiving com | missions and f | ees. (Complete as many entrie | s as needed to report all p | ersons). | | | _ |
| | | and address of the agent, broke | r, or other person to whom BRECKENRIDGE LANE | | ons or fees | were paid | |
| WELLS FARGO INS SVO | S USA INC | | JISVILLE, KY 40207 | SUITE SU | | | |
| | | | | | | | |
| (b) Amount of sales ar | nd base | | ees and other commission | s paid | | | - |
| commissions pa | | (c) Amount | (d) Purpose | | | | (e) Organization code |
| | 5124 | | | | | | 3 |
| | (a) Name a | and address of the agent, broke | r, or other person to whom | n commissio | ons or fees | were paid | |
| | (4) | and address of the agent, shows | ., с. сало регост то тто | | 0.10 0. 1000 | | |
| | | | | | | | |
| | | | | | | | T |
| (b) Amount of sales and base commissions paid (c) Amount (d) Purpose (e) (e) (e) (figure 1) (figure 2) (figure 2) (figure 3) (figur | | | | (e) Organization code | | | |
| commissions pa | iu . | (c) Amount | • | uji uipose | | | (e) Organization code |
| | | | | | | | |
| | | | | | | | |

| Schedule A (Form 5500) | 2013 | Page 2 - 1 | | | |
|---|--------------------------------------|---|-----------------------|--|--|
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid | | |
| (4) | and and address of the agent, profit | ., | | | |
| | | | | | |
| | | | | | |
| | | Fees and other commissions paid | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | |
| | (o) / tinodit | (a) 1 dipose | 0000 | | |
| | | | | | |
| | | | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | ere paid | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | Fees and other commissions paid | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | |
| | (O) / timodine | (a) 1 diposes | 0000 | | |
| | | | | | |
| | | | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid | | |
| | _ | | | | |
| | | | | | |
| | | | | | |
| | | Fees and other commissions paid | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | |
| | (o) / unoun | (4) | 3345 | | |
| | | | | | |
| | | | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | Fees and other commissions paid | () 0 | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | |
| | (1) | (2) | | | |
| | | | | | |
| | | | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | ere paid | | |
| | | | | | |
| | | | | | |
| | | | | | |
| (h) Amount of sales and har- | | Fees and other commissions paid | (2) Omanination | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | |
| | , , | , , , | | | |
| | | | | | |
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| Р | art I | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv | idual contra | cts with each carrier ma | ay be treated as a | a unit for purposes of |
|---|----------|---|----------------|--------------------------|--------------------|------------------------|
| | | this report. | | | · · | |
| | | rent value of plan's interest under this contract in the general account at year | | | | |
| _ | | rent value of plan's interest under this contract in separate accounts at year e | nd | | 5 | |
| 6 | | tracts With Allocated Funds: | | | | |
| | а | State the basis of premium rates | | | | |
| | L | Describera a cid to contra | | | Ch. | |
| | b | Premiums paid to carrier. | | | 6b | |
| | ۲ 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 corretention of the contract or policy, enter amount. | | • | 6d | |
| | | Specify nature of costs | | | | |
| | | | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred | d annuity | | | |
| | | (3) other (specify) | | | | |
| | | | | | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | nating plan. o | check here | | |
| 7 | Con | tracts With Unallocated Funds (Do not include portions of these contracts ma | | <u> </u> | | |
| | а | Type of contract: (1) deposit administration (2) immedia | | | | |
| | | (3) guaranteed investment (4) other | | ŭ | | |
| | | (3) U guaranteed investment | | | | |
| | | | | | | |
| | b | Balance at the end of the previous year | | | 7b | |
| | C | Additions: (1) Contributions deposited during the year | 7c(1) | | ., | |
| | | (2) Dividends and credits | 7c(2) | | | |
| | | (3) Interest credited during the year | 7c(3) | | | |
| | | (4) Transferred from separate account | 7c(4) | | | |
| | | (5) Other (specify below) | 7c(5) | | | |
| | | • | | | | |
| | | | | | | |
| | | | | | | |
| | | (6)Total additions | | | 7c(6) | 0 |
| | d | Total of balance and additions (add lines 7b and 7c(6)). | | | 7d | <u> </u> |
| | | 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) | 0 |
| | f | Balance at the end of the current year (subtract line 7e(5) from line 7d) | | | | |
| | | | | | 1 | |

