Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

HERE

Signature of DFE

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

| | | | | | inspection | |
|---|--------------------------------------|---|-------------------------|---|--|--|
| Part I | | ification Information | | | | |
| For cale | ndar plan year 2013 or fiscal p | lan year beginning 06/01/2013 | | and ending 05/31/2 | 2014 | |
| A This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or | | | | | | |
| | ' | x a single-employer plan; | a DFE (| specify) | | |
| | | | <u> </u> | | | |
| R This | return/report is: | X the first return/report; | the final | return/report; | | |
| | return/report is. | an amended return/report; | <u> </u> | olan year return/report (less th | nan 12 months) | |
| C 16 4h- | nlan is a salla stirralir bannaina. | ш | ш. | • | <u>_</u> ' | |
| | , | d plan, check here | | | _ | |
| D Chec | k box if filing under: | Form 5558; | | c extension; | the DFVC program; | |
| | | special extension (enter des | scription) | | | |
| Part | II Basic Plan Inform | ation—enter all requested information | ation | | | |
| | ne of plan SE CHILDREN'S SERVICES | | | | 1b Three-digit plan number (PN) ▶ 511 | |
| | | | | | 1c Effective date of plan 06/01/1986 | |
| 2a Plar | n sponsor's name and address | ; include room or suite number (emp | ployer, if for a single | -employer plan) | 2b Employer Identification Number (EIN) | |
| SUNRIS | E CHILDREN'S SERVICES | | | | 61-0597273 | |
| | | | | | 2c Sponsor's telephone | |
| | | | | | number 502-538-1000 | |
| 300 HOP | | 300 HOPE P O BOX | | | 2d Business code (see | |
| | SHINGTON, KY 40047 | | HINGTON, KY 4004 | 7 | instructions) | |
| | | | | | 813000 | |
| | | | | | | |
| | | | | | | |
| Caution | : A penalty for the late or inc | omplete filing of this return/repor | rt will be assessed | unless reasonable cause is | s established. | |
| | | enalties set forth in the instructions. | | | | |
| stateme | nts and attachments, as well a | s the electronic version of this return | n/report, and to the b | est of my knowledge and be | lief, it is true, correct, and complete. | |
| | | | | | | |
| SIGN | Filed with authorized/valid ele | ectronic signature. | 09/26/2014 | PAT CARLISLE | | |
| HERE Signature of plan administrator | | | Date | Enter name of individual s | igning as plan administrator | |
| | • | | | | <u> </u> | |
| SIGN | Filed with authorized/valid ele | ectronic signature. | 09/26/2014 | PAT CARLISLE | | |
| HERE | Signature of employer/plar | | Date | | igning as employer or plan sponsor | |
| | 2.ga.a. 2 c. omprojen/plui | | | | .g.m.g ac complete or plan openion | |
| SIGN | | | | | | |

Date

Enter name of individual signing as DFE

(optional)

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number

| | Form 5500 (2013) | Page 2 | | |
|--------|--|---|------------------------|-----------------|
| 3a | Plan administrator's name and address Same as Plan Sponsor Name Same as F | Plan Sponsor Address | 3b Administrate | or's EIN |
| | | | 3c Administrato | r's telephone |
| 4 | If the name and/or EIN of the plan sponsor has changed since the last return/report filed | d for this plan, enter the name, | 4b EIN | |
| а | EIN and the plan number from the last return/report: Sponsor's name | | 4c PN | |
| 5 | Total number of participants at the beginning of the plan year | | 5 | 364 |
| 6 | Number of participants as of the end of the plan year (welfare plans complete only lines | 6a, 6b, 6c, and 6d). | | |
| а | Active participants | | 6a | 364 |
| b | Retired or separated participants receiving benefits | | 6b | |
| | Other retired or separated participants entitled to future benefits | | 6c | |
| | Subtotal. Add lines 6a , 6b , and 6c | | 6d 6e | 364 |
| e f | Deceased participants whose beneficiaries are receiving or are entitled to receive beneficiaries. Add lines 6d and 6e . | | 6f | 364 |
| g | Number of participants with account balances as of the end of the plan year (only define complete this item) | | 6g | |
| | Number of participants that terminated employment during the plan year with accrued b less than 100% vested | enefits that were | 6h | |
| 7 | Enter the total number of employers obligated to contribute to the plan (only multiemplo | , , , | 7 | _ |
| b | If the plan provides pension benefits, enter the applicable pension feature codes from the lift the plan provides welfare benefits, enter the applicable welfare feature codes from the 4A 4B 4D | e List of Plan Characteristics Code | s in the instructior | |
| 9a | Plan funding arrangement (check all that apply) (1) | n benefit arrangement (check all that Insurance Code section 412(e)(3) Trust General assets of the sp | insurance contrac | ts |
| 10 | Check all applicable boxes in 10a and 10b to indicate which schedules are attached, an | nd, where indicated, enter the number | ber attached. (Se | e instructions) |
| а | Pension Schedules (1) R (Retirement Plan Information) (1) (1) | neral Schedules H (Financial Inform | nation) | |
| | (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (4) | I (Financial Inform X | mation) | n) |

(4)

(5)

(6)

SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(3)

C (Service Provider Information)

D (DFE/Participating Plan Information)

G (Financial Transaction Schedules)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

▶ 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

| | | pursuant to El | RISA section 103(a)(2). | | | mapeedion |
|---|-------------------|---|---|----------------------|-----------------------|-----------------------|
| For calendar plan year 20 | 13 or fiscal plan | year beginning 06/01/2013 | and er | nding 0 | 5/31/2014 | |
| A Name of plan SUNRISE CHILDREN'S S | SERVICES | | B Thre | e-digit number (P | PN) | 511 |
| | | | | | | |
| C Plan sponsor's name a SUNRISE CHILDREN'S S | | 2a of Form 5500 | D Emplo 61-059 | | cation Number (| (EIN) |
| | | ing Insurance Contract C Individual contracts grouped as a | | | | |
| 1 Coverage Information: | | | | | | |
| (a) Name of insurance ca | rrier | | | | | |
| UNITEDHEALTHCARE I | NSURANCE CO | OMPANY | | | | |
| | (c) NAIC | (d) Contract or | (e) Approximate number of | | Policy or co | ontract year |
| (b) EIN | code | identification number | persons covered at end of policy or contract year | (f) |) From | (g) To |
| 36-2739571 | 79413 | 0742298 | 454 | 06/01/2 | 013 | 05/31/2014 |
| 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 | |
| | | 52949 | | | | |
| 3 Persons receiving com | missions and fe | es. (Complete as many entries a | as needed to report all persons). | | | |
| | | nd address of the agent, broker, o | | sions or fee | s were paid | |
| BB&T INSURANCE SER | VICES INC | | BONNIE EDWARDS NSBORO, NC 27409 | | | |
| (b) Amount of sales ar | nd hase | Fees | and other commissions paid | | | |
| commissions pa | | (c) Amount | (d) Purpos | е | (e) Organization code | |
| | 11520 | 0 N/A | | | | 3 |
| | (a) Name a | nd address of the agent, broker, o | or other nerson to whom commiss | ions or fee | s were naid | |
| BB&T INSURANCE SER | | 200 W | VINE ST STE 300 GTON, KY 40507 | MONO OF TOO | o were paid | |
| | | | | | | |
| (b) Amount of sales ar | nd base | Fees | and other commissions paid | | _ | |
| commissions pa | | (c) Amount | (d) Purpos | е | | (e) Organization code |
| | 51429 | O N/A | A. | | | 3 |
| | | | | | | |

