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 011310 | in Benefit Guaranty Corporation | | | | Inspection | |
|---|--|------------------------------------|--------------------------------------|--------------------------------------|---|--|
| Part I | Annual Report Identif | ication Information | | | | |
| For cale | ndar plan year 2013 or fiscal plan | | | and ending 12/3 | 31/2013 | |
| A This | return/report is for: | a multiemployer plan; | a multipl | le-employer plan; or | | |
| 71 11110 | ctanineport is for. | a single-employer plan; | H | specify) | | |
| | | a single-employer plan, | | | | |
| _ | | Music . | П., с., | | | |
| B This | return/report is: | the first return/report; | <u> </u> | return/report; | | |
| | | an amended return/report; | a short p | olan year return/report (les | ss than 12 months). | |
| C If the plan is a collectively-bargained plan, check here. | | | | | | |
| | k box if filing under: | Form 5558; | _ | c extension; | the DFVC program; | |
| D Chec | k box ii iiiiiig dildei. | · | | o extension, | the Br vo program, | |
| | | special extension (enter des | . , | | | |
| Part | I Basic Plan Informat | tion—enter all requested informa | ation | | | |
| | ne of plan | | | | 1b Three-digit plan 501 | |
| MSC-M | MSC-MEDICAL SERVICES COMPANY HEALTH AND WELFARE PLAN | | | number (PN) ▶ | | |
| | | | | | 1c Effective date of plan | |
| 0- 5 | <u>-</u> | | | | 01/01/2002 | |
| Za Plar | sponsor's name and address; in | nclude room or suite number (emp | oloyer, if for a single | -employer plan) | 2b Employer Identification Number (EIN) | |
| MSC GE | ROUP, INC. | | | | 80-0197267 | |
| | LL CARE MANAGEMENT | | | | 2c Sponsor's telephone | |
| OINE OF | LE CARE MANAGEMENT | | | | number | |
| 044 DDI | IDENTIAL DRIVE OUTE 000 | | | | 904-646-0199 | |
| | JDENTIAL DRIVE SUITE 900 NVILLE, FL 32207 | | DENTIAL DRIVE SU NVILLE, FL 32207 | IIE 900 | 2d Business code (see | |
| | , | | | instructions) | | |
| | | | | | 541990 | |
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| C | . A | | | | aa ia aatabliahad | |
| | | mplete filing of this return/repor | | | | |
| | | | | | ort, including accompanying schedules, I belief, it is true, correct, and complete. | |
| | | | | | | |
| SIGN | Filed with authorized/valid elect | ronic cianaturo | 10/15/2014 | KEVIN ENGLISH | | |
| HERE | | | | | | |
| | Signature of plan administra | ior | Date | Enter name of individua | al signing as plan administrator | |
| 01011 | | | | | | |
| SIGN HERE | | | | | | |
| Signature of employer/plan sponsor | | ponsor | Date | Enter name of individua | al signing as employer or plan sponsor | |
| | | | | | | |
| SIGN | | | | | | |
| HERE | Ciamatuma of DEE | | Dete | Foton popular of inclinida | al signing on DEE | |
| Prenarei | Signature of DFE 's name (including firm name, if | applicable) and address; include r | Date | Enter name of individuate (optional) | Preparer's telephone number | |
| i roparoi | o name (morading imm mame, in | applicable) and dadress, include t | oom or out o marriso | ii. (optional) | (optional) | |
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| | Form 5500 (2013) Page 2 | | |
|----|---|---------------|-------------------------------|
| 3a | Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address | 3b Adm | inistrator's EIN |
| | | 3c Adm num | inistrator's telephone ber |
| | | | |
| | | | |
| 4 | If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: | 4b EIN | |
| а | Sponsor's name | 4c PN | |
| 5 | Total number of participants at the beginning of the plan year | 5 | 776 |
| 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 | 1856 |
| b | Retired or separated participants receiving benefits | 6b | 13 |
| С | Other retired or separated participants entitled to future benefits | 6c | |
| d | Subtotal. Add lines 6a, 6b, and 6c. | 6d | 1869 |
| е | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | 6e | |
| f | Total. Add lines 6d and 6e. | 6f | 1869 |
| g | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 6g | |
| h | Number of participants that terminated employment during the plan year with accrued benefits that were | - 5 | |
| | less than 100% vested | 6h | |
| 7 | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |
| ва | If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Code | es in the ir | structions: |
| b | If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes | in the ins | structions: |
| | 4A 4B 4D 4E 4F 4H 4L | | |
| 9a | Plan funding arrangement (check all that apply) 9b Plan benefit arrangement (check all that apply) | t apply) | |
| | (1) X Insurance (1) X Insurance (2) Code section 412(e)(3) insurance contracts (2) Code section 412(e)(3) insurance contracts | nsurance | contracts |
| | (3) Trust (3) Trust | | |
| | (4) General assets of the sponsor (4) General assets of the sponsor | onsor | |
| 10 | Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number of the control of | er attache | ed. (See instructions) |
| а | Pension Schedules b General Schedules | | |
| | (1) R (Retirement Plan Information) (1) H (Financial Inform | nation) | |
| | | , | nall Plan) |
| | (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan (3) I (Financial Information) - Signed by the plan (3) I (Financial Information) | | nan i ian <i>j</i> |
| | actuary (4) C (Service Provide | , | ion) |

(5)

(6)

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

(3)

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.

OMB No. 1210-0110

2013

| r ension benefit dualarity oc | проганоп | Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | | | | Inspection | | | |
|--|--|--|---|-------------------------|----------------------|----------------|------------------------|--|--|
| For calendar plan year 20 | 13 or fiscal pl | an year beginning 01/01/2013 | 3 | and end | ding 12/3 | 31/2013 | | | |
| A Name of plan | • | / HEALTH AND WELFARE PLA | | B Three plan r | -digit number (PN | i) > | 501 | | |
| C Plan sponsor's name a MSC GROUP, INC. | is shown on li | ine 2a of Form 5500 | | D Employ 80-0197 | | ation Number | (EIN) | | |
| on a separat | 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 | | | | | | | | | |
| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate null persons covered at | end of | (f) | Policy or c | ontract year (g) To | | |
| 39-1263473 | 73288 | 627838 | policy or contract | | 01/01/201 | | 12/31/2013 | | |
| 2 Insurance fee and com descending order of the | | nation. Enter the total fees and to | otal commissions paid. Lis | st in line 3 t | he agents, t | orokers, and o | other persons in | | |
| (a) Total amount of commissions paid (b) Total amount of fees paid | | | | | | | | | |
| | | 3486 | | | | | | | |
| 3 Persons receiving com | | fees. (Complete as many entrie | | | | | | | |
| PIERCE DWIGHT-RICHT | | | er, or other person to whom 0 CYPRESS PLAZA DR S CKSONVILLE, FL 32256 | | ons or fees | were paid | | | |
| (b) Amount of sales ar | | F | ees and other commission | | | | | | |
| commissions pa | id 3486 | (c) Amount | (| (d) Purpose | | | (e) Organization code | | |
| | 3400 | | | | | | | | |
| | (a) Name | and address of the agent, broke | er, or other person to whom | commission | ons or fees | were paid | | | |
| | (2) | a aga., 2.0 | ., e- s.i.e. poison te ilien | | | | | | |
| (b) Amount of sales ar | nd base | F | ees and other commission | s paid | | | | | |
| commissions pa | | (c) Amount | (| d) Purpose | | | (e) Organization code | | |
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| 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 | ., | | | | |
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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 | 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 | | | |
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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 | () 0 | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | | |
| | (1) | (2) | | | | |
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| | | | | | | |
| (a) Na | (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | | | |
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| (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 | | | 6с | |
| | 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 | | | | |
| | | | | | | |
| | 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 |
|------|---|
| | |

| Pa | If more the information | e Benefit Contract Informa nan one contract covers the same g on may be combined for reporting p e group of such individual contracts | roup of employees of the surposes if such contracts | are experience | ce-rated as a unit. Who | ere contract | | |
|----|-------------------------|--|---|------------------------|-------------------------|--------------|----------------------------|-------|
| 8 | Benefit and contra | act type (check all applicable boxes) |) | | | | | |
| | a Health (oth | er than dental or vision) | b Dental | C | Vision | | d Life insurance | |
| | e Temporary | disability (accident and sickness) | f Long-term disabili | ity g | Supplemental unemp | oloyment | h Prescription drug | |
| | i Stop loss (I | arge deductible) | j HMO contract | k | PPO contract | | I Indemnity contract | |
| | m Other (spe | cify) 🕨 | | | | | | |
| 9 | Experience-rated | contracts: | | | | | | |
| | • |) Amount received | | 9a(1) | | | | |
| | (2) Increase (| (decrease) in amount due but unpai | d | ` ' | | | | |
| | ` , | (decrease) in unearned premium re | | | | | | |
| | (4) Earned ((| 1) + (2) - (3)) | | | | 9a(4) | | |
| | _ | ges (1) Claims paid | | | | | | |
| | (2) Increase (| (decrease) in claim reserves | | 9b(2) | | | | |
| | (3) Incurred of | claims (add (1) and (2)) | | | | 9b(3) | | |
| | (4) Claims ch | arged | | | | 9b(4) | | |
| | c Remainder of | of premium: (1) Retention charges (| on an accrual basis) | | | | | |
| | (A) Comr | missions | | 9c(1)(A) | | | | |
| | (B) Admi | nistrative service or other fees | | | | | | |
| | (C) Other | r specific acquisition costs | | | | | | |
| | (D) Other | r expenses | | | | | | |
| | (E) Taxes | s | | | | | | |
| | | ges for risks or other contingencies. | | | | | | |
| | (G) Othe | r retention charges | | 9c(1)(G) | | | | |
| | (H) Total | retention | | | | 9c(1)(H) | | |
| | (2) Dividends | s or retroactive rate refunds. (These | e amounts were 🗌 paid ir | n cash, or | credited.) | 9c(2) | | |
| | d Status of pol | icyholder reserves at end of year: (| 1) Amount held to provide | benefits after | retirement | 9d(1) | | |
| | (2) Claim res | serves | | | | 9d(2) | | |
| | (3) Other res | serves | | | | 9d(3) | | |
| | e Dividends or | retroactive rate refunds due. (Do r | ot include amount entere | d in line 9c(2) | .) | 9e | | |
| 10 | Nonexperience-r | rated contracts: | | | | | | |
| | a Total premiu | ms or subscription charges paid to | carrier | | | 10a | | 60717 |
| | | service, or other organization incur he contract or policy, other than rep | , , | | | 10b | | |
| | Specify nature of | of costs 🕨 | | | | | | |
| | | | | | | | | |

| Part I | / Provision of Information | | | |
|---------------|---|-----|----|--|
| 11 Die | I the insurance company fail to provide any information necessary to complete Schedule A? | Yes | No | |

