Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

Pensio	on Benefit Guaranty Corporation					Inspection	
Part I	Annual Report Identi						
For cale	ndar plan year 2013 or fiscal pla	an year beginning 07/01/2013		and ending 06/30	/2014		
A This	return/report is for:	a multiemployer plan;	a multipl	e-employer plan; or			
		x a single-employer plan;	a DFE (s	specify)			
R This	return/report is:	the first return/report;	☐ the final	return/report;			
an amended return/report; a short plan year return/report (less than 12 months).					onths).		
C If the	plan is a collectively-bargained	plan, check here				→	
D Chec	k box if filing under:	Form 5558;	automati	c extension;	th	e DFVC program;	
_		special extension (enter des	. ,				
Part		ntion—enter all requested informa	ation		1 41		
	ne of plan OVIDENCE CENTER WELFAR	E WRAP PLAN			16	Three-digit plan number (PN) ▶	503
					1c	Effective date of pla 02/01/1992	an
	sponsor's name and address; OVIDENCE CENTER	include room or suite number (emp	oloyer, if for a single-	-employer plan)	2b	Employer Identifica Number (EIN) 05-0316969	tion
THE PROVIDENCE CENTER				2c	Sponsor's telephon number 401-528-0159		
530 NORTH MAIN STREET 4TH FLOOR PROVIDENCE, RI 02904 PROVIDENCE, RI 02					2d	Business code (see instructions) 621420	
Caution	: A penalty for the late or inco	emplete filing of this return/repor	rt will be assessed	unless reasonable cause	is establi	shed.	
		nalties set forth in the instructions, the electronic version of this return					
SIGN HERE	Filed with authorized/valid elec	tronic signature.	11/14/2014	ROSEMARY MEDE			
	Signature of plan administra	ator	Date	Enter name of individual	signing as	plan administrator	
SIGN HERE							
TILKE	Signature of employer/plan	sponsor	Date	Enter name of individual	signing as	employer or plan sp	onsor
SIGN HERE							
	Signature of DFE		Date	Enter name of individual	signing as	DFE	
Preparer	's name (including firm name, if	applicable) and address; include r	room or suite numbe		Preparer's optional)	telephone number	

	Form 5500 (2013)		Pag	ge 2		
3a	Plan administrator's name and address	Same as Plan Sponsor Name	Same as Pla	n Sponsor Address	3b Administrate	r's EIN
TH	E PROVIDENCE CENTER				05-0316969 3c Administrato	r's telenhone
	0 NORTH MAIN STREET COVIDENCE, RI 02904				number 401-528	·
4	If the name and/or EIN of the plan sponso EIN and the plan number from the last ret		urn/report filed fo	or this plan, enter the name	e, 4b EIN	
а	Sponsor's name				4c PN	
5	Total number of participants at the beginn	ing of the plan year			5	500
6	Number of participants as of the end of the	e plan year (welfare plans compl	ete only lines 6	a, 6b, 6c, and 6d).		
а	Active participants				<u>6a</u>	507
b	Retired or separated participants receiving	g benefits			6b	0
С	Other retired or separated participants ent	titled to future benefits			6c	0
d	Subtotal. Add lines 6a, 6b, and 6c				6d	507
е	Deceased participants whose beneficiarie	s are receiving or are entitled to	receive benefits	s	6e	
f	Total. Add lines 6d and 6e				6f	
g	Number of participants with account balar complete this item)				6g	
h	Number of participants that terminated em less than 100% vested	. , , , ,			6h	
7	Enter the total number of employers obliga					
8a	If the plan provides pension benefits, ente	r the applicable pension feature	codes from the	List of Plan Characteristics	Codes in the instruction	ns:
	If the plan provides welfare benefits, enter 4A 4B 4D 4H 4Q					s:
9a	Plan funding arrangement (check all that a (1) Insurance (2) Code section 412(e)(3) insu (3) Trust (4) General assets of the spons	rance contracts	9b Plan be (1) (2) (3) (4)	enefit arrangement (check and insurance) Code section 412(code) Trust X General assets of the code in the code is	e)(3) insurance contrac	ts
10	Check all applicable boxes in 10a and 10b	to indicate which schedules are	e attached, and,	where indicated, enter the	number attached. (Se	e instructions)
а	Pension Schedules (1) R (Retirement Plan Information	tion)	b Gener (1)	ral Schedules H (Financial I	Information)	
	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Benefit Plan and Certain Money ormation) - signed by the plan	(2) (3) (4)	X _7 A (Insurance	nformation – Small Pla Information) rovider Information)	n)

(5)

(6)

(3)

