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

| | , , | | | | Inspection | | |
|----------------|---|--|------------------------------|------------------------------|--|---------|--|
| Part I | Annual Report Identific | cation Information | | | | | |
| For cale | ndar plan year 2013 or fiscal plan | year beginning 01/01/2013 | | and ending 12/3 | 31/2013 | | |
| A This | return/report is for: | a multiemployer plan; | a multip | le-employer plan; or | | | |
| | · | a single-employer plan; | a DFE (| specify) | | | |
| | | | L ` | | | | |
| R Thin | return/report is: | the first return/report; | ☐ the final | return/report; | | | |
| ו פווווס ו | etunineport is. | an amended return/report; | 블 | plan year return/report (les | os than 12 manths) | | |
| _ | | | | | | | |
| C If the | plan is a collectively-bargained pl | lan, check here | <u></u> | | ∐ | | |
| D Chec | k box if filing under: | × Form 5558; | automat | ic extension; | the DFVC program; | | |
| | | special extension (enter des | cription) | | | | |
| Part | I Basic Plan Informati | on—enter all requested informa | ition | | | | |
| _ | ne of plan | | | | 1b Three-digit plan | | |
| | RISTOPHER S INC. FLEXIBLE BI | ENEFIT PLAN | | | number (PN) ▶ | 502 | |
| | | | | | 1c Effective date of p | olan | |
| | | | | | 05/01/1993 | | |
| 2a Plar | sponsor's name and address; in | clude room or suite number (emp | oloyer, if for a single | -employer plan) | 2b Employer Identific | ation | |
| | | | | | Number (EIN) 13-1740485 | | |
| ST. CHE | RISTOPHER S INC. | | | | | | |
| | | | | | 2c Sponsor's telephonumber | me | |
| | | | | | 914-693-303 | 30 | |
| | ΓΗ BROADWAY FERRY, NY 10522 | | STOPHER S INC. H BROADWAY | | 2d Business code (see | | |
| 50550 | 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | ERRY, NY 10522 | instructions) | | | |
| | | | | 624100 | | | |
| | | | | | | | |
| | | | | | | | |
| Caution | A penalty for the late or incom | plete filing of this return/repor | t will be assessed | unless reasonable caus | se is established. | | |
| | enalties of perjury and other pena | | | | | edules, | |
| | nts and attachments, as well as th | | | | | | |
| | | | | | | | |
| SIGN | Filed with authorized/valid electron | onic signature. | 10/16/2014 | TRACY POTKAY | | | |
| HERE | Signature of plan administrate | | Date | Enter name of individua | al signing as plan administrator | | |
| | · | | | | | | |
| SIGN | Filed with authorized/valid electr | onic signature | 10/16/2014 | TRACY POTKAY | | | |
| HERE | | | | | Enter name of individual signing as employer or plan sponsor | | |
| | Signature of employer/plan sp | Donsor | Date | Enter name of individua | ai signing as employer or plan s | porisor | |
| SIGN | | | | | | | |
| HERE | | | | | | | |
| D | Signature of DFE | and the late of th | Date | Enter name of individua | | | |
| Preparer | 's name (including firm name, if a | pplicable) and address; include r | oom or suite number | er. (optional) | Preparer's telephone number (optional) | | |
| | | | | | (00101101) | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | Form 5500 (2013) | Pa | ge 2 | | | |
|----|---|------------|-------------|------------------------------|-------------------|---------------------|
| 3a | Plan administrator's name and address XSame as Plan Sponsor Name Same | as Pla | n Spo | onsor Address | 3b Adminis | strator's EIN |
| | | | | | 3c Adminis | strator's telephone |
| | | | | | numbei | • |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4 | If the name and/or EIN of the plan sponsor has changed since the last return/repor EIN and the plan number from the last return/report: | t filed f | or this | s plan, enter the name, | 4b EIN | |
| а | Sponsor's name | | | | 4c PN | |
| _ | | | | | | |
| 5 | Total number of participants at the beginning of the plan year | | | | 5 | 399 |
| 6 | Number of participants as of the end of the plan year (welfare plans complete only | lines 6 | a, 6b, | 6c, and 6d). | | |
| а | Active participants | | | | 6a | 420 |
| h | Detined as a secreted participants used in the boundits | | | | 6h | 0 |
| b | Retired or separated participants receiving benefits | | | | 6b | 0 |
| С | Other retired or separated participants entitled to future benefits | | | | 6c | |
| d | Subtotal. Add lines 6a, 6b, and 6c | | | | 6d | 420 |
| | | | | | | |
| е | Deceased participants whose beneficiaries are receiving or are entitled to receive l | penetits | 3 | | 6e | |
| f | Total. Add lines 6d and 6e. | | | | . 6f | |
| g | Number of participants with account balances as of the end of the plan year (only o | defined | contr | ibution plans | | |
| 5 | complete this item) | | | | 6g | |
| h | Number of participants that terminated employment during the plan year with accru | ıed ber | efits t | that were | | |
| | less than 100% vested | | | | 6h | |
| 7 | Enter the total number of employers obligated to contribute to the plan (only multie | | | | | |
| ба | If the plan provides pension benefits, enter the applicable pension feature codes from | om tne | List o | of Plan Characteristics Coo | des in the instr | uctions: |
| _ | | | | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare feature codes from 4A 4B 4D 4H | m the L | ist of | Plan Characteristics Code | es in the instru | ctions: |
| | 47. 40 40 411 | | | | | |
| 9a | | | enefit | arrangement (check all th | nat apply) | |
| | | (1) | X | Insurance | \ ! | |
| | (2) Code section 412(e)(3) insurance contracts (3) Trust | (2) (3) | | Code section 412(e)(3) Trust |) insurance coi | ntracts |
| | (4) General assets of the sponsor | (4) | H | General assets of the s | sponsor | |
| 10 | Check all applicable boxes in 10a and 10b to indicate which schedules are attached | d, and, | wher | e indicated, enter the num | nber attached. | (See instructions) |
| а | Pension Schedules b | Gene | al Sc | hedules | | |
| _ | (1) R (Retirement Plan Information) | (1) | Π | H (Financial Infor | mation) | |
| | (2) MB (Multiemployer Defined Benefit Plan and Certain Money | | | I (Financial Infor | , | II Plan) |
| | (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan | (2) (3) | X | 3 A (Insurance Info | | 1 1 1011 <i>)</i> |
| | actuary | (4) | H | C (Service Provide | , | n) |
| | (3) SB (Single-Employer Defined Benefit Plan Actuarial | (5) | | D (DFE/Participa | ting Plan Infor | mation) |
| | Information) - signed by the plan actuary | (6) | | G (Financial Tran | nsaction Sched | dules) |

SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

| For calendar plan year 20 | 13 or fiscal plan | · · | and en | ding 12/21/2012 | | | | |
|--|---|--------------------------------------|---|----------------------------|-----------------------|--|--|--|
| For calendar plan year 20 | 13 OF HSCAL PIAN | year beginning 01/01/2013 | and en | | | | | |
| A Name of plan ST. CHRISTOPHER S INC | C. FLEXIBLE B | ENEFIT PLAN | B Three plan | e-digit number (PN) | 502 | | | |
| | | | | | | | | |
| • | C Plan sponsor's name as shown on line 2a of Form 5500 D Employer Identification Number (In 13-1740485) | | | | | | | |
| | 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 | | | | | | | | |
| OXFORD HEALTH INSU | RANCE, INC. | 1 | | | | | | |
| (b) EIN | (c) NAIC | (d) Contract or | (e) Approximate number of persons covered at end of | , | ontract year | | | |
| (w) LII4 | code | identification number | policy or contract year | (f) From | (g) To | | | |
| 22-2797560 | 78026 | SC5057 | | 08/01/2012 | 07/30/2013 | | | |
| 2 Insurance fee and com- descending order of the | | tion. Enter the total fees and total | commissions paid. List in line 3 | the agents, brokers, and o | ther persons in | | | |
| (a) Total a | amount of comn | nissions paid | (b) To | otal amount of fees paid | | | | |
| | | 41579 | | | 3500 | | | |
| 3 Persons receiving com | missions and fe | es. (Complete as many entries a | is needed to report all persons). | | | | | |
| | | nd address of the agent, broker, o | or other person to whom commiss | ions or fees were paid | | | | |
| USI NORTHEAST, INC. | | SUITE | EASANTVILLE ROAD 301 NORTH CLIFFE MANOR, NY 10510 | | | | | |
| | | BRIAR | CLIFFE MANOR, NY 10510 | | | | | |
| (b) Amount of sales ar | nd hasa | Fees | and other commissions paid | | | | | |
| commissions pai | | (c) Amount | (d) Purpose | (e) Organization code | | | | |
| | 41579 | 3500 BO PA' | NUS, ADMINITRATIVE SERVICE YMENT | , NON- MONETARY | 3 | | | |
| | | | | | | | | |
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (b) Amount of color and | ad book | Fees | and other commissions paid | | | | | |
| (b) Amount of sales ar 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 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 | | | |
| | , , | , , , | | | | |
| | | | | | | |
| | | | | | | |