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 ERISA section 103(a)(2). | | | | Парсоноп | | |
|---|--------------------------------------|---|--|------------------------|-------------|-------------------|-----------------------|
| For calendar plan year 20° | 13 or fiscal pl | an year beginning 01/01/2013 | | and end | ding 12 | 2/31/2013 | |
| A Name of plan MSC-MEDICAL SERVICE | S COMPANY | / HEALTH AND WELFARE PLAN | B Three-digit plan number (| | • | N) • | 501 |
| | | | | · | , | , | |
| C Plan sponsor's name a MSC GROUP, INC. | s shown on li | ine 2a of Form 5500 | | D Employ 80-019 | | cation Number (| EIN) |
| | | rning Insurance Contract Lindividual contracts grouped as | | | | | |
| 1 Coverage Information: | 1 Coverage Information: | | | | | | |
| (a) Name of insurance ca | rrier | | | | | | |
| ALTINATILALITI, INC. | | 1 | (a) Annuavinanta n | | | Dollayara | antro et ve e r |
| (b) EIN | (c) NAIC | (d) Contract or | (e) Approximate no persons covered a | | (0) | Policy or co | |
| | code | identification number | policy or contrac | | (†) | From | (g) To |
| 59-2411584 | 95088 | 834965-HNO | 13 | 17 | 10/01/20 | 012 | 09/30/2013 |
| 2 Insurance fee and communication descending order of the | | nation. Enter the total fees and to | otal commissions paid. L | ist in line 3 t | the agents, | , brokers, and of | ther persons in |
| (a) Total a | amount of cor | mmissions paid | | (b) To | tal amount | of fees paid | |
| | | 0 | | | | | 0 |
| 3 Persons receiving com | missions and | fees. (Complete as many entrie | s as needed to report all | persons). | | | |
| | | and address of the agent, broke | r, or other person to who | m commissi | ons or fees | s were paid | |
| BENEFITS TECHNOLOG | SIES DIV 7 LL | | D CYPRESS PLAZA DRI KSONVILLE, FL 32256 | VE SUITE 2 | 201 | | |
| (h) Amount of color on | 4 5 | Fe | es and other commissio | ns paid | | | |
| (b) Amount of sales ar commissions pai | | (c) Amount | | (d) Purpose |) | | (e) Organization code |
| | | | | | | | |
| | (a) Name | and address of the agent, broke | r or other person to who | m commissi | ons or fees | s were paid | |
| | (a) Name | and address of the agent, proces | , or other person to who | TH COMMISSION | ons or reco | s were paid | |
| (b) Amount of sales ar | nd base | Fe | es and other commissio | ns paid | | | |
| commissions pai | | (c) Amount | | (d) Purpose | • | | (e) Organization code |
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| 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 | ., | | | | |
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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 | ere paid | | | |
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| (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 | | | |
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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 | () 0 | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | | |
| | (1) | (2) | | | | |
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| (a) Na | (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | | | |
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| (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 | | | 6с | |
| | 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 | | Pa | age 4 | | |
|----------|---|--|--------------|------------------------|-------------|-------------------------|
| Part III | Welfare Benefit Contract Informat If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts | group of employees of the purposes if such contracts | are experien | ce-rated as a unit. Wh | ere contrac | |
| 8 Benef | fit and contract type (check all applicable boxes) |) | | | | |
| а | Health (other than dental or vision) | b Dental | С | Vision | | d Life insurance |
| e | Temporary disability (accident and sickness) | f Long-term disabil | ity g | Supplemental unem | ployment | h Prescription drug |
| iΠ | Stop loss (large deductible) | j X HMO contract | k [| PPO contract | | I Indemnity contract |
| m∏ | | • 🗅 | <u>L</u> | _ | | и , |
| ⊔ | Other (Specify) | | | | | |
| 9 Experi | ience-rated contracts: | | | | | |
| - | remiums: (1) Amount received | | 9a(1) | | | |
| (2 | 2) Increase (decrease) in amount due but unpai | id | | | | |
| , | 3) Increase (decrease) in unearned premium res | | | | | |
| (4 | 4) Earned ((1) + (2) - (3)) | | | | 9a(4) | |
| | Benefit charges (1) Claims paid | | | | | |
| (2 | 2) Increase (decrease) in claim reserves | | 9b(2) | | | |
| (; | 3) Incurred claims (add (1) and (2)) | | | | 9b(3) | |
| (4 | 4) Claims charged | | | | 9b(4) | |
| C F | Remainder of premium: (1) Retention charges (| on an accrual basis) | | | | |
| | (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 | | - (1)(-) | | | |
| | (E) Taxes | | 2 (1)(=) | | | |
| | (F) Charges for risks or other contingencies. | | 2 (4)(=) | | | |
| | (G) Other retention charges | | | | | |
| | (H) Total retention | | | L | 9c(1)(H |) |
| (| Dividends or retroactive rate refunds. (These | | | | | , |
| | | | _ | | _ ` / | + |
| | Status of policyholder reserves at end of year: (1 | ' | | | 9d(1) | |
| (| 2) Claim reserves | | | | . 9d(2) | |

(2) Claim reserves

(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

11 Did the insurance company fail to provide any information necessary to complete Schedule A?

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.....

| Part IV | Provision of Information | |
|---------|--------------------------|--|

9d(3)

9e

10a

10b

Yes

No

4296495

10 Nonexperience-rated contracts:

Specify nature of costs

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

| | | pursuant to | ERISA section 103(a)(2 |). | | | inspection |
|---|-------------------|--|-------------------------------------|---------------------|----------------------|-----------------------|-----------------------|
| For calendar plan year 20 | 13 or fiscal plar | n year beginning 01/01/2013 | | and en | ding 12 | 2/31/2013 | |
| A Name of plan MSC-MEDICAL SERVICE | S COMPANY I | HEALTH AND WELFARE PLAI | N | B Three plan | e-digit number (P | N) • | 501 |
| | | | | | | | |
| C Plan sponsor's name a MSC GROUP, INC. | s shown on line | e 2a of Form 5500 | | D Emplo | - | cation Number (| EIN) |
| | | ing Insurance Contract Individual contracts grouped a | | | | | |
| 1 Coverage Information: | | | | | | | |
| (a) Name of insurance ca | rrier | | | | | | |
| AETNA HEALTH, INC. | 1 | 1 | | | | Dellara | |
| (b) EIN | (c) NAIC | (d) Contract or | (e) Approximate n persons covered a | | | Policy or co | |
| | code | identification number | policy or contract | | (†) |) From | (g) To |
| 59-2411584 | 95088 | 834965-HNO-SHOR | 13 | 45 | 10/01/20 | 013 | 12/31/2013 |
| 2 Insurance fee and communication descending order of the | | ation. Enter the total fees and to | otal commissions paid. L | ist in line 3 | the agents, | , brokers, and ot | her persons in |
| (a) Total a | amount of comr | missions paid | | (b) To | tal amount | of fees paid | |
| | | 0 | | | | | 0 |
| 3 Persons receiving com | missions and fe | ees. (Complete as many entrie | s as needed to report all | persons). | | | |
| | (a) Name a | nd address of the agent, broke | r, or other person to who | m commissi | ions or fees | s were paid | |
| | | | | | | | |
| (b) Amount of sales ar | nd base | Fe | ees and other commission | ns paid | | | |
| commissions pai | | (c) Amount | (d) Purpose | | | (e) Organization code | |
| | | | | | | | |
| | (a) Name a | nd address of the agent, broke | r. or other person to who | m commissi | ions or fee | s were paid | |
| | (4) | a aaarooo oo ago, s.oo | , 0. 00. po | | | | |
| (b) Amount of sales ar | nd base | Fe | ees and other commission | ns paid | | | |
| commissions pai | | (c) Amount | | (d) Purpose | 9 | | (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 | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | 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) Name and address of the agent, broker, or other person to whom commissions or fees were 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 | | | 6с | |
| | 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 | | |
|----|------------|--|--|------------------------|------------------------|--------------|-------------------------|
| Pa | art II | 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 | oup of employees of the surposes if such contracts | are experien | ce-rated as a unit. Wh | ere contract | |
| 8 | Bene | fit 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 disabili | ty g | Supplemental unemp | ployment | h Prescription drug |
| | i [| Stop loss (large deductible) | j X HMO contract | k | PPO contract | | I Indemnity contract |
| | m | Other (specify) | | _ | _ | | |
| | <u>L</u> | | | | | | |
| 9 | Expe | rience-rated contracts: | | | - | | |
| | a F | remiums: (1) Amount received | | 9a(1) | | | |
| | | (2) Increase (decrease) in amount due but unpaid | t | | | | |
| | | (3) Increase (decrease) in unearned premium res | serve | 9a(3) | | | |
| | _ | (4) Earned ((1) + (2) - (3)) | | | | 9a(4) | |
| | b | Benefit charges (1) Claims paid | | | | | _ |
| | | (2) Increase (decrease) in claim reserves | | | | | |
| | | (3) Incurred claims (add (1) and (2)) | | | | 9b(3) | |
| | | (4) Claims charged | | | | 9b(4) | |
| | С | Remainder of premium: (1) Retention charges (c | , | 2 (1)(1) | T | | 4 |
| | | (A) Commissions | | 9c(1)(A) | | | 4 |
| | | (B) Administrative service or other fees | | 9c(1)(B) | | | ┥, |
| | | (C) Other specific acquisition costs | | 9c(1)(C) 9c(1)(D) | | | 4 |
| | | (D) Other expenses | | A (4)(=) | | | - |
| | | (E) Charges for risks or other continuous | | 2 (4)(5) | | | 4 |
| | | (F) Charges for risks or other contingencies. (G) Other retention charges | | - (1)(-) | | | 4 |
| | | | | | | 9c(1)(H) | |
| | | (A) Dividende er retreactive rate refunde. (These | | _ | | | |
| | اہ | (2) Dividends or retroactive rate refunds. (These | | | | | |
| | d | Status of policyholder reserves at end of year: (1 | ′ ' | | | 9d(1) | |
| | | (2) Other reserves | | | | 9d(2) | + |
| | е | (3) Other reserves Dividends or retroactive rate refunds due. (Do n | | | | 9d(3) 9e | + |
| | _ | Dividends of religablive rate returns due. (D0 fi | oi incidue amount enteret | л пт ппе эс(2) |] .] |) 3E | 1 |