| Page 4 | |
|--|--|
| 1 age 4 | |
| employer(s) or members of the same en perience-rated as a unit. Where contra- as a unit for purposes of this report. | |
| c ☐ Vision g ☐ Supplemental unemployment k ☐ PPO contract | d ∑ Life insurance h ☐ Prescription l ☐ Indemnity co |

| | | information may be combined for reporting putthe entire group of such individual contracts v | urposes if such contracts a | re experienc | e-rated as a unit. Wh | ere contrac | | |
|----|------------|--|-------------------------------|----------------------|-----------------------|-------------|---------------------------|-------|
| 8 | Bene | fit and contract type (check all applicable boxes) | | | | | | |
| | а | Health (other than dental or vision) | b Dental | с | Vision | | d X Life insurance | |
| | e 🗀 | Temporary disability (accident and sickness) | f Long-term disability | , g ☐ | Supplemental unem | olovment | h Prescription drug | |
| | ιË | Stop loss (large deductible) | j HMO contract | k□ | PPO contract | , | I Indemnity contract | |
| | m | Other (specify) | , I imo contract | •• _ | 11.0001111401 | | | |
| | ∟ | Cities (specify) | | | | | | |
| 9 | Expe | rience-rated contracts: | | | | | | |
| | a P | remiums: (1) Amount received | | 9a(1) | | | | |
| | (| (2) Increase (decrease) in amount due but unpaid | j | 9a(2) | | | | |
| | (| 3) Increase (decrease) in unearned premium res | erve | 9a(3) | | | | |
| | | (4) Earned ((1) + (2) - (3)) | | | | 9a(4) | | |
| | b | Benefit charges (1) Claims paid | | | | | | |
| | , | 2) Increase (decrease) in claim reserves | | | | 1 | | |
| | , | (3) Incurred claims (add (1) and (2)) | | | | 9b(3) | | |
| | | (4) Claims charged | | | | 9b(4) | | |
| | С | Remainder of premium: (1) Retention charges (o | ′ – | 0 (4)(4) | | | | |
| | | (A) Commissions | | 9c(1)(A) | | | | |
| | | (B) Administrative service or other fees | | 9c(1)(B) 9c(1)(C) | | | _ | |
| | | (C) Other specific acquisition costs | | 9c(1)(C) 9c(1)(D) | | | _ | |
| | | (D) Other expenses | | 9c(1)(E) | | | | |
| | | (E) Taxes(F) Charges for risks or other contingencies | | 9c(1)(F) | | | _ | |
| | | (G) Other retention charges | | | | | | |
| | | (H) Total retention | | | | 9c(1)(H) | | |
| | | (2) Dividends or retroactive rate refunds. (These | _ | _ | | | | |
| | | Status of policyholder reserves at end of year: (1 | — · | | | 9d(1) | | |
| | | (2) Claim reserves | • | | | 9d(2) | | |
| | | (3) Other reserves | | | | 9d(3) | | |
| | | Dividends or retroactive rate refunds due. (Do no | | | | 9e | | |
| 10 | | nexperience-rated contracts: | | | , | | | |
| | | Total premiums or subscription charges paid to c | arrier | | | 10a | | 53988 |
| | b | If the carrier, service, or other organization incurr | ed any specific costs in co | nnection witl | h the acquisition or | | | |
| | | retention of the contract or policy, other than repo | orted in Part I, line 2 above | , report amo | unt | 10b | | |