| 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, stone | ., | | | |
| | | | | | |
| | | | | | |
| | | 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 calca 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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| Pa | art II | | | | | |
|----|----------------|--|----------------|--------------------------|--------------------|------------------------|
| | | Where individual contracts are provided, the entire group of such individual this report. | idual contra | cts with each carrier ma | ly be treated as a | a unit for purposes of |
| 4 | Curr | ent value of plan's interest under this contract in the general account at year | end | | 4 | |
| | | ent value of plan's interest under this contract in separate accounts at year e | | | 5 | |
| 6 | Cont | racts With Allocated Funds: | | | | _ |
| | а | 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 coretention 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 | Cont | racts With Unallocated Funds (Do not include portions of these contracts ma | | | | |
| | а | | | tion guarantee | | |
| | | (3) guaranteed investment (4) other | | · · | | |
| | | (3) guaranteed investment (4) clifer y | | | | |
| | | | | | | |
| | b | Balance at the end of the previous year | | | 7b | |
| | C | Additions: (1) Contributions deposited during the year | 1 | | 75 | |
| | | (2) Dividends and credits | 7c(2) | | | |
| | | (3) Interest credited during the year | - (a) | | | |
| | | (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 | |
| | | 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) | | | | |

| | Schedule A (Form 5500) 2013 | | Pa | age 4 | | | |
|--------------|--|--|------------------------|-----------------------|-------------|-------------------------|--------|
| Part II | Welfare Benefit Contract Informa If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts | roup of employees of the urposes if such contracts | are experience | ce-rated as a unit. W | nere contra | | |
| 8 Bene | efit and contract type (check all applicable boxes) | | | | | | |
| а | Health (other than dental or vision) | b Dental | С | Vision | | d Life insurance | |
| еĪ | Temporary disability (accident and sickness) | f Long-term disabili | ty g | Supplemental unem | ployment | h Prescription drug | |
| ιĒ | Stop loss (large deductible) | j HMO contract | | PPO contract | | I Indemnity contract | |
| m [| Other (specify) | , 🗆 | |] | | | |
| [| Other (specify) | | | | | | |
| 9 Expe | erience-rated contracts: | | | | | | |
| | Premiums: (1) Amount received | | 9a(1) | | | _ | |
| | (2) Increase (decrease) in amount due but unpai | | | | | | |
| | (3) Increase (decrease) in unearned premium re- | | <u> </u> | | | | |
| | (4) Earned ((1) + (2) - (3)) | | | | . 9a(4) | | 0 |
| b | Benefit charges (1) Claims paid | | 9b(1) | | | | |
| | (2) Increase (decrease) in claim reserves | | 9b(2) | | | | |
| | (3) Incurred claims (add (1) and (2)) | | | | . 9b(3) | | |
| | (4) Claims charged | | | | . 9b(4) | | |
| С | Remainder of premium: (1) Retention charges (| 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 | | | | | | |
| | (F) Charges for risks or other contingencies. | | 9c(1)(F) | | | | |
| | (G) Other retention charges | | 9c(1)(G) | | 1 | | |
| | (H) Total retention | | | | 9c(1)(H |) | |
| | (2) Dividends or retroactive rate refunds. (These | e amounts were 🗌 paid ir | n cash, or | credited.) | 9c(2) | | |
| d | Status of policyholder reserves at end of year: (|) Amount held to provide | benefits after | r retirement | 9d(1) | | |
| | (2) Claim reserves | | | | . 9d(2) | | |
| | (3) Other reserves | | | | . 9d(3) | | |
| е | Dividends or retroactive rate refunds due. (Do r | ot include amount entered | d in line 9c(2) | .) | 9e | | |
| 10 No | nexperience-rated contracts: | | | | | | |
| а | Total premiums or subscription charges paid to | carrier | | | . 10a | 16 | 659534 |
| b | If the carrier, service, or other organization incur | red any specific costs in o | connection with | th the acquisition or | | | |

NONE

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

10b

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Insurance Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2013

This Form is Open to Public

| Pension Benefit Guaranty Corporation Insurance companies are require pursuant to ERISA sec | | | | | on | | Inspection |
|---|----------------|--|---|---|-------------|----------------|-----------------------|
| For calendar plan year 2013 or fiscal plan year beginning 06/01/2013 and ending 05/31/2014 | | | | | | | |
| A Name of plan SUNRISE CHILDREN'S S | • | , , , | - | B Three | | | 511 |
| C Plan sponsor's name a SUNRISE CHILDREN'S S | s shown on lii | ne 2a of Form 5500 | | D Employ 61-0597 | | ation Number (| EIN) |
| | | ning Insurance Contrac . Individual contracts grouped a | | | | | |
| 1 Coverage Information: | | | | | | | |
| (a) Name of insurance ca | | | (a) Approximate particular | umbor of | | Policy or co | ontract year |
| (b) EIN | (c) NAIC code | (d) Contract or identification number | persons covered a | (e) Approximate number of persons covered at end of policy or contract year | | From | (g) To |
| 61-0659432 | 54674 | 0032880 | · · · | 77 | 06/01/20 | 13 | 05/31/2014 |
| 2 Insurance fee and com descending order of the | | nation. Enter the total fees and t | otal commissions paid. L | ist in line 3 t | he agents, | brokers, and o | ther persons in |
| | | nmissions paid | | (b) Tot | al amount | of fees paid | |
| | | 7430 | | | | | |
| 3 Persons receiving com | missions and | fees. (Complete as many entrie | es as needed to report all | persons). | | | |
| | | and address of the agent, broke | er, or other person to who MMISSION PROCESSIN | | ons or fees | were paid | |
| BB&T INSURANCE SER | VICES INC | | EENSBORO, NC 27409 | G ONT | | | |
| (b) Amount of sales ar | nd base | F | ees and other commission | ns paid | | | |
| commissions pa | | (c) Amount | | (d) Purpose | | | (e) Organization code |
| 7430 0 | | | N/A | | | | 3 |
| | (a) Name | and address of the agent, broke | er, or other person to who | m commission | ons or fees | were paid | |
| | | | | | | | |
| (b) Amount of sales and base Fees and other commissions paid | | | | | | | |
| commissions pa | id | (c) Amount | | (d) Purpose | | | (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, stone | ., | | | |
| | | | | | |
| | | | | | |
| | | 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 | | |
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| (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 | | |
| | | | | | |
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| (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 | | |
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| (h) Amount of calca 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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| Pa | art II | | | | | |
|----|----------------|--|----------------|--------------------------|--------------------|------------------------|
| | | Where individual contracts are provided, the entire group of such individual this report. | idual contra | cts with each carrier ma | ly be treated as a | a unit for purposes of |
| 4 | Curr | ent value of plan's interest under this contract in the general account at year | end | | 4 | |
| | | ent value of plan's interest under this contract in separate accounts at year e | | | 5 | |
| 6 | Cont | racts With Allocated Funds: | | | | _ |
| | а | 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 coretention 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 | Cont | racts With Unallocated Funds (Do not include portions of these contracts ma | | | | |
| | а | | | tion guarantee | | |
| | | (3) guaranteed investment (4) other | | · · | | |
| | | (3) guaranteed investment (4) clifer y | | | | |
| | | | | | | |
| | b | Balance at the end of the previous year | | | 7b | |
| | C | Additions: (1) Contributions deposited during the year | 1 | | 75 | |
| | | (2) Dividends and credits | 7c(2) | | | |
| | | (3) Interest credited during the year | - (a) | | | |
| | | (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 | |
| | | 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) | | | | |