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

10a

10b

1581530

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.....

10 Nonexperience-rated contracts:

Specify nature of costs >

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

| | | pursuant to | ERISA section 103(a)(2) | | | | шэрссион |
|---|--|--|--|--------------------------|----------------------|-------------------|-----------------------|
| For calendar plan year 20° | 13 or fiscal pla | an year beginning 01/01/2013 | | and en | ding 12 | 2/31/2013 | |
| A Name of plan MSC-MEDICAL SERVICE | S COMPANY | HEALTH AND WELFARE PLAN | N | B Three plan | e-digit number (P | PN) • | 501 |
| | | | | | | | |
| C Plan sponsor's name a MSC GROUP, INC. | s shown on li | ne 2a of Form 5500 | | D Emplo 80-019 | | cation Number (| EIN) |
| | | ning Insurance Contract . Individual contracts grouped a | | | | | |
| 1 Coverage Information: | | | | | | | |
| (a) Name of insurance ca | | | | | | | |
| ALTIVILLI E INCOTOTIVO | L 00. | | (a) Approximate p | ımbor of | | Policy or co | entract year |
| (b) EIN | (c) NAIC | (d) Contract or | (e) Approximate nu persons covered a | | | | |
| | code | identification number | policy or contrac | | (1) |) From | (g) To |
| 06-6033492 | 60054 | 834965 | 127 | 10/01/2012 | | 012 | 09/30/2013 |
| 2 Insurance fee and communication descending order of the | | nation. Enter the total fees and to | otal commissions paid. L | ist in line 3 | the agents | , brokers, and ot | her persons in |
| (a) Total a | (a) Total amount of commissions paid (b) Total amount of fees paid | | | | | | |
| | | 32070 | | | | | 364 |
| 3 Persons receiving com | missions and | fees. (Complete as many entrie | s as needed to report all | persons). | | | |
| <u> </u> | | and address of the agent, broke | | | ons or fee | s were paid | |
| BENEFITS TECHNOLOG | | C 8110 | CYPRESS PLAZA DRI KSONVILLE, FL 32256 | | | | |
| | | | | | | | |
| (b) Amount of sales ar | nd base | Fe | ees and other commission | ns paid | | | |
| commissions pai | | (c) Amount | | (d) Purpose |) | | (e) Organization code |
| | 32070 | 364 F | PM-CROSS SALE | | | | |
| | (a) Nome | and address of the agent broke | r or other person to who | | ana ar faa | a wara naid | |
| | (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | | | | |
| | | | | | | | |
| (b) Amount of sales ar | nd hase | Fe | ees and other commission | ns paid | | | |
| commissions pai | | (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 | | | |
| | | | | | | |
| | | | | | | |
| (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) Name and address of the agent, broker, or other person to whom commissions or fees were 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 | | | 6с | |
| | 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 | _ |
|--|-------------------|
| uployer(s) or members of the rience-rated as a unit. Whe s a unit for purposes of this | ere contracts cov |

| Pä | art II | If more than one contract covers the same gi | | ame employe | er(s) or members of the | e same em | oloyee organizations(s), | the |
|----|--------|--|-------------------------------|------------------------|-------------------------|-----------|----------------------------|--------|
| | | information may be combined for reporting potential the entire group of such individual contracts of | | | | | s cover individual emplo | yees, |
| 8 | Ben | efit and contract type (check all applicable boxes) | | | | | | |
| | a | Health (other than dental or vision) | b X 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 | t |
| | m | Other (specify) | | <u></u> | | | | |
| | L | _ | | | | | | |
| 9 | Ехре | erience-rated contracts: | _ | | | | | |
| | | Premiums: (1) Amount received | _ | 9a(1) | | | | |
| | | (2) Increase (decrease) in amount due but unpaid | 1 | 9a(2) | | | | |
| | | (3) Increase (decrease) in unearned premium res | <u> </u> | | | | | |
| | _ | (4) Earned ((1) + (2) - (3)) | | | | 9a(4) | | |
| | b | Benefit charges (1) Claims paid | | 9b(1) | | | _ | |
| | | (2) Increase (decrease) in claim reserves | _ | | | 01 (0) | | |
| | | (3) Incurred claims (add (1) and (2)) | | | | 9b(3) | | |
| | | (4) Claims charged | | | | 9b(4) | | |
| | С | (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 | 9c(1)(E) | | | _ | |
| | | (F) Charges for risks or other contingencies. | F | 9c(1)(F) | | | | |
| | | (G) Other retention charges | | | | | | |
| | | (H) Total retention | | | | 9c(1)(H) | | |
| | | (2) Dividends or retroactive rate refunds. (These | amounts were paid in | cash, or | credited.) | 9c(2) | | |
| | d | Status of policyholder reserves at end of year: (1 | — | | | 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: | | | , | | | |
| | | Total premiums or subscription charges paid to o | | | | 10a | | 822911 |
| | b | If the carrier, service, or other organization incur | • • | | • | 10b | | |
| | C | retention of the contract or policy, other than representations of contract or policy. | orted in Part I, line 2 above | , report amo | unt | IUD | | |
| | Sp | ecify 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

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

| Tension Benefit Guaranty Oc | riporation | | s are required to provide the ERISA section 103(a)(2). | e informati | on | | Inspection |
|---|-----------------|---|---|------------------------|-----------------------|-----------------------|-----------------------|
| For calendar plan year 20 | 13 or fiscal pl | an year beginning 01/01/2013 | 3 | and end | ding 12/3 | 31/2013 | |
| A Name of plan | • | / HEALTH AND WELFARE PLA | N | B Three plan | e-digit number (PN |) > | 501 |
| C Plan sponsor's name a MSC GROUP, INC. | ıs shown on li | ine 2a of Form 5500 | | D Employ 80-019 | | ation Number | (EIN) |
| | | rning Insurance Contract . Individual contracts grouped a | | | | | |
| (a) Name of insurance ca | | | | | | | |
| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate nur persons covered at policy or contract | end of | (f) | From | (g) To |
| 06-6033492 | 60054 | 834965-SHORT | 1291 | | 10/01/201 | 13 | 12/31/2013 |
| 2 Insurance fee and com- descending order of the | | nation. Enter the total fees and to | otal commissions paid. Lis | t in line 3 t | he agents, b | orokers, and o | other persons in |
| | | nmissions paid | | (b) To | tal amount o | of fees paid | |
| , , | | 8812 | | , , | | • | 0 |
| 3 Persons receiving com | missions and | fees. (Complete as many entrie | es as needed to report all p | ersons). | | | |
| | | and address of the agent, broke | | | ons or fees | were paid | |
| BENEFITS TECHNOLOG | | _C 811 | 0 CYPRESS PLAZA DRIV CKSONVILLE, FL 32256 | | | · | |
| (b) Amount of sales ar | nd base | F | ees and other commissions | paid | | | |
| commissions pa | | (c) Amount | (0 | (d) Purpose | | (e) Organization code | |
| | 8812 | | | | | | |
| | (a) Name | and address of the agent, broke | er or other nerson to whom | commissi | ons or fees | were naid | |
| | (a) Name | and address of the agent, stoke | n, or other person to whom | 0011111110011 | 0110 01 1000 | word paid | |
| (b) Amount of sales ar | nd base | F | ees and other commissions | paid | | | |
| commissions pa | | (c) Amount | (0 | 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 |
| | | | |
| | | | |
| (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 | | | 6с | |
| | 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 | | Page 4 | |
|---|--|--|-------------------------|
| Welfare Benefit Contract Information If more than one contract covers the same group information may be combined for reporting put the entire group of such individual contracts we | oup of employees of the same arroses if such contracts are | experience-rated as a unit. Where contra | . , |
| and contract type (check all applicable boxes) | <u> </u> | | |
| lealth (other than dental or vision) | b X Dental | C Vision | d Life insurance |
| emporary disability (accident and sickness) | f Long-term disability | g Supplemental unemployment | h Prescription drug |
| top loss (large deductible) | j HMO contract | k | I Indemnity contract |
| Other (specify) | _ | _ | _ |