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

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

, , , , , , , , , , , , , , , , , , , ,			ERISA section 103(a)(2).	nauon	Inspection	
For calendar plan year 20	13 or fiscal pla	n year beginning 07/01/2013	and	l ending 06/30/2014		
A Name of plan THE PROVIDENCE CENT	TER WELFARE	E WRAP PLAN		hree-digit lan number (PN)	503	
	C Plan sponsor's name as shown on line 2a of Form 5500 THE PROVIDENCE CENTER D Employer Identification Number (I 05-0316969					
		ning Insurance Contract Individual contracts grouped as				
1 Coverage Information:						
(a) Name of insurance ca						
LIFE INSURANCE COM	PANY OF NOR	RTH AMERICA				
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate number of persons covered at end of		contract year	
()	code	identification number	policy or contract year	(f) From	(g) To	
23-1503749	65498	OK 963486	507	07/01/2013	06/30/2014	
2 Insurance fee and com descending order of the		ation. Enter the total fees and tot	al commissions paid. List in line	e 3 the agents, brokers, and	d other persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid						
	867					
3 Persons receiving com	missions and f	ees. (Complete as many entries	as needed to report all persons	s).		
		and address of the agent, broker,		nissions or fees were paid		
STARKWEATHER & SHI	EPLEY		BOX 549 /IDENCE, RI 02901			
(b) Amount of sales ar	nd hase	Fee	es and other commissions paid			
commissions pa		(c) Amount	(d) Purp	(e) Organization code		
867					3	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid						
(b) Amount of sales a	nd hase	Fee	es and other commissions paid			
commissions pa		(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, 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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P	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	vidual contracts with each carrier ma	av he treated as	s a unit for nurnoses of
		this report.	mada comitacio with cach carrel me	y be treated as	o a unit for purposes of
		ent value of plan's interest under this contract in the general account at year		4	
		ent value of plan's interest under this contract in separate accounts at year e	end	5	
6		racts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	C	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in co			
		retention of the contract or policy, enter amount.	•	6d	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferre	ed 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	aintained in separate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	ate participation guarantee		
		(3) guaranteed investment (4) other	•		
		(4) 🖺 🐧			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits			
		(3) Interest credited during the year			
		(4) Transferred from separate account			
		(5) Other (specify below)	7c(5)		
		•			
				- (2)	
		(6)Total additions		7c(6)	0
		Total of balance and additions (add lines 7b and 7c(6))		7d	0
		Deductions:	7e(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier	7e(1)		
		(3) Transferred to separate account	- (0)		
		(4) Other (specify below)	= (4)		
)			
		, 			
		(F) Tatal daductions		70(5)	0
	f	(5) Total deductions Balance at the end of the current year (subtract line 7e(5) from line 7d)		7e(5) 7f	<u> </u>
	-				•

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 purpos the entire group of such individual contracts with e	of employees of the same employees if such contracts are exper	ience-rated as a unit. Where contra	
and contract type (check all applicable boxes)			
ealth (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	PPO contract	Indemnity contract
other (specify) ACCIDENTAL DEATH AND DISM	MEMBERMENT	_	_
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
ce-rated contracts:			
niums: (1) Amount received	9a(1)		
ncrease (decrease) in amount due but unpaid	9a(2)		
Increase (decrease) in unearned premium reserve	9a(3)		
Earned ((1) + (2) - (3))	<u></u>	9a(4)	
nefit charges (1) Claims paid	9b(1))	
Increase (decrease) in claim reserves	9b(2)		
ncurred claims (add (1) and (2))		9b(3)
Claims charged		9b(4)
mainder of premium: (1) Retention charges (on an	accrual basis)		
(A) Commissions	9c(1)(A	A)	
(D) Administrative convice or other foce			

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

5781

Stop loss (large deductible) j HMO contract m X Other (specify) ▶ACCIDENTAL DEATH AND DISMEMBERMENT Experience-rated contracts: a Premiums: (1) Amount received..... (2) Increase (decrease) in amount due but unpaid..... (3) Increase (decrease) in unearned premium reserve (4) Earned ((1) + (2) - (3))..... Benefit charges (1) Claims paid (2) Increase (decrease) in claim reserves..... (3) Incurred claims (add (1) and (2))..... (4) Claims charged Remainder of premium: (1) Retention charges (on an accrual basis) --(A) Commissions (B) Administrative service or other fees..... 9c(1)(C) (C) Other specific acquisition costs (D) Other expenses..... 9c(1)(D) 9c(1)(E) (E) Taxes..... 9c(1)(F) (F) Charges for risks or other contingencies..... (H) Total retention..... 9c(1)(H)

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

(2) Claim reserves

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

Total premiums or subscription charges paid to carrier

If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

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

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

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 Health (other than dental or vision)