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

| | art II | If more than one contract covers the same grant information may be combined for reporting put the entire group of such individual contracts of the same grant information may be combined for reporting products of the same grant information may be combined for reporting products of the same grant information may be combined for reporting products of the same grant information may be combined for reporting products of the same grant information may be combined for reporting products of the same grant information may be combined for reporting products of the same grant information may be combined for reporting products of the same grant information may be combined for reporting products of the same grant information may be combined for reporting products of the same grant information may be combined for reporting products of the same grant information may be combined for reporting products of the same grant information may be combined for reporting products of the same grant information may be combined for reporting products of the same grant information may be combined from the same grant information may be combined fro | roup of employees of the urposes if such contract with each carrier may be | s are experienc | ce-rated as a unit. Who | ere contracts | |
|----|--------|--|--|-----------------|-------------------------|----------------|----------------------------|
| 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 disab | ility g | Supplemental unemp | oloyment I | h Prescription drug |
| | i [| Stop loss (large deductible) | j HMO contract | k | PPO contract | | I Indemnity contract |
| | m | Other (specify) | _ | | _ | | - |
| 9 | Expe | erience-rated contracts: | | | | | |
| | a i | Premiums: (1) Amount received | | 9a(1) | | 122935 | |
| | | (2) Increase (decrease) in amount due but unpaid | i | 9a(2) | | 1303 | |
| | | (3) Increase (decrease) in unearned premium res | serve | 9a(3) | | | |
| | | (4) Earned ((1) + (2) - (3)) | | ··· <u>····</u> | | 9a(4) | 124238 |
| | b | Benefit charges (1) Claims paid | | 9b(1) | | 93689 | |
| | | (2) Increase (decrease) in claim reserves | | 9b(2) | | -779 | |
| | | (3) Incurred claims (add (1) and (2)) | | | | 9b(3) | 92910 |
| | | (4) Claims charged | | | | 9b(4) | |
| | С | Remainder of premium: (1) Retention charges (c | | [- (1)(1) [| | | - |
| | | (A) Commissions | | | | 7430 | - |
| | | (B) Administrative service or other fees | | | | 13562 | 4 |
| | | (C) Other specific acquisition costs | | 0 (4)(5) | | | |
| | | (D) Other expenses | | 0 (4)(5) | | 253 | |
| | | (E) Taxes | | 0. (4)(5) | | | - |
| | | (F) Charges for risks or other contingencies (G) Other retention charges | | | | 3106 | |
| | | (H) Total retention | | | | 9c(1)(H) | 24351 |
| | | (2) Dividends or retroactive rate refunds. (These | _ | | | | 24001 |
| | d | Status of policyholder reserves at end of year: (1 | | | | 9c(2) 9d(1) | |
| | u | (2) Claim reserves | • | | | 9d(1) 9d(2) | 3643 |
| | | (3) Other reserves | | | | 9d(2) | 3043 |
| | е | Dividends or retroactive rate refunds due. (Do n | | | | 9e | |
| 10 | | nexperience-rated contracts: | ot molado ambant onto | 00 | ., | | |
| | | Total premiums or subscription charges paid to o | arrier | | | 10a | |
| | b | If the carrier, service, or other organization incurretention of the contract or policy, other than report | red any specific costs in | connection wit | h the acquisition or | 10b | |
| | Sp | ecify nature of costs | | 2,12,23 | | - | , |

| Part IV | Provision of Information | | | |
|-----------|---|-----|------|--|
| 11 Did th | 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 pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