| (| e Temporary disability (accident and sickness) f | Long-term disability | g Supple | mental unemployment | h Prescription | drug |
|---|---|-----------------------------|-------------------|---------------------|----------------|---------|
| i | i Stop loss (large deductible) j | HMO contract | k PPO co | ontract | I Indemnity co | ontract |
| | m ☐ Other (specify) ▶ | | <u> </u> | | | |
| | | | | | | |
| Е | Experience-rated contracts: | | | | | |
| í | a Premiums: (1) Amount received | 9a | (1) | | | |
| | (2) Increase (decrease) in amount due but unpaid | 9a | (2) | | | |
| | (3) Increase (decrease) in unearned premium reserve. | 9a | (3) | | | |
| | (4) Earned ((1) + (2) - (3)) | | | 9a(4 |) | |
| | b Benefit charges (1) Claims paid | 9b | (1) | | | |
| | (2) Increase (decrease) in claim reserves | 9b | (2) | | | |
| | (3) Incurred claims (add (1) and (2)) | | | 9b(3 |) | |
| | (4) Claims charged | | | 9b(4 | .) | |
| | c Remainder of premium: (1) Retention charges (on an a | accrual basis) | | | | |
| | (A) Commissions | 9c(* | I)(A) | | | |
| | (B) Administrative service or other fees | 9c(* | I)(B) | | | |
| | (C) Other specific acquisition costs | | I)(C) | | | |
| | (D) Other expenses | 9c(1 | I)(D) | | | |
| | (E) Taxes | 9c(1 | I)(E) | | | |
| | (F) Charges for risks or other contingencies | 9c(1 | I)(F) | | | |
| | (G) Other retention charges | 9c(1 | I)(G) | | | |
| | (H) Total retention | | | 9c(1) | H) | |
| | (2) Dividends or retroactive rate refunds. (These amou | unts were paid in cash | , or credited. | 9c(2 | 2) | |
| | d Status of policyholder reserves at end of year: (1) Amo | ount held to provide benef | ts after retireme | nt 9d(1 |) | |
| | (2) Claim reserves | | | 9d(2 | 2) | |
| | (3) Other reserves | | | 9d(3 | 5) | |
| | e Dividends or retroactive rate refunds due. (Do not incl | ude amount entered in lin | e 9c(2) .) | 9e | | |
| 0 | Nonexperience-rated contracts: | - | | | | |
| | a Total premiums or subscription charges paid to carrier | | | 10a | | 193369 |
| | b If the carrier, service, or other organization incurred an | y specific costs in connec | tion with the acc | | | |
| | retention of the contract or policy, other than reported i | n Part I, line 2 above, rep | ort amount | 10b |) | |

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

Specify nature of costs

8 Benefit and contract type (check all applicable boxes) **a** X Health (other than dental or vision)

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

| Tension Benefit Guaranty Oc | проганоп | | s are required to provide the info ERISA section 103(a)(2). | ormation | | Inspection |
|---|-----------------|---|--|---------------------------------|--------------|-----------------------|
| For calendar plan year 20 | 13 or fiscal pl | an year beginning 01/01/2013 | 3 an | nd ending 12/3 | 31/2013 | |
| A Name of plan MSC-MEDICAL SERVICE | S COMPANY | ' HEALTH AND WELFARE PLAI | NI . | Three-digit plan number (PN | I) • | 501 |
| C Plan sponsor's name a MSC GROUP, INC. | s shown on li | ne 2a of Form 5500 | | mployer Identifica 0-0197267 | ation Number | (EIN) |
| | | rning Insurance Contract Individual contracts grouped a | | | | |
| (a) Name of insurance ca | | RTH AMERICA | | | | |
| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number persons covered at end of policy or contract year | >t | Policy or o | (g) To |
| 23-1503749 | 65498 | FLX963065 | 1856 | 10/01/201 | 12 | 10/01/2013 |
| 2 Insurance fee and composite descending order of the | | nation. Enter the total fees and to | otal commissions paid. List in li | ne 3 the agents, b | brokers, and | other persons in |
| (a) Total a | amount of cor | nmissions paid | (1 | b) Total amount o | of fees paid | |
| | | 15392 | | | | 0 |
| 3 Persons receiving com | missions and | fees. (Complete as many entrie | es as needed to report all persor | ns). | | |
| <u> </u> | | and address of the agent, broke | | | were paid | |
| BENEFITS TECHNOLOG | GIES DIV | | 0 CYPRESS PLAZA DRIVE SU KSONVILLE, FL 32256 | ITE 201 | | |
| (b) Amount of sales ar | nd base | Fe | ees and other commissions paid | J | | |
| commissions pa | id | (c) Amount | (d) Pu | (d) Purpose | | |
| | 15392 | | | | | |
| | (a) Name | and address of the agent, broke | r or other person to whom com | missions or fees | were paid | |
| | (a) Hame | and address of the agont, broke | r, or early porcon to whom com | missions of 1888 | word paid | |
| (b) Amount of sales ar | nd base | Fe | ees and other commissions paid | d | | |
| commissions pa | | (c) Amount | (d) Pu | rpose | | (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 |
| | | | |
| | | | |
| | | | |
| | | 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 | | | 6с | |
| | 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 | |
|---|---|
| employer(s) or members of the same en perience-rated as a unit. Where contract 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 |

| | | If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts | urposes if such contracts a | re 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 X Life insurance |
| | е | Temporary disability (accident and sickness) | f Long-term disability | , g | Supplemental unemp | oloyment | 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: | | | | | |
| - | | Premiums: (1) Amount received | | 9a(1) | | | _ |
| | | (2) Increase (decrease) in amount due but unpai | | 9a(2) | | | _ |
| | | (3) Increase (decrease) in unearned premium res | - | 9a(3) | | | 7 |
| | | (4) Earned ((1) + (2) - (3)) | _ | | | 9a(4) | |
| | b | Benefit charges (1) Claims paid | | 9b(1) | | | |
| | | (2) Increase (decrease) in claim reserves | | 9b(2) | | | 7 |
| | | (3) Incurred claims (add (1) and (2)) | <u> </u> | | | 9b(3) | |
| | | (4) Claims charged | | | | 9b(4) | |
| | С | Remainder of premium: (1) Retention charges (| | | | | |
| | | (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 | _ | | | 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 | onexperience-rated contracts: | | | | • | |
| | а | Total premiums or subscription charges paid to | carrier | | | 10a | 90543 |
| | b | If the carrier, service, or other organization incur | | | | | |
| | | retention of the contract or policy, other than rep | | | | 10b | |

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

Specify nature of costs **\rightarrow**

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.

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

| Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | | | | | Inspection | |
|--|-----------------|--|--|--------------------------|--------------------|-----------------------|
| For calendar plan year 20 | 13 or fiscal pl | an year beginning 01/01/2013 | 3 | and ending | 12/31/2013 | |
| A Name of plan | • | / HEALTH AND WELFARE PLA | В | Three-digit plan numbe | r (PN) | 501 |
| C Plan sponsor's name a MSC GROUP, INC. | s shown on li | ine 2a of Form 5500 | D | Employer Idea 80-0197267 | ntification Number | (EIN) |
| | | rning Insurance Contract Individual contracts grouped a | | | | |
| (a) Name of insurance ca | | RTH AMERICA | | | | |
| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate numb persons covered at er policy or contract ye | nd of | Policy or o | contract year (g) To |
| 23-1503749 | 65498 | FLX963065 | 1856 | | 1/2013 | 12/31/2013 |
| 2 Insurance fee and composition descending order of the | | mation. Enter the total fees and to | otal commissions paid. List i | n line 3 the age | nts, brokers, and | other persons in |
| (a) Total amount of commissions paid (b) Total amount of fees paid | | | | | | |
| | | 4408 | | | | |
| 3 Persons receiving com | missions and | fees. (Complete as many entrie | es as needed to report all per | sons). | | |
| | | and address of the agent, broke | | | fees were paid | |
| BENEFITS TECHNOLOG | GIES DIV | | 0 CYPRESS PLAZA DIV SU KSONVILLE, FL 32256 | ITE 201 | | |
| (b) Amount of sales ar | | Fo | ees and other commissions p | | | (e) Organization code |
| commissions pa | id 4408 | (c) Amount | (d) | (d) Purpose | | |
| | 4400 | | | | | |
| | (a) Name | and address of the agent, broke | ur, or other person to whom c | ommissions or | fees were naid | |
| | (a) Name | and address of the agent, protect | n, or other person to whom o | | iode word paid | |
| (In) American de Contra | | F | ees and other commissions p | paid | | |
| (b) Amount of sales ar commissions pa | | (c) Amount | • | 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 |
| | | | |
| | | | |
| (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) / tinodin | (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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| 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 | | | 6с | |
| | 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 | | Page 4 | |
|--|---|--|---------------------------|
| Welfare Benefit Contract Information 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 contracts of the contracts of the contract of the cont | roup of employees of the same urposes if such contracts are | experience-rated as a unit. Where contra | . , |
| and contract type (check all applicable boxes) | | | |
| lealth (other than dental or vision) | b Dental | c | d X Life insurance |
| emporary disability (accident and sickness) | f Long-term disability | g Supplemental unemployment | h Prescription drug |
| Stop loss (large deductible) | j HMO contract | k PPO contract | I Indemnity contract |
| Other (specify) | _ | _ | _ |
| nce-rated contracts: | | | |

| | а | Health (other than dental or vision) | b 📗 | Dental | С | Vision | | d X | 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 | | ıΠ | Indemnity contract | |
| | m | Other (specify) | - <u>-</u> | | _ | | | | | |
| 9 | Ехре | erience-rated contracts: | | | | | | | | |
| | а | Premiums: (1) Amount received | | | 9a(1) | | | | | |
| | | (2) Increase (decrease) in amount due but unpaid | b | | 9a(2) | | | | | |
| | | (3) Increase (decrease) in unearned premium res | serve | | 9a(3) | | | | | |
| | | (4) Earned ((1) + (2) - (3)) | | | | | 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 (o | n an ac | ccrual 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) | 1 | | |
| | | (2) Dividends or retroactive rate refunds. (These | amour | nts were paid in c | ash, or | credited.) | 9c(2) | | | |
| | d | Status of policyholder reserves at end of year: (1 |) Amou | int held to provide be | enefits after | retirement | 9d(1) | | | |
| | | (2) Claim reserves | | | | | 9d(2) | | | |
| | | (3) Other reserves | | | | | 9d(3) | | | |
| | е | Dividends or retroactive rate refunds due. (Do no | ot inclu | de amount entered i | n line 9c(2) . |) | 9e | | | |
| 10 | No | nexperience-rated contracts: | | | • • • | | | | | |
| | а | Total premiums or subscription charges paid to c | arrier | | | | 10a | | 2 | 25932 |
| | b | If the carrier, service, or other organization incurr retention of the contract or policy, other than repo | | | | | 10b | | | |