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

Specify nature of costs >

Schedule A (Form 5500) 2013

Part III

Welfare Benefit Contract Information

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

2013

| pursuant to ERISA section 103(a)(2). | | | | | Inspection |
|--|------------------|---------------------------------|---|--------------------------------------|-----------------------|
| For calendar plan year 20 | 13 or fiscal pla | an year beginning 01/01/2013 | and e | ending 12/31/2013 | |
| A Name of plan FLYNN BROTHERS CONTRACTING FLEXIBLE BENEFIT PLAN B Three-digit plan number (PN) | | | 501 | | |
| | | | | | |
| C Plan sponsor's name a FLYNN BROTHERS CON | | ne 2a of Form 5500 | | loyer Identification Numbe 905373 | er (EIN) |
| | | | Coverage, Fees, and Cons a unit in Parts II and III can be re | | |
| 1 Coverage Information: | | | | | |
| (a) Name of insurance ca | rrier | | | | |
| DELTA DENTAL OF KEN | NTUCKY | | | | |
| (b) EIN | (c) NAIC | (d) Contract or | (e) Approximate number of persons covered at end of | Policy or | contract year |
| (b) EIN | code | identification number | policy or contract year | (f) From | (g) To |
| 61-0659432 | 54674 | 000690790 | 229 | 03/01/2012 | 02/28/2013 |
| 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 | | | | | |
| 2884 0 | | | | | |
| 3 Persons receiving com | | | s as needed to report all persons). | | |
| ZINSER BENEFIT SERV | | | r, or other person to whom commis N EVERGREEN RD STE 6 | ssions or fees were paid | |
| ZINGER BENEFIT GERV | ICE INC | | JISVILLE, KY 40243 | | |
| | | | | | |
| (b) Amount of sales ar | nd base | Fe | ees and other commissions paid | | |
| commissions pa | | (c) Amount | (d) Purpo | se | (e) Organization code |
| | 2884 | | | | 3 |
| | (a) Nome | and address of the agent brake | r or other nersen to whom commit | oniono or fono ware poid | |
| | (a) Name | and address of the agent, broke | r, or other person to whom commis | ssions or fees were paid | |
| | | | | | |
| (b) Amount of sales a | nd hase | Fe | ees and other commissions paid | | |
| commissions pa | | (c) Amount | (d) Purpo | se | (e) Organization code |
| | | | | | |
| | | | | | |

| Schedule A (Form 5500) | 2013 | Page 2 - 1 | | | |
|---|--------------------------------------|---|-----------------------|--|--|
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid | | |
| (4) | and and address of the agent, profit | ., | | | |
| | | | | | |
| | | | | | |
| | | Fees and other commissions paid | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | |
| | (o) / tinodit | (a) 1 dipose | 0000 | | |
| | | | | | |
| | | | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | ere paid | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | Fees and other commissions paid | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | |
| | (O) / timodine | (a) 1 diposes | 0000 | | |
| | | | | | |
| | | | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid | | |
| | _ | | | | |
| | | | | | |
| | | | | | |
| | | Fees and other commissions paid | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | |
| | (o) / unoun | (4) | 3345 | | |
| | | | | | |
| | | | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | Fees and other commissions paid | () 0 | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | |
| | (1) | (2) | | | |
| | | | | | |
| | | | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | ere paid | | |
| | | | | | |
| | | | | | |
| | | | | | |
| (h) Amount of sales and har- | | Fees and other commissions paid | (2) Omanination | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | |
| | , , | , , , | | | |
| | | | | | |
| | | | | | |