| For colonder plan year 20 | 12 or figaal plan | · · | NOA Section 100(a)(2). | odina 05/04/0044 | |
|--|-------------------|---------------------------------------|---|----------------------------|---------------------------|
| For calendar plan year 20 | 13 of fiscal plar | year beginning 06/01/2013 | and er | | |
| A Name of plan SUNRISE CHILDREN'S S | SERVICES | | | e-digit | 511 |
| | | | plan | number (PN) | 011 |
| | | | | | |
| C Plan sponsor's name a | as shown on line | 22 of Form 5500 | D Emple | oyer Identification Numbe | ır (FIN) |
| SUNRISE CHILDREN'S S | | 2 2 d o i i o i i i i 3 3 0 0 | 61-059 | - | i (LIIV) |
| | | | 0.00 | | |
| Part I Informati | on Concern | ing Insurance Contract C | overage Fees and Com | missions Provide info | rmation for each contract |
| | | Individual contracts grouped as a | | | |
| 1 Coverage Information: | | 3 - 1 | | <u> </u> | |
| 1 Coverage information. | | | | | |
| (a) Name of insurance ca | ırrier | | | | |
| | | | | | |
| UNITED OF OMAHA LIF | E INSURANCE | COMPANY | | | |
| 4 × = 1 × 1 | (c) NAIC | (d) Contract or | (e) Approximate number of | Policy or | contract year |
| (b) EIN | code | identification number | persons covered at end of policy or contract year | (f) From | (g) To |
| | | | policy of contract year | | |
| 47-0322111 | 69868 | G000ALEG | 333 | 06/01/2013 | 05/31/2014 |
| 2 Incurance foe and com | mission informs | ation. Enter the total fees and total | Leammissions paid. List in line 3 | the agents brokers and | other persons in |
| descending order of the | amount paid. | ition. Enter the total rees and total | Commissions paid. List in line 3 | the agents, brokers, and | ottier persons in |
| | amount of comr | nissions naid | (b) To | otal amount of fees paid | |
| (a) 1 otal | arroarr or com | 4986 | (2) | otal allicant of 1000 paid | 1724 |
| | | | | | |
| 3 Persons receiving com | missions and fe | ees. (Complete as many entries a | is needed to report all persons). | | |
| | | nd address of the agent, broker, o | | sions or fees were paid | |
| BB&T INSURANCE SER | VICES INC | | OX 436969 VILLE, KY 40253 | | |
| | | 20010 | VILLE, RT 40233 | | |
| | | | | | |
| | Ī | | | | |
| (b) Amount of sales a | nd base | Fees | and other commissions paid | | |
| commissions pa | id | (c) Amount | (d) Purpose | | (e) Organization code |
| | 4986 | 1724 AG | ENT OR BROKER OF RECORD | | 3 |
| | | | | | |
| | | | | | |
| | (a) Name a | nd address of the agent, broker, o | or other person to whom commiss | sions or fees were naid | |
| | (a) Name a | nd address of the agent, broker, c | of other person to whom commiss | nons of fees were paid | |
| | | | | | |
| | | | | | |
| | | | | | |
| (1) A | I | Fees | and other commissions paid | | |
| (b) Amount of sales an commissions pa | | (c) Amount | (d) Purpos | Δ | (e) Organization code |
| commissions pa | iu | (c) Amount | (u) Fulpos | <u> </u> | (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, stone | ., | |
| | | | |
| | | | |
| | | 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 |
| | _ | | |
| | | | |
| | | | |
| | | 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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| Pa | art II | | | | | |
|----|----------------|--|----------------|--------------------------|--------------------|------------------------|
| | | Where individual contracts are provided, the entire group of such individual this report. | idual contra | cts with each carrier ma | ly be treated as a | a unit for purposes of |
| 4 | Curr | ent value of plan's interest under this contract in the general account at year | end | | 4 | |
| | | ent value of plan's interest under this contract in separate accounts at year e | | | 5 | |
| 6 | Cont | racts With Allocated Funds: | | | | _ |
| | а | 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 coretention 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 | Cont | racts With Unallocated Funds (Do not include portions of these contracts ma | | | | |
| | а | | | tion guarantee | | |
| | | (3) guaranteed investment (4) other | | · · | | |
| | | (3) guaranteed investment (4) direct (| | | | |
| | | | | | | |
| | b | Balance at the end of the previous year | | | 7b | |
| | C | Additions: (1) Contributions deposited during the year | 1 | | 75 | |
| | | (2) Dividends and credits | 7c(2) | | | |
| | | (3) Interest credited during the year | - (a) | | | |
| | | (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 | |
| | | 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) | | | | |

| | | Schedule A (Form 5500) 2013 | | Pag | ge 4 | | |
|----|-------|---|--|---------------|-----------------------|--------------|-----------------------|
| Pa | rt II | Welfare Benefit Contract Information If more than one contract covers the same group information may be combined for reporting pur the entire group of such individual contracts with the such contracts with the such contracts with the such contracts. | up of employees of the saposes if such contracts a | re experienc | e-rated as a unit. Wh | ere contract | |
| 8 | Ben | nefit and contract type (check all applicable boxes) | | | | | |
| | а | Health (other than dental or vision) | b Dental | С | Vision | | d Life insurance |
| | е | Temporary disability (accident and sickness) | f Long-term disability | / g ☐ | Supplemental unemp | oloyment | h Prescription drug |
| | i Ī | Stop loss (large deductible) | j HMO contract | k∏ | PPO contract | | I Indemnity contract |
| | m | X Other (specify) SHORT TERM DISABILITY | - | | ! | | ь . |
| | [| - Carron (opcon)) | | | | | |
| 9 | Ехре | erience-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 rese | rve | 9a(3) | | | |
| | | (4) Earned ((1) + (2) - (3)) | <u>.</u> | | | 9a(4) | |
| | b | Benefit charges (1) Claims paid | | 9b(1) | | | |
| | | (2) Increase (decrease) in claim reserves | | 9b(2) | | | |
| | | (3) Incurred claims (add (1) and (2)) | | | | 9b(3) | |
| | | (4) Claims charged | | | | 9b(4) | |
| | С | Remainder of premium: (1) Retention charges (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 a | amounts were paid in | cash, or | credited.) | 9c(2) | |
| | d | Status of policyholder reserves at end of year: (1) | Amount held to provide b | enefits after | retirement | 9d(1) | |
| | | (2) Claim reserves | | | | 9d(2) | |
| | | (3) Other reserves | | | | 9d(3) | |

Specify nature of costs

10 Nonexperience-rated contracts:

CLAIMS PAID

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

9e

10a

10b

49857

46754

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

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.....

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

| For calendar plan year 20 | 13 or fiscal plan | year beginning 06/01/2013 | and | d ending 05/31/2014 | | | |
|---|--|-------------------------------------|--|--|-----------------------------|--|--|
| A Name of plan SUNRISE CHILDREN'S S | A Name of plan SUNRISE CHILDREN'S SERVICES | | | hree-digit blan number (PN) | 511 | | |
| | | | | | | | |
| C Plan sponsor's name a SUNRISE CHILDREN'S S | | 2a of Form 5500 | | nployer Identification Nur -0597273 | mber (EIN) | | |
| Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. | | | | | | | |
| 1 Coverage Information: | | | | | | | |
| (a) Name of insurance ca | rrier | | | | | | |
| UNITED OF OMAHA LIF | E INSURANCE | COMPANY | | | | | |
| | (c) NAIC | (d) Contract or | (e) Approximate number of | | y or contract year | | |
| (b) EIN | code | identification number | persons covered at end of policy or contract year | (f) From | (g) To | | |
| 47-0322111 | 69868 | G000ALEG | 333 | 06/01/2013 | 05/31/2014 | | |
| 2 Insurance fee and communication descending order of the | | tion. Enter the total fees and tota | al commissions paid. List in lin | e 3 the agents, brokers, | and other persons in | | |
| (a) Total a | amount of comn | nissions paid | (b |) Total amount of fees pa | aid | | |
| - | | 3760 | | | 1300 | | |
| 3 Persons receiving com | missions and fe | es. (Complete as many entries | as needed to report all persons | s). | | | |
| BB&T INSURANCE SER | | nd address of the agent, broker, | or other person to whom comn OX 436969 | nissions or fees were pai | d | | |
| BB&T INSURANCE SER | VICES INC | | SVILLE, KY 40253 | | | | |
| | | | | | | | |
| (b) Amount of sales ar | nd base | Fee | s and other commissions paid | | | | |
| commissions pai | id | (c) Amount | (d) Pur _l | | (e) Organization code | | |
| | 3760 | 1300 AG | GENT OR BROKER OF RECO | RD | 3 | | |
| | | | | | | | |
| | (a) Name ar | nd address of the agent, broker, | or other person to whom comr | nissions or fees were pai | d | | |
| | | | | | | | |
| | | | | | | | |
| (h) Amount of color on | -d b | Fee | s and other commissions paid | | | | |
| (b) Amount of sales and base commissions paid | | (c) Amount | (d) Pur | oose | (e) Organization code | | |
| | | | | | | | |
| | | | | | | | |
| For Panerwork Reduction | n Act Notice a | nd OMB Control Numbers, see | the instructions for Form 5 | inn 9 | Schedule 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, stone | ., | |
| | | | |
| | | | |
| | | 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 |
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| | | | |
| | | | |
| (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 |
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| | | | |
| | | | |
| | | 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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| Part II | | | | | | |
|---------|----------------|--|----------------|--------------------------|--------------------|------------------------|
| | | Where individual contracts are provided, the entire group of such individual this report. | idual contra | cts with each carrier ma | ly be treated as a | a unit for purposes of |
| 4 | Curr | ent value of plan's interest under this contract in the general account at year | end | | 4 | |
| | | ent value of plan's interest under this contract in separate accounts at year e | | | 5 | |
| 6 | Cont | racts With Allocated Funds: | | | | _ |
| | а | 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 coretention 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 | Cont | racts With Unallocated Funds (Do not include portions of these contracts ma | | | | |
| | а | | | tion guarantee | | |
| | | (3) guaranteed investment (4) other | | · · | | |
| | | (3) guaranteed investment (4) direct (| | | | |
| | | | | | | |
| | b | Balance at the end of the previous year | | | 7b | |
| | C | Additions: (1) Contributions deposited during the year | 1 | | 75 | |
| | | (2) Dividends and credits | 7c(2) | | | |
| | | (3) Interest credited during the year | - (a) | | | |
| | | (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 | |
| | | 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) | | | | |