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

Specify nature of costs

8 Benefit and contract type (check all applicable boxes)

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

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

| | | | | Inspection | | | |
|---|---|---------------------------------------|---|---|-------------|-----------------------|-----------------------|
| For calendar plan year 20 | 013 or fiscal pla | an year beginning 01/01/201 | 3 | and end | ling 12 | /31/2013 | |
| A Name of plan | | HEALTH AND WELFARE PLA | | B Three | | | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500 MSC GROUP, INC. D Employer Identification Number (EIN) 80-0197267 | | | | | (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 | | RTH AMERICA | | | | | |
| (b) EIN | (c) NAIC code | (d) Contract or identification number | | (e) Approximate number of persons covered at end of | | From | ontract year (g) To |
| 23-1503749 | 65498 | OK964725 | 1856 | | 10/01/20 | 12 | 10/01/2013 |
| 2 Insurance fee and com descending order of the | | nation. Enter the total fees and t | otal commissions paid. Lis | st in line 3 th | ne agents, | brokers, and o | ther persons in |
| | | nmissions paid | | (b) Tot | al amount | of fees paid | |
| • | | 864 | | | | | 0 |
| 3 Persons receiving con | nmissions and | fees. (Complete as many entrie | es as needed to report all p | ersons). | | | |
| | | and address of the agent, broke | | | ons or fees | were paid | |
| BENEFITS TECHNOLOG | | 811 | IO CYPRESS PLAZA DRIV CKSONVILLE, FL 32256 | | | · | |
| (b) Amount of sales a | nd hase | F | ees and other commissions | s paid | | | |
| commissions pa | | (c) Amount | (0 | (d) Purpose | | (e) Organization code | |
| 864 | | | | | | | |
| | (a) Name | and address of the agent, broke | er, or other person to whom | commission | ons or fees | were paid | |
| | ,, | , | | | | | |
| (b) Amount of sales and base Fees and other commissions paid | | | | | | | |
| commissions pa | | (c) Amount | (0 | 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) i 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) i uipecc | 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): 4: 5000 | 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) | (1) | | | |
| | | | | | |
| | | | | | |
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were 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 | tracts 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 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 | Cont | tracts With Unallocated Funds (Do not include portions of these contracts ma | | | | |
| | а | | | tion guarantee | | |
| | | (3) guaranteed investment (4) other | | ŭ | | |
| | | (5) guaranteed investment | | | | |
| | | | | | | |
| | 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) | | | | |

| Pa | age 4 | | |
|-------------------|--|-------------|---|
| re experienc | | ere contrac | nployee organizations(s), the cts cover individual employees, |
| c [g [k [| Vision Supplemental unemp PPO contract | oloyment | d ☐ Life insurance h ☐ Prescription drug I ☐ Indemnity contract |
| | | | |
| 9a(1) | | | |
| 9a(2) | | | |
| 9a(3) | | | |
| | | 9a(4) | |
| 9b(1) | | | |
| 9b(2) | | | |
| | | 9b(3) | |
| | | 9b(4) | |
| | | / | |
| 9c(1)(A) | | | |
| 0a(4)(B) | | | |

| Schedule A | (Form | 5500) | 2013 |
|------------|-------|-------|------|
|------------|-------|-------|------|

| Pa | art II | If more than one contract covers the same grant information may be combined for reporting process the entire group of such individual contracts of the entire group of the entire | oup of employees of the surposes if such contracts a | re experienc | ce-rated as a unit. Who | ere contrac | | |
|----|--------|--|--|---------------|-------------------------|-------------|-------------------------|------|
| 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 disability | y g | Supplemental unemp | oloyment | h Prescription drug | l |
| | i | Stop loss (large deductible) | j HMO contract | k | PPO contract | | I Indemnity contract | ct |
| | m | Other (specify) ACCIDENTAL DEATH | _ | | | | _ | |
| 9 | Ехре | 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 | - | 9a(3) | | | | |
| | | (4) Earned ((1) + (2) - (3)) | | | | 9a(4) | | |
| | b | Benefit charges (1) Claims paid | F | 9b(1) | | | 4 | |
| | | (2) Increase (decrease) in claim reserves | _ | | | 05/2) | | |
| | | (3) Incurred claims (add (1) and (2)) | | | | 9b(3) | _ | |
| | С | (4) Claims charged | | | | 9b(4) | | |
| | C | (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 | F | 9c(1)(D) | | | | |
| | | (E) Taxes | | 9c(1)(E) | | | 7 | |
| | | (F) Charges for risks or other contingencies | | 9c(1)(F) | | | 7 | |
| | | (G) Other retention charges | | 9c(1)(G) | | | | |
| | | (H) Total retention | | | | 9c(1)(H) | | |
| | | (2) Dividends or retroactive rate refunds. (These | amounts were paid in | cash, or | credited.) | 9c(2) | | |
| | d | Status of policyholder reserves at end of year: (1 |) Amount held to provide b | enefits 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 | | | | 10a | | 5572 |
| | b | If the carrier, service, or other organization incurretention of the contract or policy, other than rep | , i | | • | 10b | | |
| | Sr | 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 | × 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.

OMB No. 1210-0110

2013

| , | | pursuant to | ERISA section 103(a)(2) | | lion | | Inspection |
|--|-----------------|--|--|---------------|------------------------|----------|-----------------------|
| For calendar plan year 20 | 13 or fiscal pl | an year beginning 01/01/2013 | | and en | iding 12/31/2 | 013 | |
| A Name of plan MSC-MEDICAL SERVICE | ES COMPAN' | Y HEALTH AND WELFARE PLAN | ١ | | e-digit number (PN) | • | 501 |
| | | | | | | | |
| C Plan sponsor's name a MSC GROUP, INC. | | D Employer Identification Number (EIN) 80-0197267 | | | | | |
| | | rning Insurance Contract Lindividual contracts grouped as | | | | | |
| 1 Coverage Information: | | | | | | | |
| (a) Name of insurance ca | | PRTH AMERICA | | | | | |
| (b) EIN | (c) NAIC | | (e) Approximate nu persons covered a | | | • | contract year |
| (b) Liiv | code | identification number | policy or contract | | (f) Fror | n | (g) To |
| 23-1503749 | 65498 | OK964725 | 185 | 56 | 10/01/2013 | | 12/31/2013 |
| 2 Insurance fee and com descending order of the | | mation. Enter the total fees and to l. | otal commissions paid. Li | st in line 3 | the agents, broke | ers, and | other persons in |
| (a) Total amount of commissions paid (b) Total amount of fees paid | | | | | | | |
| | | 238 | | | | | |
| 3 Persons receiving com | missions and | fees. (Complete as many entries | s as needed to report all | persons). | | | |
| DENIERITO TEOLINIOLOGI | | and address of the agent, broker | r, or other person to whor CYPRESS DRIVE SUIT | | ions or fees were | paid | |
| BENEFITS TECHNOLOG | ∍IE2 DIV | | KSONVILLE, FL 32256 | L 201 | | | |
| (b) Amount of sales a | nd base | Fe | es and other commission | ns paid | | | |
| commissions pa | id | (c) Amount | | (d) Purpose | | | (e) Organization code |
| 238 | | | | | | | |
| | (a) Nome | and address of the agent, broker | r or other person to when | m commiss | iono or food word | noid. | <u> </u> |
| | (a) Name | and address of the agent, broker | i, or other person to whor | II COITIIIISS | ions or rees were | ; paiu | |
| | | | | | | | |
| (b) Amount of sales a | nd base | Fe | es and other commission | ns paid | | | |
| commissions pa | | (c) Amount | | (d) Purpose | e | | (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 | ., | | | |
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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) / tinodit | (a) i 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) i uipecc | 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): 4: 5000 | 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) | (1) | | | |
| | | | | | |
| | | | | | |
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were 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 | | | 6с | |
| | 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 | |
|---|---|
| | |
| employer(s) or members of the same en experience-rated as a unit. Where contract d as a unit for purposes of this report. | |
| c ☐ Vision g ☐ Supplemental unemployment k ☐ PPO contract | d Life insurance h Prescription drug I Indemnity contract |

| | | information may be combined for reporting puthe entire group of such individual contracts with | urposes if such contracts a | re experienc | ce-rated as a unit. Wh | ere contrac | | |
|----|------------|--|-----------------------------|---------------|------------------------|-------------|-------------------------|------|
| 8 | Bene | fit and contract type (check all applicable boxes) | | | | | | |
| | а | 1 | b Dental | С | Vision | | d Life insurance | |
| | е 🗀 | Temporary disability (accident and sickness) | f Long-term disability | , g = | Supplemental unemp | oloyment | h Prescription drug | |
| | iΠ | Stop loss (large deductible) | j HMO contract | | PPO contract | • | I Indemnity contract | |
| | m X | , , , , | , | |] | | - L | |
| 9 | Exper | rience-rated contracts: | | | | | | |
| | a P | remiums: (1) Amount received | | 9a(1) | | | 1 | |
| | (| (2) Increase (decrease) in amount due but unpaid | j | | | | 1 | |
| | • | (3) Increase (decrease) in unearned premium res | - | 9a(3) | | | 1 | |
| | (| (4) Earned ((1) + (2) - (3)) | | | | 9a(4) | | |
| | b i | 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 (o | 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 | 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) | | |
| | e | Dividends or retroactive rate refunds due. (Do n | ot include amount entered | in line 9c(2) | .) | 9e | | |
| 10 | | nexperience-rated contracts: | | | • | L | | |
| | | Total premiums or subscription charges paid to c | arrier | | | 10a | | 1533 |
| | _ | If the carrier, service, or other organization incur | | | | | | |
| | | retention of the contract or policy other than repo | • | | • | 10b | | |

| Part IV | Provision of Information | | | |
|-----------------|--|-----|----|--|
| 11 Did t | ne insurance company fail to provide any information necessary to complete Schedule A? | Yes | 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