| _ | | |
|-----|----------|---|
| מפט | Δ | |
| 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 | | · · | | |
| | | (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 | |
|--|---|
| e employer(s) or members of the same en experience-rated as a unit. Where contracted 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 |
| 1 | |

| Pa | art II | Welfare Benefit Contract Informat | ion | | | | | |
|----|--------|--|------------------------------|-----------------|--------------------------|--------------|-------------------------|---------|
| | | If more than one contract covers the same gr information may be combined for reporting pu | irposes if such contracts | are experience | e-rated as a unit. Wh | ere contract | | |
| _ | | the entire group of such individual contracts v | with each carrier may be | treated as a u | nit for purposes of this | s report. | | |
| 8 | Bene | efit and contract type (check all applicable boxes) | . 🗖 | _ | 1 | | - — | |
| | a > | Health (other than dental or vision) | b Dental | С | Vision | | d Life insurance | |
| | е | Temporary disability (accident and sickness) | f Long-term disabil | ity g | Supplemental unem | ployment | h Prescription d | rug |
| | i [| Stop loss (large deductible) | j HMO contract | k | PPO contract | | I Indemnity con | tract |
| | m | Other (specify) | - 🗀 | _ | • | | | |
| | L | | | | | | | |
| 9 | Expe | rience-rated contracts: | | | | | | |
| | | Premiums: (1) Amount received | | 9a(1) | | | | |
| | | (2) Increase (decrease) in amount due but unpaid | l | 9a(2) | | | | |
| | | (3) Increase (decrease) in unearned premium res | erve | 9a(3) | | | | |
| | | (4) Earned ((1) + (2) - (3)) | | | | 9a(4) | | |
| | b | Benefit charges (1) Claims paid | | . 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 | | | | | | |
| | | (C) Other specific acquisition costs | | 9c(1)(C) | | | | |
| | | (D) Other expenses | | 9c(1)(D) | | | | |
| | | (E) Taxes | | | | | | |
| | | (F) Charges for risks or other contingencies | | | | | | |
| | | (G) Other retention charges | | | | T - 4-1-4-1 | | |
| | | (H) Total retention | _ | _ | | 9c(1)(H) | | |
| | | (2) Dividends or retroactive rate refunds. (These | amounts were paid in | n cash, or | credited.) | | | |
| | d | Status of policyholder reserves at end of year: (1 | ' | | | 9d(1) | | |
| | | (2) Claim reserves | | | | 9d(2) | | |
| | | (3) Other reserves | | | | 9d(3) | | |
| | | Dividends or retroactive rate refunds due. (Do no | ot include amount entere | d in line 9c(2) | .) | . 9e | | |
| 1(| | nexperience-rated contracts: | | | | | | |
| | _ | Total premiums or subscription charges paid to c | | | | . 10a | <u> </u> | 1054889 |
| | b | If the carrier, service, or other organization incurr | | | | 10h | | |
| | | retention of the contract or policy, other than repo | orted in Part I, line 2 abov | ve, report amo | DUNT | . 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