| | | Schedule A (Form 5500) 2013 | | Pag | ge 4 | | | |
|----|----------|---|--|----------------|------------------------|--------------|---------------------------|----|
| Pa | art II | Welfare Benefit Contract Informat If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts | roup of employees of the urposes if such contracts | are experience | e-rated as a unit. Whe | ere contract | | S, |
| 8 | Ben | efit and contract type (check all applicable boxes) | | | | | | |
| | а | Health (other than dental or vision) | b Dental | c 🗌 | Vision | | d X Life insurance | |
| | е | Temporary disability (accident and sickness) | f Long-term disabili | ty g | Supplemental unemp | loyment | h Prescription drug | |
| | ιĪ | Stop loss (large deductible) | j HMO contract | k∏ | PPO contract | | I Indemnity contract | |
| | m | Other (specify) | , | Ш | | | | |
| | [| Cities (speedily) | | | | | | |
| 9 | Expe | erience-rated contracts: | | | | | | |
| | | Premiums: (1) Amount received | | 9a(1) | | | | |
| | | (2) Increase (decrease) in amount due but unpai | d | | | | | |
| | | (3) Increase (decrease) in unearned premium res | | h | | | | |
| | | (4) Earned ((1) + (2) - (3)) | | | | 9a(4) | | |
| | b | Benefit charges (1) Claims paid | | | | ` ' | | |
| | | (2) Increase (decrease) in claim reserves | | 9b(2) | | | | |
| | | (3) Incurred claims (add (1) and (2)) | | | | 9b(3) | | |
| | | (4) Claims charged | | | | 9b(4) | | |
| | С | Remainder of premium: (1) Retention charges (| on an accrual basis) | | <u>.</u> | ` ' | | |
| | | (A) Commissions | | 9c(1)(A) | | | | |
| | | (B) Administrative service or other fees | | 1 1 1 1 1 | | | | |
| | | (C) Other specific acquisition costs | | - (1)(-) | | | | |
| | | (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 ir | n cash. or □ c | redited.) | 9c(2) | | |
| | d | Status of policyholder reserves at end of year: (* | _ | | | 9d(1) | | |
| | . | (2) Claim reserves | | | • | 9d(2) | | |
| | | (=) Claim 10001 VCO | | | | ~~(-/ | i . | |

9d(3)

9e

10a

10b

37603

80000

Specify nature of costs

10 Nonexperience-rated contracts:

CLAIMS PAID

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

(3) Other reserves.....

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

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.....

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

This Form is Open to Public Inspection

| | | pursuant to Er | (15A section 103(a)(2). | | |
|--|-------------------|---|---|--|--------------------------|
| For calendar plan year 20 | 13 or fiscal plan | year beginning 06/01/2013 | and | ending 05/31/2014 | |
| A Name of plan SUNRISE CHILDREN'S S | SERVICES | | | nree-digit lan number (PN) | 511 |
| | | | | | |
| C Plan sponsor's name a SUNRISE CHILDREN'S S | | 2a of Form 5500 | | ployer Identification Numbe 0597273 | r (EIN) |
| | | ing Insurance Contract C Individual contracts grouped as a | | | |
| 1 Coverage Information: | | | | | |
| (a) Name of insurance ca | | COMPANY | | | |
| | ())) () | (1) 0 | (e) Approximate number of | f Policy or | contract year |
| (b) EIN | (c) NAIC code | (d) Contract or identification number | persons covered at end of policy or contract year | | (g) To |
| 47-0322111 | 69868 | G000ALEG | 333 | 06/01/2013 | 05/31/2014 |
| 2 Insurance fee and com descending order of the | | tion. Enter the total fees and total | commissions paid. List in line | e 3 the agents, brokers, and | other persons in |
| (a) Total a | amount of comn | | (b) | Total amount of fees paid | |
| | | 4049 | | | 1399 |
| 3 Persons receiving com | missions and fe | es. (Complete as many entries a | s needed to report all persons |). | |
| | | nd address of the agent, broker, o | | | |
| BB&T INSURANCE SER | VICES INC | | OX 436969 VILLE, KY 40253 | | |
| (b) Amount of sales ar | nd base | Fees | and other commissions paid | | |
| commissions pa | | (c) Amount | (d) Purp | | (e) Organization code |
| | 4049 | 1399 AG | ENT OR BROKER OF RECOF | RD | 3 |
| | (a) Name ar | nd address of the agent, broker, o | or other person to whom comm | nissions or fees were paid | |
| | | | | | |
| (b) Amount of sales and base Fees and other commissions paid | | | | | |
| commissions paid | | (c) Amount | (d) Purp | oose | (e) Organization code |
| | | | | | |
| For Donomuork Doductio | n Act Natice o | nd OMP Control Numbers see | the instructions for Form FF | 00 506 | adula A (Form FEOO) 2012 |