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

| Pension Benefit Guaranty Co | orporation | | s are required to provide to ERISA section 103(a)(2) | | ion | | Inspection | | |
|---|---|---------------------------------------|---|-----------------|--------------|--|-----------------------|--|--|
| For calendar plan year 20 | an year beginning 01/01/201 | and en | ding 12 | /31/2013 | | | | | |
| A Name of plan MSC-MEDICAL SERVICE | | | e-digit number (Pl | N) • | 501 | | | | |
| C Plan sponsor's name a MSC GROUP, INC. | | | | | | D Employer Identification Number (EIN) 80-0197267 | | | |
| on a separat | 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 | | RTH AMERICA | | | | | | | |
| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate nu persons covered a | t end of | (f) | Policy or c | ontract year (g) To | | |
| | Couc | identification number | policy or contrac | t year | (1) | 110111 | (9) 10 | | |
| 23-1503749 | 65498 | LK750724 | 185 | 1856 10/01/2012 | |)12 | 10/01/2013 | | |
| 2 Insurance fee and com descending order of the | | nation. Enter the total fees and t | otal commissions paid. L | st in line 3 | the agents, | brokers, and o | other persons in | | |
| (a) Total a | amount of com | nmissions paid | | (b) To | tal amount | of fees paid | | | |
| | | 10171 | | | | | 0 | | |
| 3 Persons receiving com | missions and | fees. (Complete as many entric | es as needed to report all | persons). | | | | | |
| BENEFITS TECHNOLOG | | | er, or other person to who O CYPRESS PLAZA DRI CKSONVILLE, FL 32256 | | | s were paid | | | |
| (b) Amount of sales ar | nd hase | F | ees and other commission | ns paid | | | | | |
| commissions pa | id | (c) Amount | | (d) Purpose | 9 | | (e) Organization code | | |
| | 10171 | | | | | | | | |
| | (a) Name | and address of the agent, broke | er, or other person to who | m commissi | ions or fees | were paid | | | |
| | (a) Hame | and address of the agont, broke | vi, el estel percent to mio | | 0110 01 1000 | word paid | | | |
| (b) Amount of sales ar | nd base | F | ees and other commission | ns paid | | | | | |
| commissions pa | | (c) Amount | | (d) Purpose | Э | | (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 |
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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 |
| | | | |
| | | | |
| (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 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 | | | 6с | |
| | 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, | 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 | | Page 4 | |
|--|---|--|-------------------------|
| Welfare Benefit Contract Information from the same guinformation may be combined for reporting puthe entire group of such individual contracts of the same group of the same group of such individual contracts of the same group of the same group of such individual contracts of the same group of the s | roup of employees of the same urposes if such contracts are e | experience-rated as a unit. Where contra | . , |
| and contract type (check all applicable boxes) | | | |
| lealth (other than dental or vision) | b Dental | C Vision | d Life insurance |
| emporary disability (accident and sickness) | f Long-term disability | g Supplemental unemployment | h Prescription drug |
| top loss (large deductible) | j HMO contract | k ☐ PPO contract | I Indemnity contract |
| Other (specify) | _ | _ | _ |
| | | | |

| | | information may be combined for reporting put the entire group of such individual contracts with the entire group of the entir | | | | | ts cover individual emplo | yees, |
|----|------------|--|---------------------------------------|---------------|-------------------|-------------|---------------------------|--------|
| 8 | Bene | efit and contract type (check all applicable boxes) | | | | | | |
| | а | Health (other than dental or vision) | b Dental | С | Vision | | d Life insurance | |
| | e × | Temporary disability (accident and sickness) | f Long-term disability | y g | Supplemental unem | plovment | h Prescription drug | |
| | ř | Stop loss (large deductible) | j HMO contract | , s_ k□ | | p.ojo | I ☐ Indemnity contract | |
| | ' <u> </u> | _ ' | I HIMO CONTIACT | ~ _ | PPO contract | | | • |
| | m | Other (specify) | | | | | | |
| 9 | Expe | rience-rated contracts: | | | | | | |
| | a F | 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) | | T | | |
| | | (3) Incurred claims (add (1) and (2)) | | | | 9b(3) | | |
| | | (4) Claims charged | | | | 9b(4) | | |
| | С | Remainder of premium: (1) Retention charges (c | , , , , , , , , , , , , , , , , , , , | | | | | |
| | | (A) Commissions | | 9c(1)(A) | | | | |
| | | (B) Administrative service or other fees | | 9c(1)(B) | | | | |
| | | (C) Other specific acquisition costs | <u> </u> | 9c(1)(C) | | | | |
| | | (D) Other expenses | | 9c(1)(D) | | | _ | |
| | | (E) Taxes | L | 9c(1)(E) | | | | |
| | | (F) Charges for risks or other contingencies | L | 9c(1)(F) | | | | |
| | | (G) Other retention charges | | | | | | |
| | | (H) Total retention | | _ | | |) | |
| | | (2) Dividends or retroactive rate refunds. (These | amounts were paid in | cash, or | credited.) | 9c(2) | | |
| | d | Status of policyholder reserves at end of year: (1 |) Amount held to provide b | enefits after | retirement | 9d(1) | | |
| | | (2) Claim reserves | | | | 9d(2) | | |
| | | (3) Other reserves | | | | 9d(3) | | |
| | | Dividends or retroactive rate refunds due. (Do n | ot include amount entered | in line 9c(2) | .) | . 9e | | |
| 10 | | nexperience-rated contracts: | | | | | | |
| | _ | Total premiums or subscription charges paid to o | | | | . 10a | | 119653 |
| | b | If the carrier, service, or other organization incur | , , | | • | 10b | | |
| | | retention of the contract or policy other than repo | omen in Part i line 2 above | a renort amo | N I I I I I | 1 (100) | 1 | |

| 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 >

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

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

| ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | | | | | Inspection | | |
|---|------------------|------------------------------------|---|--|-----------------------|----------------|-----------------------|
| For calendar plan year 20 | 13 or fiscal pla | an year beginning 01/01/201 | 3 | and en | ding 12 | /31/2013 | |
| A Name of plan MSC-MEDICAL SERVICE | S COMPANY | HEALTH AND WELFARE PLA | | | e-digit number (Pl | N) • | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500 MSC GROUP, INC. | | | | D Employer Identification Number (EIN) 80-0197267 | | | |
| 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 | | RTH AMERICA | | | | | |
| # . = | (c) NAIC | (d) Contract or | (e) Approximate no | | | Policy or c | ontract year |
| (b) EIN | code | identification number | | persons covered at end of policy or contract year | | From | (g) To |
| 23-1503749 | 65498 | LK750724 | 189 | 56 | 10/01/20 | 113 | 12/31/2013 |
| 2 Insurance fee and com descending order of the | | nation. Enter the total fees and t | otal commissions paid. L | ist in line 3 | the agents, | brokers, and o | ther persons in |
| | • | nmissions paid | | (b) To | tal amount | of fees paid | |
| | | 2829 | | | | | |
| 3 Persons receiving com | missions and | fees. (Complete as many entric | es as needed to report all | persons). | | | |
| <u> </u> | | and address of the agent, broke | | | ions or fees | were paid | |
| BENEFITS TECHNOLOG | GIES DIV | | 0 CYPRESS PLAZA DRI CKSONVILLE, FL 32256 | VE SUITE 2 | 201 | | |
| (b) Amount of sales ar | ad book | F | ees and other commission | ns paid | | | |
| commissions pa | | (c) Amount | | (d) Purpose | | | (e) Organization code |
| | 2829 | | | | | | |
| | (a) Name | and address of the agent, broke | or other person to who | m commissi | ione or fees | were paid | |
| | (a) Name | and address of the agent, broke | er, or other person to who | II COMMINISS | ions or rees | were paid | |
| | | | | | | | |
| (b) Amount of sales and base Fees and other commissions paid | | | | | | | |
| commissions pa | | (c) Amount | | (d) Purpose | 9 | | (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 | |
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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 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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| 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 | Current 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 | ontracts 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 | | | 6с | | |
| | 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, | 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 | |
|---|---|
| employer(s) or members of the same er 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 d I ☐ Indemnity con |