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| ıay | | • |

| Р | art I | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv | idual contra | cts with each carrier ma | ay be treated as a | a unit for purposes of |
|---|----------|---|----------------|--------------------------|--------------------|------------------------|
| | | this report. | | | · · | |
| | | rent value of plan's interest under this contract in the general account at year | | | | |
| _ | | rent value of plan's interest under this contract in separate accounts at year e | nd | | 5 | |
| 6 | | tracts With Allocated Funds: | | | | |
| | а | State the basis of premium rates | | | | |
| | L | Describera a cid to contra | | | Ch. | |
| | b | Premiums paid to carrier. | | | 6b | |
| | ۲ 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 corretention of the contract or policy, enter amount. | | • | 6d | |
| | | Specify nature of costs | | | | |
| | | | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred | d annuity | | | |
| | | (3) other (specify) | | | | |
| | | | | | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | nating plan. o | check here | | |
| 7 | Con | tracts With Unallocated Funds (Do not include portions of these contracts ma | | <u> </u> | | |
| | а | Type of contract: (1) deposit administration (2) immedia | | | | |
| | | (3) guaranteed investment (4) other | | ŭ | | |
| | | (3) U guaranteed investment | | | | |
| | | | | | | |
| | b | Balance at the end of the previous year | | | 7b | |
| | C | Additions: (1) Contributions deposited during the year | 7c(1) | | ., | |
| | | (2) Dividends and credits | 7c(2) | | | |
| | | (3) Interest credited during the year | 7c(3) | | | |
| | | (4) Transferred from separate account | 7c(4) | | | |
| | | (5) Other (specify below) | 7c(5) | | | |
| | | • | | | | |
| | | | | | | |
| | | | | | | |
| | | (6)Total additions | | | 7c(6) | 0 |
| | d | Total of balance and additions (add lines 7b and 7c(6)). | | | 7d | <u> </u> |
| | | 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) | 0 |
| | f | Balance at the end of the current year (subtract line 7e(5) from line 7d) | | | | |
| | | | | | 1 | |

| Page 4 | | |
|---------------|--|--|
| | | |
| | | |

10a

10b

| Schedule A (Form 5500) 2013 | | Pa | age 4 | | |
|---|--|--------------|-------------------------|-------------------|--------------------|
| Part III Welfare Benefit Contract Inform If more than one contract covers the same information may be combined for reporting the entire group of such individual contract | e group of employees of the purposes if such contracts | are experien | ce-rated as a unit. Who | ere contracts | |
| 8 Benefit and contract type (check all applicable box | es) | _ | _ | | _ |
| a Health (other than dental or vision) | b X Dental | С | Vision | C | Life insurance |
| e Temporary disability (accident and sickness |) f Long-term disabili | ity g | Supplemental unemp | oloyment ľ | Prescription drug |
| i Stop loss (large deductible) | j HMO contract | k | PPO contract | | Indemnity contract |
| m ☐ Other (specify) ▶ | - Ц | _ | _ | | |
| | | | | | |
| 9 Experience-rated contracts: | | | | | |
| a Premiums: (1) Amount received | | 9a(1) | | 61411 | |
| (2) Increase (decrease) in amount due but unp | oaid | 9a(2) | | -377 | |
| (3) Increase (decrease) in unearned premium | | | | T | |
| (4) Earned ((1) + (2) - (3)) | | | | 9a(4) | 61034 |
| b Benefit charges (1) Claims paid | | | | 45357 | |
| (2) Increase (decrease) in claim reserves | | | | -53 | |
| (3) Incurred claims (add (1) and (2)) | | | | 9b(3) | 45304 |
| (4) Claims charged | | | | 9b(4) | |
| c Remainder of premium: (1) Retention charges | ` | - (1)(1) | T | | |
| (A) Commissions | | 9c(1)(A) | | 2884 | |
| (B) Administrative service or other fees | | | | 8346 | |
| (C) Other specific acquisition costs | | 0 (4)(5) | | | |
| (D) Other expenses | | A (4)(=) | | | |
| (E) Taxes(F) Charges for risks or other contingencie | | - (1)(-) | | 1831 | |
| (G) Other retention charges | | - (1)(-) | | 1031 | |
| (H) Total retention | | | | 9c(1)(H) | 1306 |
| (2) Dividends or retroactive rate refunds. (The | | | | 9c(2) | 1000 |
| d Status of policyholder reserves at end of year | — • | | | 9d(1) | |
| (2) Claim reserves | • • | | | 9d(1) | 162 |
| (3) Other reserves | | | | 9d(3) | 102 |
| Dividends or retroactive rate refunds due. (December 1997) | | | | 9e | |
| 10 Nonexperience-rated contracts: | The state of the s | | y- y | | |

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

a Total premiums or subscription charges paid to carrier If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....

Specify nature of costs >

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