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

SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

2013

This Form is Open to Public

| | | pursuant to El | RISA section 103(a)(2). | | | inspection | |
|--|--|-------------------------------------|---|----------------------|-----------------------|-------------------------|--|
| For calendar plan year 20 | 13 or fiscal plan | year beginning 01/01/2013 | and en | ding 12 | 2/31/2013 | | |
| A Name of plan ST. CHRISTOPHER S INC | C. FLEXIBLE BI | ENEFIT PLAN | | e-digit number (P | N) • | 502 | |
| | | | | | | | |
| C Plan sponsor's name as shown on line 2a of Form 5500 ST. CHRISTOPHER S INC. D Employer Identification Number 13-1740485 | | | | | cation Number (| EIN) | |
| | | | overage, Fees, and Comi unit in Parts II and III can be repo | | | | |
| 1 Coverage Information: | | | | | | | |
| (a) Name of insurance ca | rrier | | | | | | |
| PRINCIPAL LIFE INSUR | ANCE COMPAI | NY | | | | | |
| 4 > = 0 : | (c) NAIC | (d) Contract or | (e) Approximate number of | | Policy or co | ontract year | |
| (b) EIN | code | identification number | persons covered at end of policy or contract year | (f) |) From | (g) To | |
| 42-0127290 | 61271 | P93359 | 420 | 01/01/20 | 013 | 12/31/2013 | |
| 2 Insurance fee and com descending order of the | | tion. Enter the total fees and tota | I commissions paid. List in line 3 | the agents, | , brokers, and of | ther persons in | |
| (a) Total a | (a) Total amount of commissions paid (b) Total amount of fees paid | | | | | | |
| | | 16241 | | | | 995 | |
| 3 Persons receiving com | missions and fe | es. (Complete as many entries a | as needed to report all persons). | | | | |
| | (a) Name ar | | or other person to whom commiss | ions or fees | s were paid | | |
| LEONARD W. LINDROS | | P.O. B | OUTE 9D OX 145 ISON, NY 10524-0145 | | | | |
| (b) Amount of sales ar | nd hase | Fees | and other commissions paid | | | | |
| commissions pa | | (c) Amount | (d) Purpose | е | (e) Organization code | | |
| 10848 | | | | | | 3 | |
| | (a) Name ar | nd address of the agent, broker, o | or other person to whom commiss | ions or fees | s were paid | | |
| JEROME TEPPER PROFESSIONAL GROUP MARKETING INC 50 BROADWAY HAWTHORENE, NY 10532-1245 | | | | | | | |
| (b) Amount of sales and base Fees and other commissions paid | | | | | | | |
| commissions pa | | (c) Amount | (d) Purpose | е | | (e) Organization code | |
| · | 5393 | 995 SE | RVICE FEE | | | 3 | |
| For Donomiconto Dodicatio | n Act Notice | nd OMP Control Numbers, see | the instructions for Form FEOD | | Celes | tulo A (Form F500) 2012 | |

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

| _ | | |
|-----|----------|---|
| מפט | Δ | |
| ıay | | • |

| 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, | 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 |
|------|---|
|------|---|

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

| Pá | art II | If more than one contract covers the same gr information may be combined for reporting puthe entire group of such individual contracts v | oup of employees of the surposes if such contracts | are experienc | ce-rated as a unit. Who | ere contract | |
|-----|--------|--|--|-----------------|-------------------------|--------------|----------------------------|
| 8 | Ben | efit and contract type (check all applicable boxes) | | | | | |
| | а | Health (other than dental or vision) | b X Dental | С | Vision | | d X Life insurance |
| | е | Temporary disability (accident and sickness) | f X Long-term disabilit | ty g | Supplemental unemp | oloyment | h Prescription drug |
| | i [| Stop loss (large deductible) | j HMO contract | k X | PPO contract | | I X Indemnity contract |
| | m | Other (specify) | | | | | |
| | | | | | | | |
| 9 | Expe | 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 | | | | T | |
| | | (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 | | - (1)(1) | | | |
| | | (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 | ! | | | 2 (4)(1) | |
| | | (H) Total retention | _ | _ | | 9c(1)(H) | |
| | | (2) Dividends or retroactive rate refunds. (These | amounts were paid in | cash, or | credited.) | 9c(2) | |
| | d | Status of policyholder reserves at end of year: (1 | Amount held to provide | benefits after | retirement | 9d(1) | |
| | | (2) Claim reserves | | | | 9d(2) | |
| | | (3) Other reserves | | | | 9d(3) | |
| 4.0 | е | Dividends or retroactive rate refunds due. (Do no | ot include amount entered | l in line 9c(2) | .) | 9e | |
| 10 | _ | nexperience-rated contracts: | | | | | |
| | a | Total premiums or subscription charges paid to c | | | | 10a | 179755 |
| | b | If the carrier, service, or other organization incurr retention of the contract or policy, other than repo | • • | | • | 10b | |
| | ٩r | pecify nature of costs | ALCO III I OIL I, IIIIC Z ODUV | o, roport arric | ,u.i | .00 | 1 |
| | ٥ŀ | really flature or costs of | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