10b

| Pá | art II | Welfare Benefit Contract Information | ion | | | | | |
|----|--------|---|-----------------------------|-----------------------|-----------------------|-------------------------------------|---------------------------------|--|
| | | If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, | | | | | | |
| | | the entire group of such individual contracts | | | | | its cover individual employees, | |
| 8 | Bene | efit and contract type (check all applicable boxes) | | | | | | |
| | а | ¬ · · · · · · · · · · · · · · · · · · · | b Dental | сГ | Vision | | d Life insurance | |
| | e > | Temporary disability (accident and sickness) | f Long-term disabilit | ty g | Supplemental unem | nlovment | h Prescription drug | |
| | : [| | i ☐ HMO contract | · | PPO contract | ipioymone | | |
| | ' | Stop loss (large deductible) | I HMO contract | ĸ.L | PPO contract | | I Indemnity contract | |
| | m | Other (specify) | | | | | | |
| 9 | Fyne | rience-rated contracts: | | | | | | |
| Ū | | Premiums: (1) Amount received | | 9a(1) | | | ┥ | |
| | | (2) Increase (decrease) in amount due but unpai | | 9a(2) | | | ┥ | |
| | | (3) Increase (decrease) in unearned premium res | | 9a(3) | | | ┥ | |
| | | (4) Earned ((1) + (2) - (3)) | • | | | 9a(4) | | |
| | _ | Benefit charges (1) Claims paid | | 9b(1) | | • • • • • • • • • • • • • • • • • • | | |
| | | (2) Increase (decrease) in claim reserves | | 9b(2) | | | 7 | |
| | | (3) Incurred claims (add (1) and (2)) | <u> </u> | | | 9b(3) | | |
| | | (4) Claims charged | | | | | | |
| | | Remainder of premium: (1) Retention charges (c | | | | | | |
| | | (A) Commissions | | 9c(1)(A) | | | 7 | |
| | | (B) Administrative service or other fees | | 9c(1)(B) | | | | |
| | | (C) Other specific acquisition costs | | 9c(1)(C) | | | | |
| | | (D) Other expenses | | 9c(1)(D) | | | | |
| | | (E) Taxes | | 9c(1)(E) | | | | |
| | | (F) Charges for risks or other contingencies. | | 9c(1)(F) | | | | |
| | | (G) Other retention charges | | 9c(1)(G) | | | | |
| | | (H) Total retention | | | | 9c(1)(H) | | |
| | | (2) Dividends or retroactive rate refunds. (These | amounts were paid in | cash, or | credited.) | . 9c(2) | | |
| | d | Status of policyholder reserves at end of year: (1 |) Amount held to provide | benefits after | retirement | | | |
| | | (2) Claim reserves | • | | | 9d(2) | | |
| | | (3) Other reserves | | | | | | |
| | е | Dividends or retroactive rate refunds due. (Do n | ot include amount entered | in line 9c(2) |).) | | | |
| 10 | | nexperience-rated contracts: | | <u> </u> | | | | |
| | | Total premiums or subscription charges paid to o | arrier | | | 10a | 3328 | |
| | b | If the carrier, service, or other organization incur | red any specific costs in c | onnection wi | th the acquisition or | | | |

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

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

Specify nature of costs >

Schedule A (Form 5500) 2013

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

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

| ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | | | | | Inspection | | | |
|---|------------------|------------------------------------|---|---|---|-----------------------|-----------------------|--|
| For calendar plan year 20° | 13 or fiscal pla | an year beginning 01/01/201 | 3 | and en | ding 12 | /31/2013 | | |
| A Name of plan MSC-MEDICAL SERVICE | S COMPANY | HEALTH AND WELFARE PLA | N | | e-digit number (Pl | N) • | 501 | |
| C Plan sponsor's name a MSC GROUP, INC. | | | | | D Employer Identification Number (EIN) 80-0197267 | | | |
| 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 | | DRTH AMERICA | | | | | | |
| | (c) NAIC | (d) Contract or | (e) Approximate no | | Policy or contract year | | ontract year | |
| (b) EIN | code | identification number | | persons covered at end of policy or contract year | | From | (g) To | |
| 23-1503749 | 65498 | LK962223 | 189 | 56 | 10/01/20 | 112 | 10/01/2013 | |
| 2 Insurance fee and composite descending order of the | | nation. Enter the total fees and t | otal commissions paid. L | ist in line 3 | the agents, | brokers, and o | other persons in | |
| • | | nmissions paid | | (b) To | tal amount | of fees paid | | |
| | | 8133 | | | | - | 0 | |
| 3 Persons receiving com | missions and | fees. (Complete as many entric | es as needed to report all | persons). | | | | |
| <u> </u> | | and address of the agent, broke | | | ions or fees | were paid | | |
| BENEFITS TECHNOLOG | SIES DIV | | 0 CYPRESS PLAZA DRI CKSONVILLE, FL 32256 | VE SUITE 2 | 201 | | | |
| (b) Amount of sales ar | nd book | F | ees and other commission | ns paid | | | | |
| commissions pai | | (c) Amount | | (d) Purpose | | (e) Organization code | | |
| 8133 | | | | | | | | |
| | (a) Name | and address of the agent, broke | or other person to who | m commiss | ions or fees | were naid | | |
| | (a) Name | and address of the agent, broke | or, or other person to who | III COMMINISS | 10113 01 1003 | were paid | | |
| | | | | | | | | |
| (b) Amount of sales ar | nd base | F | ees and other commission | ns paid | | | _ | |
| commissions pai | | (c) Amount | | (d) Purpose | 9 | | (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 | |
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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 | |
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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 | () 0 | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | |
| | (1) | () | | |
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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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| | | | | |
| (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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| 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 | Current 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 | ontracts 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 | | | 6с | | |
| | 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 | |
|--|--|
| employer(s) or members of the same en operience-rated as a unit. Where contract d as a unit for purposes of this report. | |
| c ☐ Vision g ☐ Supplemental unemployment k ☐ PPO contract | d Life insurance h Prescription of I Indemnity con |

10b

| Dant III | Wolforo | Dana | fit C | ntr |
|----------|------------|-------|-------|------|
| | | | | |
| | Schedule A | (Form | 5500) | 2013 |

e Benefit Contract Information Part III If more than one contract covers the same group of employees of the same s(s), the information may be combined for reporting purposes if such contracts are ex mployees, the entire group of such individual contracts with each carrier may be treated 8 Benefit and contract type (check all applicable boxes) a Health (other than dental or vision) **b** Dental Temporary disability (accident and sickness) Long-term disability drug Stop loss (large deductible) j HMO contract ntract m ☐ Other (specify) ▶ Experience-rated contracts: a Premiums: (1) Amount received..... 9a(1) (2) Increase (decrease) in amount due but unpaid..... 9a(2) (3) Increase (decrease) in unearned premium reserve 9a(3) (4) Earned ((1) + (2) - (3))..... 9a(4) Benefit charges (1) Claims paid 9b(1) (2) Increase (decrease) in claim reserves..... 9b(2) 9b(3) (3) Incurred claims (add (1) and (2)) 9b(4) (4) Claims charged Remainder of premium: (1) Retention charges (on an accrual basis) --(A) Commissions 9c(1)(A) (B) Administrative service or other fees..... 9c(1)(B) 9c(1)(C) (C) Other specific acquisition costs (D) Other expenses..... 9c(1)(D) 9c(1)(E) (E) Taxes..... (F) Charges for risks or other contingencies..... 9c(1)(F) (H) Total retention..... 9c(1)(H) (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)..... 9c(2)d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement 9d(1) (2) Claim reserves 9d(2) 9d(3) (3) Other reserves..... Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)..... 9e **10** Nonexperience-rated contracts: 10a Total premiums or subscription charges paid to carrier 95686 If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

| Specify nature of costs | • |
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| opoony nataro or ocoto | , |

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

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.

OMB No. 1210-0110

2013

| Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | | | | mation | Inspection |
|--|-----------------|--|---|--------------------------------------|---------------------------------------|
| For calendar plan year 20 | 13 or fiscal pl | an year beginning 01/01/2013 | and | d ending 12/31/201 | 13 |
| A Name of plan MSC-MEDICAL SERVICE | S COMPAN) | / HEALTH AND WELFARE PLAN | | hree-digit blan number (PN) | 501 |
| C Plan sponsor's name a MSC GROUP, INC. | s shown on li | ne 2a of Form 5500 | | nployer Identification N -0197267 | Jumber (EIN) |
| | | rning Insurance Contract . Individual contracts grouped as | | | |
| (a) Name of insurance ca | | RTH AMERICA | | | |
| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | | licy or contract year (g) To |
| 23-1503749 | 65498 | LK962223 | 1856 | 10/01/2013 | 12/31/2013 |
| 2 Insurance fee and communication descending order of the | | nation. Enter the total fees and to | otal commissions paid. List in lin | e 3 the agents, brokers | s, and other persons in |
| | | mmissions paid | (b |) Total amount of fees | paid |
| 3 Parsons receiving com | missions and | 2251 fees. (Complete as many entrie | s as needed to report all persons | 2) | 0 |
| J Fersons receiving com | | and address of the agent, broke | | | naid |
| BENEFITS TECHNOLOG | | 8110 | O CYPRESS PLAZA DRIVE SUI' KSONVILLE, FL 32256 | | , , , , , , , , , , , , , , , , , , , |
| (b) Amount of sales ar | nd base | Fe | ees and other commissions paid | | |
| commissions pai | | (c) Amount | (d) Purpose | | (e) Organization code |
| 2251 | | | | | |
| | (a) Name | and address of the agent, broke | r or other person to whom comp | nissions or fees were r | naid |
| | (a) Name | and address of the agent, broke | , or other person to whom comin | missions of fees were p | Jaia |
| | | | | | |
| (b) Amount of sales ar | nd base | Fe | es and other commissions paid | | |
| commissions pai | | (c) Amount | (d) Purp | oose | (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 | | |
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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 | | |
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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 | () 0 | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | |
| | (1) | () | | | |
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| (a) Name and address of the agent, broker, or other person to whom commissions or fees were 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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| Part II | | Investment and Annuity Contract Information | | | | | |
|---------|----------------|--|----------------|--------------------------|--------------------|------------------------|--|
| | | 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 | | | 6с | | |
| | 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 | | Page 4 | |
|--|--|--|----------------------------|
| 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 sam surposes if such contracts are | experience-rated as a unit. Where contra | . , . |
| and contract type (check all applicable boxes |) | | |
| lealth (other than dental or vision) | b Dental | c Vision | d Life insurance |
| emporary disability (accident and sickness) | f Long-term disability | g Supplemental unemployment | h Prescription drug |
| Stop loss (large deductible) | j HMO contract | k PPO contract | I Indemnity contract |
| Other (specify) | | | |