| 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, stone | ., | |
| | | | |
| | | | |
| | | 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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| Part II | | | | | | |
|---------|----------------|--|----------------|--------------------------|--------------------|------------------------|
| | | Where individual contracts are provided, the entire group of such individual this report. | idual contra | cts with each carrier ma | ly be treated as a | a unit for purposes of |
| 4 | Curr | ent value of plan's interest under this contract in the general account at year | end | | 4 | |
| | | ent value of plan's interest under this contract in separate accounts at year e | | | 5 | |
| 6 | Cont | racts With Allocated Funds: | | | | _ |
| | а | 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 coretention 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 | Cont | racts With Unallocated Funds (Do not include portions of these contracts ma | | | | |
| | а | | | tion guarantee | | |
| | | (3) guaranteed investment (4) other | | · · | | |
| | | (3) guaranteed investment (4) direct (| | | | |
| | | | | | | |
| | b | Balance at the end of the previous year | | | 7b | |
| | C | Additions: (1) Contributions deposited during the year | 1 | | 75 | |
| | | (2) Dividends and credits | 7c(2) | | | |
| | | (3) Interest credited during the year | - (a) | | | |
| | | (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 | |
| | | 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) | | | | |

| | Schedule A (Form 5500) 2013 | | Pag | ge 4 | | |
|--------------|---|--|--------------|------------------------|-------------|-------------------------|
| Part I | Welfare Benefit Contract Informat If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts | roup of employees of the saurposes if such contracts a | re experienc | e-rated as a unit. Whe | re contract | |
| 8 Ben | efit and contract type (check all applicable boxes) | | | | | |
| а | Health (other than dental or vision) | b Dental | С | Vision | | d Life insurance |
| е | Temporary disability (accident and sickness) | f X Long-term disability | , g ☐ | Supplemental unemp | loyment | h Prescription drug |
| i | Stop loss (large deductible) | j HMO contract | k∏ | PPO contract | | I Indemnity contract |
| m | Other (specify) | , <u> </u> | | | | <u>.</u> |
| | | | | | | |
| 9 Exp | erience-rated contracts: | | | | | |
| а | Premiums: (1) Amount received | | 9a(1) | | | |
| | (2) Increase (decrease) in amount due but unpaid | j | 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) | |
| С | Remainder of premium: (1) Retention charges (c | n an accrual basis) | | <u>-</u> | • | |
| | (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 🗌 c | credited.) | 9c(2) | |
| d | Status of policyholder reserves at end of year: (1 | ш . | | · | 9d(1) | |

9d(2)

9d(3)

9e

10a

10b

40492

19187

10 Nonexperience-rated contracts:

CLAIMS PAID

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

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

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

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 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 plan | year beginning 06/01/2013 | ar | nd endii | ng 05/31/20 |)14 | |
|---|--|---|---|---------------------|----------------------------|-------------|-------------------------|
| A Name of plan SUNRISE CHILDREN'S S | ERVICES | | В | Three-o | digit umber (PN) | > | 511 |
| | | | | | | | |
| C Plan sponsor's name a SUNRISE CHILDREN'S S | | 2a of Form 5500 | | Employe 51-05972 | er Identification I 273 | Number (| EIN) |
| | | ing Insurance Contract (Individual contracts grouped as a | | | | | |
| 1 Coverage Information: | | | | | | | |
| (a) Name of insurance ca | rrier | | | | | | |
| UNITED OF OMAHA LIF | E INSURANCE | COMPANY | | | | | |
| | (c) NAIC | (d) Contract or | (e) Approximate number | of | Po | olicy or co | ontract year |
| (b) EIN | code | identification number | persons covered at end of policy or contract year | | (f) From | 1 | (g) To |
| 47-0322111 | 69868 | G000ALEG | 123 | | 06/01/2013 | | 05/31/2014 |
| 2 Insurance fee and composite descending order of the | | tion. Enter the total fees and tota | al commissions paid. List in li | ine 3 th | e agents, broke | rs, and ot | her persons in |
| (a) Total a | amount of comn | · · · · · · · · · · · · · · · · · · · | (| (b) Tota | al amount of fees | s paid | |
| | | 4759 | | | | | 1131 |
| 3 Persons receiving com | missions and fe | es. (Complete as many entries | as needed to report all persor | ns). | | | |
| FF&T INSURANCE SERV | | nd address of the agent, broker, | or other person to whom com OX 436969 | nmissior | ns or fees were | paid | |
| FF&T INSURANCE SER | VICES INC | | SVILLE, KY 40253 | | | | |
| | | | | | | | |
| (b) Amount of sales ar | nd base | Fee | s and other commissions paid | d | | | |
| commissions pa | id | (c) Amount | | ırpose | | | (e) Organization code |
| | 4759 | 1131 AG | SENT OR BROKER OF RECO | ORD | | | 3 |
| | | | | | | | |
| | (a) Name ar | nd address of the agent, broker, | or other person to whom com | nmissior | ns or fees were | paid | |
| | . , | <u> </u> | , | | | | |
| | | | | | | | |
| Formula 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | | |
| (b) Amount of sales ar commissions pai | s and other commissions paid (d) Pu | a urpose | | | (e) Organization code | | |
| oommosions par | | (c) Amount | (4) 1 4 | p000 | | | (5) Organization code |
| | | | | | | | |
| For Panerwork Reduction | n Act Notice a | nd OMB Control Numbers, see | the instructions for Form | 5500 | | School | 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, stone | ., | |
| | | | |
| | | | |
| | | 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) | () | |
| | | | |
| | | | |
| (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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| Part II | | | | | | |
|---------|----------------|--|----------------|--------------------------|--------------------|------------------------|
| | | Where individual contracts are provided, the entire group of such individual this report. | idual contra | cts with each carrier ma | ly be treated as a | a unit for purposes of |
| 4 | Curr | ent value of plan's interest under this contract in the general account at year | end | | 4 | |
| | | ent value of plan's interest under this contract in separate accounts at year e | | | 5 | |
| 6 | Cont | racts With Allocated Funds: | | | | _ |
| | а | 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 coretention 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 | Cont | racts With Unallocated Funds (Do not include portions of these contracts ma | | | | |
| | а | | | tion guarantee | | |
| | | (3) guaranteed investment (4) other | | · · | | |
| | | (3) guaranteed investment (4) clifer y | | | | |
| | | | | | | |
| | b | Balance at the end of the previous year | | | 7b | |
| | C | Additions: (1) Contributions deposited during the year | 1 | | 75 | |
| | | (2) Dividends and credits | 7c(2) | | | |
| | | (3) Interest credited during the year | - (a) | | | |
| | | (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 | |
| | | 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) | | | | |

| Page 4 | |
|--|----------------------------|
| mployer(s) or members of the erience-rated as a unit. Whas a unit for purposes of this | ere contracts cover indivi |
| C Vision | d ☐ Life ins |