| | pursuant to ERISA section 103(a)(2). | | | | | | | |
|---|--------------------------------------|--|---|-----------------------|----------------------|-------------------|---|--|
| For calendar plan year 20 | 13 or fiscal pla | n year beginning 01/01/201: | 3 | and en | ding 12 | 2/31/2013 | | |
| A Name of plan ST. CHRISTOPHER S INC | C. FLEXIBLE E | BENEFIT PLAN | | B Three plan | e-digit number (P | (N) | 502 | |
| | | | | | | | | |
| C Plan sponsor's name as shown on line 2a of Form 5500 ST. CHRISTOPHER S INC. | | | | D Emplo 13-174 | | cation Number (| EIN) | |
| | | ning Insurance Contrac Individual contracts grouped a | | | | | | |
| 1 Coverage Information: | | | | | | | | |
| (a) Name of insurance ca | rrier | | | | | | | |
| AETNA | T | | | | | Dellaran | | |
| (b) EIN | (c) NAIC | (d) Contract or | (e) Approximate nu persons covered a | | | | | |
| (b) Liiv | code | identification number | policy or contrac | | (f) |) From | (g) To | |
| 06-6033492 | 00000 | 865628 | 38 | 55 | 08/01/20 | 013 | 12/31/2013 | |
| 2 Insurance fee and com- descending order of the | | ation. Enter the total fees and t | otal commissions paid. L | ist in line 3 | the agents, | , brokers, and ot | her persons in | |
| (a) Total a | amount of com | missions paid | | (b) To | tal amount | of fees paid | | |
| | | 26748 | | | | | 16850 | |
| 3 Persons receiving com | missions and f | ees. (Complete as many entrie | es as needed to report all | persons). | | | | |
| | (a) Name a | and address of the agent, broke | er, or other person to who | m commiss | ions or fees | s were paid | | |
| USI INSURANCE SERVI | CES LLC | | WESTCHESTER AVE. S IITE PLAINS, NY 10604 | STE 102 | | | | |
| | | | and other commission | no noid | | | | |
| (b) Amount of sales ar commissions paid | | (c) Amount | ees and other commission | (d) Purpose | 9 | | cy or contract year (g) To 12/31/2013 , and other persons in paid 16850 aid (e) Organization code 3 | |
| | 26748 | | BONUS | (4) - 3 | | | | |
| | | | | | | | | |
| | (a) Name a | and address of the agent, broke | er, or other person to who | m commiss | ions or fees | s were paid | | |
| | | | | | | | | |
| (b) Amount of sales and base | | F | ees and other commission | ns paid | | | | |
| commissions pai | | (c) Amount | | (d) Purpose | 9 | | (e) Organization code | |
| | | | | | | | | |
| | <u> </u> | | | | | | | |

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

| _ | | |
|-----|----------|---|
| מפט | Δ | |
| ıay | | • |

| 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) cliffor (| | | | |
| | | | | | | |
| | 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 grainformation may be combined for reporting put the entire group of such individual contracts of the contracts of the contracts of the contract of the contrac | oup 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) | _ | _ | _ |

| i | Stop loss (large deductible) j HMO contract | k ☐ PF | O contract | I | Indemnity contract |
|-------------|---|-------------------------|------------|-------------|--------------------|
| m | Other (specify) | _ | | _ | - |
| | | | | | |
| 9 Exp | perience-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 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) | |
| С | Remainder of premium: (1) Retention charges (on an accrual basis) | | | | |
| | (A) Commissions | 9c(1)(A) | | | |
| | (B) Administrative service or other fees | 9c(1)(B) | | | |
| | (C) Other specific acquisition costs | 9c(1)(C) | | | |
| | (D) Other expenses | 9c(1)(D) | | | |
| | (E) Taxes | 9c(1)(E) | | | |
| | (F) Charges for risks or other contingencies | 9c(1)(F) | | | |
| | (G) Other retention charges | 9c(1)(G) | | | |
| | (H) Total retention | | | 9c(1)(H) | |
| | (2) Dividends or retroactive rate refunds. (These amounts were paid | d in cash, or cred | ited.) | 9c(2) | |
| d | Status of policyholder reserves at end of year: (1) Amount held to provi | de benefits after retir | ement | 9d(1) | |
| | (2) Claim reserves | | i | 9d(2) | |
| | ` ' | (3) Other reserves. | | | |
| е | Dividends or retroactive rate refunds due. (Do not include amount ente | | | 9d(3) 9e | • |
| 10 N | onexperience-rated contracts: | . , , | l | | |
| а | Total premiums or subscription charges paid to carrier | | | 10a | 822812 |
| b | If the carrier, service, or other organization incurred any specific costs i | | F - | | |
| | retention of the contract or policy, other than reported in Part I, line 2 at | | | 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 | |

8 Benefit and contract type (check all applicable boxes)

a X Health (other than dental or vision)

Specify nature of costs

Part III

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