| | а | Health (other than dental or vision) | b | Dental | С | Vision | | d 🗌 | Life insurance | |
|-----|------|---|---------|----------------------|------------------|-------------------|----------|-----|--------------------|------|
| | е | Temporary disability (accident and sickness) | f X | Long-term disabilit | ty g | Supplemental unem | ployment | h | Prescription drug | |
| | i Î | Stop loss (large deductible) | iΠ | HMO contract | k | PPO contract | | ıΠ | Indemnity contract | |
| | m | Other (specify) | , . | | _ | ı | | Ш | , | |
| 9 E | Ехре | erience-rated contracts: | | | | | | | | |
| | а | Premiums: (1) Amount received | | | 9a(1) | | | | | |
| | | (2) Increase (decrease) in amount due but unpai | d | | 9a(2) | | | | | |
| | | (3) Increase (decrease) in unearned premium re- | 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 (| n an a | 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 amoı | unts were paid in | cash, or | credited.) | 9c(2) | | | |
| | d | Status of policyholder reserves at end of year: (| 1) Amo | ount held to provide | benefits after | retirement | | | | |
| | | (2) Claim reserves | | | | | 9d(2) | | | |
| | | (3) Other reserves | | | | | 9d(3) | | | |
| | е | Dividends or retroactive rate refunds due. (Do r | ot incl | ude amount entered | l in line 9c(2). | .) | | | | |
| 10 | No | onexperience-rated contracts: | | | | • | 1 | | | |
| | а | Total premiums or subscription charges paid to | carrier | | | | . 10a | | 21 | 6477 |
| | b | If the carrier, service, or other organization incur retention of the contract or policy, other than rep | | | | | . 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 | × No | |

8 Benefit and contract type (check all applicable boxes)

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

| 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 01/01/2013 | and e | nding 12/31/20 | 013 |
| A Name of plan MSC-MEDICAL SERVICE | A Name of plan MSC-MEDICAL SERVICES COMPANY HEALTH AND WELFARE PLAN | | | | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500 MSC GROUP, INC. D Employer Identificat 80-0197267 | | | | | Number (EIN) |
| on a separat | | ing Insurance Contract C Individual contracts grouped as a | | | |
| 1 Coverage Information: | | | | | |
| (a) Name of insurance ca | | | | | |
| | (c) NAIC | (d) Contract or | (e) Approximate number of | Po | olicy or contract year |
| (b) EIN | code | identification number | persons covered at end of policy or contract year | (f) From | n (g) To |
| 59-0781901 | 60534 | 69535 | 590 | 10/01/2013 | 12/31/2013 |
| 2 Insurance fee and com descending order of the | | tion. Enter the total fees and total | commissions paid. List in line 3 | 3 the agents, broke | ers, and other persons in |
| (a) Total amount of commissions paid (b) Total amount of fees paid | | | | | es paid |
| | | 13633 | | | |
| 3 Persons receiving com | missions and fe | ees. (Complete as many entries a | s needed to report all persons). | | |
| | (a) Name a | nd address of the agent, broker, o | | | paid |
| CHARLES BRADLEY CO |)X | | PERIMETER PARK BLVD SUITE SONVILLE, FL 32216 | E 802 | |
| (b) Amount of sales ar | nd base | Fees | and other commissions paid | | |
| commissions pa | | (c) Amount | (d) Purpos | (e) Organization code | |
| | 22 | | | | |
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | | | |
| KIRK KLOSTERMAN 8833 PERIMETER PARK BLVD SUITE 802 JACKSONVILLE, FL 32216 | | | | | |
| (b) Amount of sales ar | nd base | Fees | and other commissions paid | | |
| commissions pa | | (c) Amount | (d) Purpos | se | (e) Organization code |
| | 1205 | | | | |
| | A (N) (| | | | |

| Schedule A (Form 5500) | 2013 | Page 2 - 1 | |
|---|------------------------------------|---|-----------------------|
| (a) Na | me and address of the agent, broke | er, or other person to whom commissions or fees were pa | id |
| MELISSA E KLIPP | | LOIS JERRY RD SONVILLE, FL 32258 | |
| 42.4 | | Fees and other commissions paid | () () |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| 75 | | | |
| (a) Na | me and address of the agent, broke | er, or other person to whom commissions or fees were pa | id |
| DAVID B PHILLIPS | 8833 I | PERIMETER PARK BLVD SUITE 802 SONVILLE, FL 32216 | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| 140 | | | |
| (a) Na | me and address of the agent, broke | r, or other person to whom commissions or fees were pa | id |
| MARK FALBO | | PERIMETER PARK BLVD SUITE 802 SONVILLE, FL 32216 | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| 117 | | | |
| (a) Na | me and address of the agent, broke | er, or other person to whom commissions or fees were pa | id |
| THOMAS W COOPER | 8833 I | PERIMETER PARK BLVD SUITE 802 SONVILLE, FL 32216 | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| 770 | | | |
| (a) Na | me and address of the agent, broke | er, or other person to whom commissions or fees were pa | id |
| JEFFREY T CHRISTOPHER | 4300 I | LAKESIDE DR UNIT 8 SONVILLE, FL 32210 | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| 189 | | | |

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|---------------|--------|------|-------|
| Schedule A | COIIII | 5500 | 12013 |

Page **2 -** 2

| (a) Na | me and address of the agent, broke | er, or other person to whom commissions or fees were paid | I | |
|---|------------------------------------|---|-----------------------|--|
| ROSS LEHMAN | | PERIMETER PARK BLVD SUITE 802 SONVILLE, FL 32216 | | |
| | | Fees and other commissions paid | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | |
| 24 | (0) | (4): 4::p000 | 3645 | |
| (a) Na | me and address of the agent, broke | er, or other person to whom commissions or fees were paid | | |
| MICHAEL SASSER | 8833 | PERIMETER PARK BLVD SUITE 802 SONVILLE, FL 32216 | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | |
| commissions paid | (c) Amount | (d) Purpose | code | |
| 26 | | | | |
| (a) Na | me and address of the agent, broke | er, or other person to whom commissions or fees were paid | <u> </u> | |
| DWIGHT L PIERCE | 8833 JACK | PERIMETER PARK BLVD STE 802 SONVILLE, FL 32216 | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | |
| commissions paid 11065 | (c) Amount | (d) Purpose | code | |
| (a) Na | me and address of the agent, broke | er, or other person to whom commissions or fees were paid | I | |
| | | Ease and other commissions paid | | |
| (b) Amount of sales and base commissions paid | (c) Amount | Fees and other commissions paid (d) Purpose | (e) Organization code | |
| commissions paid | (c) Amount | (d) i dipose | code | |
| (a) Na | me and address of the agent, broke | er, or other person to whom commissions or fees were paid | 1 | |
| | | | | |
| (b) Amount of sales and base | | Fees and other commissions paid (e) Or | | |
| commissions paid | (c) Amount | (d) Purpose | code | |

| _ | | |
|-----|----------|---|
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| ıay | | • |

| 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 | | | 6с | |
| | 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 | | ŭ | | |
| | | (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 | |
|--|---|
| employer(s) or members of the same er sperience-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 |
| | |

| | | If more than one contract covers the same gr information may be combined for reporting pu the entire group of such individual contracts v | irposes if such contracts a | are experienc | ce-rated as a unit. Who | ere contrac | | |
|----|------|---|-----------------------------|------------------------|-------------------------|-------------|----------------------------|--------|
| 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 | у д | Supplemental unemp | loyment | h Prescription drug | |
| | i [| Stop loss (large deductible) | j HMO contract | k [| PPO contract | | I Indemnity contract | İ |
| | m | Other (specify) | | | | | | |
| 9 | Expe | erience-rated contracts: | | | | | | |
| | a ˈ⊣ | Premiums: (1) Amount received | | 9a(1) | | | 1 | |
| | | (2) Increase (decrease) in amount due but unpaid | | • • • | | | 1 | |
| | | (3) Increase (decrease) in unearned premium res | | ` ' | | | 1 | |
| | | (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 (o | 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 | amounts were paid in | cash, or | credited.) | 9c(2) | | |
| | d | Status of policyholder reserves at end of year: (1 |) Amount held to provide I | benefits after | retirement | 9d(1) | | |
| | | (2) Claim reserves | | | | 9d(2) | | |
| | | (3) Other reserves | | | | 9d(3) | | |
| | | Dividends or retroactive rate refunds due. (Do no | ot include amount entered | I in line 9c(2) | .) | 9e | | |
| 10 | | nexperience-rated contracts: | | | | | | |
| | | Total premiums or subscription charges paid to c | | | | 10a | - ; | 384897 |
| | | If the carrier, service, or other organization incurr retention of the contract or policy, other than repo | | | | 10b | | |
| | Sp | ecify nature of costs | | | | | | |

| Part IV | Provision of Information | | | |
|------------|---|-----|------|--|
| 11 Did the | e insurance company fail to provide any information necessary to complete Schedule A? | Yes | X 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.