| Pa | art II | I Welfare Benefit Contract Informat If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts | roup of employees of the surposes if such contracts a | are experienc | 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 Dental | С | Vision | | d Life insurance | |
| | е | Temporary disability (accident and sickness) | f Long-term disabilit | y g 🗍 | Supplemental unemp | oloyment | h Prescription drug | |
| | ιĒ | Stop loss (large deductible) | j HMO contract | . k | 1 | | I Indemnity contract | |
| | m | _ ' ' ' ' | · 🗆 | | 11000111100 | | | |
| | 1111 | Other (specify) PVOLONTANT LIFE AND AD | αD | | | | | |
| 9 | Expe | erience-rated contracts: | | | | | | |
| - | | Premiums: (1) Amount received | | 9a(1) | | | _ | |
| | | (2) Increase (decrease) in amount due but unpaid | d | | | | 1 | |
| | | (3) Increase (decrease) in unearned premium res | The state of the s | | | | 1 | |
| | | (4) Earned ((1) + (2) - (3)) | L | | | 9a(4) | | |
| | b | Benefit charges (1) Claims paid | | 9b(1) | | | | |
| | | (2) Increase (decrease) in claim reserves | | 9b(2) | | | | |
| | | (3) Incurred claims (add (1) and (2)) | - | | | 9b(3) | | |
| | | (4) Claims charged | | | | 9b(4) | | |
| | С | Remainder of premium: (1) Retention charges (c | 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. | | | | | | |
| | | (G) Other retention charges | | 9c(1)(G) | | | | |
| | | (H) Total retention | | | | 9c(1)(H) | | |
| | | (2) Dividends or retroactive rate refunds. (These | credited.) | 9c(2) | | | | |
| | d | Status of policyholder reserves at end of year: (1 |) Amount held to provide I | penefits 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 | in line 9c(2) | .) | 9e | | |
| 10 | No | nexperience-rated contracts: | | | | | | |
| | а | Total premiums or subscription charges paid to o | arrier | | | 10a | | 3177 |
| | b | If the carrier, service, or other organization incur | | | | | | |
| | | retention of the contract or policy other than rep | arted in Dart Lline 2 above | roport ome | u unt | 10h | 1 | Ω |

| 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

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

This Form is Open to Public

| Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | | | | | | Inspection | | | | |
|--|---|--|---|---------------------------------|-------------|-----------------------|--|--|--|--|
| For calendar plan year 20 | 13 or fiscal plar | year beginning 06/01/2013 | and e | ending 05/31 | /2014 | | | | | |
| A Name of plan SUNRISE CHILDREN'S S | SERVICES | | | ree-digit an number (PN) | • | 511 | | | | |
| | | | | | | | | | | |
| C Plan sponsor's name a SUNRISE CHILDREN'S S | | e 2a of Form 5500 | | oloyer Identification 597273 | on Number | (EIN) | | | | |
| | Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. | | | | | | | | | |
| 1 Coverage Information: | | | | | | | | | | |
| (a) Name of insurance ca | | RANCE COMPANY | | | | | | | | |
| | (c) NAIC | (d) Contract or | (e) Approximate number of | | Policy or o | contract year | | | | |
| (b) EIN | code | identification number | persons covered at end of policy or contract year | (f) Fr | rom | (g) To | | | | |
| 57-0144607 | 62049 | E3199445 | 35 | 06/01/2013 | | 05/31/2014 | | | | |
| 2 Insurance fee and com descending order of the | | ation. Enter the total fees and total | commissions paid. List in line | 3 the agents, bro | okers, and | other persons in | | | | |
| | amount of comr | missions paid | (b) - | Total amount of t | fees paid | | | | | |
| | | 4144 | | | | 616 | | | | |
| 3 Persons receiving com | missions and fe | ees. (Complete as many entries a | as needed to report all persons). | | | | | | | |
| | | nd address of the agent, broker, o | | | ere paid | | | | | |
| ADVANCED BENEFIT S | | 1301 G | SERVAIS ST MBIA, SC 29201 | | · | | | | | |
| (b) Amount of sales a | ad booo | Fees | and other commissions paid | | | | | | | |
| commissions pa | | (c) Amount | (d) Purpo | (e) Organization code | | | | | | |
| | 1 | 1 AG | ENT OF RECORD | | | | | | | |
| | (a) Nama a | nd addrage of the agent broker of | ar other person to whom commit | asions or foos we | aro poid | | | | | |
| INSYNC BENEFITS INC | (a) Name a | nd address of the agent, broker, or POBC | OX 1474 | SSIONS OF TEES WE | ere paiu | | | | | |
| INOTHO BENEFITIO INC | | CORN | ELIUS, NC 28031 | | | | | | | |
| (b) Amount of sales ar | nd hase | Fees | and other commissions paid | | | | | | | |
| commissions pa | | (c) Amount | (d) Purpo | se | | (e) Organization code | | | | |
| | 2 | 1 AG | ENT OF RECORD | | | | | | | |
| | | | | _ | | 1 | | | | |

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|---|----------------------------------|---|---------------------------------|-----------------------|
| | me and address of the agent, bro | • | n commissions or fees were paid | |
| JEFFREY D HARNED | | 0 NEW LAGRANGE RD JISVILLE, KY 40222 | | |
| | | Fees and other commission | one paid | 1 |
| (b) Amount of sales and base commissions paid | (c) Amount | l ees and other commission | (d) Purpose | (e) Organization code |
| 3 | | 1 AGENT OF RECORD | (-) | |
| • | me and address of the agent, bro | · | n commissions or fees were paid | |
| APRIL ALLEN | | 7 WOLF SPRING DR JISVILLE, KY 40241 | | |
| (b) Amount of sales and base | | Fees and other commission | ons paid | (e) Organization |
| commissions paid | (c) Amount | n AGENT OF RECORD | (d) Purpose | code |
| 6 | | 0 AGENT OF RECORD | | |
| (a) Na | me and address of the agent, bro | oker or other nerson to whom | commissions or fees were paid | _ |
| WHOP AND GO LLC | | B PROMONADE CT UISVILLE, KY 40223 | | |
| (b) Amount of sales and base | | Fees and other commission | ons paid | (e) Organization |
| commissions paid | (c) Amount | A OFFIT OF PEOOPP | (d) Purpose | code |
| | | 0 AGENT OF RECORD | | |
| (a) Na | me and address of the agent, bro | oker, or other person to whom | n commissions or fees were paid | |
| JORDAN CHRISTIAN DOEPKE | 143 | 5 CHRISTY AVE UISVILLE, KY 40204 | | |
| (b) Amount of sales and base | | Fees and other commission | ons paid | (e) Organization |
| commissions paid | (c) Amount | | (d) Purpose | code |
| 3 | | 9 AGENT OF RECORD | | |
| (a) Na | me and address of the agent, bro | oker, or other person to whon | n commissions or fees were paid | |
| RONDA W SCHELL | | PROMENADE COURT UISVILLE, KY 40223 | | |
| (b) Amount of sales and base | | Fees and other commission | • | (e) Organization |
| commissions paid 11 | (c) Amount | 5 AGENT OF RECORD | (d) Purpose | code |
| | | l | | |

| Schedule A (Form 5500) | 2013 | Page 2 - 2 | |
|------------------------------|------------------------------------|--|------------------|
| | ne and address of the agent, broke | er, or other person to whom commissions or fees were page. | aid |
| BENEFITS COUNT II INC | 248 R | IVERWOOD DR SVILLE, NC 27023 | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| 22 | 1 | AGENT OF RECORD | |
| | | er, or other person to whom commissions or fees were p | aid |
| THE ADAMSON GROUP INC | | UMMERSET DR PIN, SC 29036 | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| 24 | 0 | AGENT OF RECORD | |
| (a) Nar | ne and address of the agent, broke | er, or other person to whom commissions or fees were pa | aid |
| MARY DUFF | 176 P. | ASADENA DR IGTON, KY 40503 | |
| (b) Amount of sales and base | | (e) Organization | |
| commissions paid | (c) Amount | (d) Purpose | code |
| 23 | 2 | | |
| (a) Nar | ne and address of the agent, broke | er, or other person to whom commissions or fees were page. | aid |
| VIOLET P COOTS | 1870 | PLANO RICHPOND RD LING GREEN, KY 42104 | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| 26 | 3 | AGENT OF RECORD | |
| (a) Nar | ne and address of the agent broke | er, or other person to whom commissions or fees were p | aid |
| BOBBIE J WHITTAKER | 2530 | SCOTTSVILLE RD LING GREEN, KY 42104 | |

Fees and other commissions paid

(d) Purpose

(c) Amount

29

(e) Organization code

(b) Amount of sales and base commissions paid

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|------------------------------|---------------------------------|----------|--|------------------|
| (a) Na | me and address of the agent, t | broke | r, or other person to whom commissions or fees were paid | |
| EMPLOYEE BENEFIT SOLUTIONS I | | | OX 1342 AY, KY 42071 | |
| | | | | |
| (b) Amount of sales and base | | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | 8 | (d) Purpose AGENT OF RECORD | code |
| | | | | |
| (a) Na | me and address of the agent, I | broke | r, or other person to whom commissions or fees were paid | |
| MICHAEL J BOONE | | | CLEAR SPRINGS TRACE SVILLE, KY 40223 | |
| | | | | |
| (b) Amount of sales and base | | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | | (d) Purpose | code |
| 99 | | 0 | AGENT OF RECORD | |
| | | | | |
| (a) Na | | | r, or other person to whom commissions or fees were paid | |
| MONICA R BOONE | | | CLEAR SPRINGS TRACE VLLE, KY 40223 | |
| (b) Amount of sales and base | | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | | (d) Purpose | code |
| 219 | | 0 | | |
| | | | | |
| (a) Na | • | | r, or other person to whom commissions or fees were paid ALLIMORE DAIRY RD | |
| BBAT INCOMMOD CERTIFICE INC | | | NSBORO, NC 27409 | |
| | | | | |
| (b) Amount of sales and base | (a) Amount | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | 36 | (d) Purpose | code |
| | | | | |
| (a) Na | me and address of the agent. It | broke | r, or other person to whom commissions or fees were paid | <u> </u> |
| VICKIE E LEWIS | 6 | 558 \$ | STOVAL RD CITY, KY 42127 | |
| | | <u>-</u> | | |
| (b) Amount of sales and base | | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | | (d) Purpose | code |
| 1081 | | 269 | AGENT OF RECORD | |

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| Part II | | | | | | |
|---------|----------------|--|----------------|--------------------------|--------------------|------------------------|
| | | Where individual contracts are provided, the entire group of such individual this report. | idual contra | cts with each carrier ma | ly be treated as a | a unit for purposes of |
| 4 | Curr | ent value of plan's interest under this contract in the general account at year | end | | 4 | |
| | | ent value of plan's interest under this contract in separate accounts at year e | | | 5 | |
| 6 | Cont | racts With Allocated Funds: | | | | _ |
| | а | 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 coretention 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 | Cont | racts With Unallocated Funds (Do not include portions of these contracts ma | | | | |
| | а | | | tion guarantee | | |
| | | (3) guaranteed investment (4) other | | · · | | |
| | | (3) guaranteed investment (4) clifer y | | | | |
| | | | | | | |
| | b | Balance at the end of the previous year | | | 7b | |
| | C | Additions: (1) Contributions deposited during the year | 1 | | 75 | |
| | | (2) Dividends and credits | 7c(2) | | | |
| | | (3) Interest credited during the year | - (a) | | | |
| | | (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 | |
| | | 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) | | | | |

| | Schedule A (Form 5500) 2013 | | Pa | ge 4 | | |
|------------|---|--|--------------|------------------------|-------------|-------------------------|
| Part | III Welfare Benefit Contract Informal If more than one contract covers the same go information may be combined for reporting go the entire group of such individual contracts | group of employees of the sa purposes if such contracts a | re experienc | e-rated as a unit. Who | ere contrac | |
| 3 B | enefit and contract type (check all applicable boxes | 5) | | | | |
| а | Health (other than dental or vision) | b Dental | С | Vision | | d Life insurance |
| е | Temporary disability (accident and sickness) | f Long-term disability | g | Supplemental unemp | loyment | h Prescription drug |
| i | Stop loss (large deductible) | j HMO contract | k □ | PPO contract | | I Indemnity contract |
| | xperience-rated contracts: | | | | | |
| a | • | | 9a(1) | | | |
| | (2) Increase (decrease) in amount due but unpa | id | 9a(2) | | | 7 |
| | (3) Increase (decrease) in unearned premium re | | 9a(3) | | | 7 |
| | (4) Earned ((1) + (2) - (3)) | | | | 9a(4) | |
| k | Benefit charges (1) Claims paid | | 9b(1) | | | |
| | (2) Increase (decrease) in claim reserves | | 9b(2) | | | |
| | (3) Incurred claims (add (1) and (2)) | | | | 9b(3) | |
| | (4) Claims charged | | | | 9b(4) | |
| (| Remainder of premium: (1) Retention charges (| | | | | |
| | (A) Commissions | | 9c(1)(A) | | | |
| | (B) Administrative service or other fees | l | 9c(1)(B) | | | |
| | (C) Other specific acquisition costs | | 9c(1)(C) | | | |
| | (D) Other expenses | | 9c(1)(D) | | | _ |
| | (E) Taxes | | 9c(1)(E) | | | |

9c(1)(H)

9c(2)

9d(1)

9d(2)

9d(3)

9e

10a

10b

14139

9c(1)(F)

| Part | ١٧ | Provision of Information | | | |
|------|---------|---|-----|------|--|
| 11 | Did the | e insurance company fail to provide any information necessary to complete Schedule A? | Yes | X No | |

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

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

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

(2) Claim reserves

(3) Other reserves.....

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

Total premiums or subscription charges paid to carrier

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

10 Nonexperience-rated contracts:

Specify nature of costs