10 Nonexperience-rated contracts:

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

Pension Benefit Guaranty Co	orporation		s are required to provide to ERISA section 103(a)(2)		ion		Inspection
For calendar plan year 20	13 or fiscal pl	an year beginning 07/01/201	3	and en	ding 06	/30/2014	
A Name of plan THE PROVIDENCE CENT	•				e-digit number (Pl	N) •	503
C Plan sponsor's name as shown on line 2a of Form 5500 THE PROVIDENCE CENTER				D Emplo		ation Numbe	er (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							
/I-> FINI	(c) NAIC	(d) Contract or	(e) Approximate n			Policy or	contract year
(b) EIN	code	identification number		persons covered at end of policy or contract year		From	(g) To
05-0296998	55301	3796-0001	8	810		13	06/30/2014
2 Insurance fee and com- descending order of the		nation. Enter the total fees and t	total commissions paid. L	ist in line 3	the agents,	brokers, and	d other persons in
(a) Total a	amount of cor	nmissions paid		(b) To	tal amount	of fees paid	
		7389	1				0
3 Persons receiving com		fees. (Complete as many entri-	•				
STARKWEATHER & SHE			CATAMORE BOULEVAR	D	ions or fees	were paid	
		EA	ST PROVIDENCE, RI 029	914			
(b) Amount of sales ar	nd base	F	ees and other commissio	ns paid			
commissions pa		(c) Amount		(d) Purpose		(e) Organization code	
7389							3
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
	Г	_	Table and other reserved.				
(b) Amount of sales ar commissions pai		(c) Amount	ees and other commissio	ns paid (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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P	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	vidual contracts with each carrier ma	av he treated as	s a unit for nurnoses of
		this report.	mada comitacio with cach carrel me	y be treated as	o a unit for purposes of
		ent value of plan's interest under this contract in the general account at year		4	
		ent value of plan's interest under this contract in separate accounts at year e	end	5	
6		racts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	C	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in co			
		retention of the contract or policy, enter amount.	•	6d	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferre	ed 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	aintained in separate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	ate participation guarantee		
		(3) guaranteed investment (4) other	•		
		(4) 🖺 🐧			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits			
		(3) Interest credited during the year			
		(4) Transferred from separate account			
		(5) Other (specify below)	7c(5)		
		•			
				- (2)	
		(6)Total additions		7c(6)	0
		Total of balance and additions (add lines 7b and 7c(6))		7d	0
		Deductions:	7e(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier	7e(1)		
		(3) Transferred to separate account	- (0)		
		(4) Other (specify below)	= (4)		
)			
		, 			
		(F) Tatal daductions		70(5)	0
	f	(5) Total deductions Balance at the end of the current year (subtract line 7e(5) from line 7d)		7e(5) 7f	<u> </u>
	-				•

Page 4	
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Schedule A ((Form 5500))2013

Pa	ırt II	I Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting pr the entire group of such individual contracts of	oup of employees of the urposes if such contract	s are experienc	ce-rated as a unit. Wh	ere contrac		
8	Ben	efit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	b X Dental	С	Vision		d Life insurance	
	е	Temporary disability (accident and sickness)	f Long-term disab	ility g	Supplemental unem	ployment	h Prescription drug	
	i [Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract	
	m	Other (specify)		_	_			
	L							
9	Ехрє	erience-rated contracts:						
	a I	Premiums: (1) Amount received		9a(1)				
		(2) Increase (decrease) in amount due but unpaid	d	9a(2)				
		(3) Increase (decrease) in unearned premium res	erve	9a(3)				
		(4) Earned ((1) + (2) - (3))				9a(4)		0
	b	Benefit charges (1) Claims paid		_ ` '				
		(2) Increase (decrease) in claim reserves				- (-)		
		(3) Incurred claims (add (1) and (2))				9b(3)		0
	_	(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (c (A) Commissions	,	9c(1)(A)				
		(B) Administrative service or other fees						
		(C) Other specific acquisition costs		2 (4)(2)				
		(D) Other expenses		2 (4)(5)				
		(E) Taxes		0.(4)(5)				
		(F) Charges for risks or other contingencies.		0 (4)(5)				
		(G) Other retention charges		9c(1)(G)				
		(H) Total retention				9c(1)(H)		0
		(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 provid	e benefits after	retirement	9d(1)		
		(2) Claim reserves				9d(2)		
		(3) Other reserves				9d(3)		
	е	Dividends or retroactive rate refunds due. (Do n	ot include amount enter	ed in line 9c(2)	.)	9e		
10		nexperience-rated contracts:						
		Total premiums or subscription charges paid to o				10a	34	6465
		If the carrier, service, or other organization incurretention of the contract or policy, other than repr				. 10b		
	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	

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

2013

			ERISA section 103(a)(2).	momiation		Inspection	
For calendar plan year 201	For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014						
A Name of plan THE PROVIDENCE CENT	ER WELFARE	E WRAP PLAN	В		git nber (PN)	503	
•	C Plan sponsor's name as shown on line 2a of Form 5500 THE PROVIDENCE CENTER D Employer Identification Number (EIN 05-0316969) Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information						
		ning Insurance Contract Individual contracts grouped as					
1 Coverage Information:		g ,		•	Ţ.		
(a) Name of insurance cal	rier						
UNITEDHEALTHCARE IN	NSURANCE C	OMPANY					
	(c) NAIC	(d) Contract or	(e) Approximate numb		Policy or o	contract year	
(b) EIN	code	identification number	persons covered at er policy or contract ye		(f) From	(g) To	
36-2739571	79413	729817	410	0	07/01/2013	06/29/2014	
	2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.						
(a) Total amount of commissions paid (b) Total amount of fees paid							
57582 0							
3 Persons receiving com	missions and f	ees. (Complete as many entries	s as needed to report all per	sons).		_	
		and address of the agent, broker	, or other person to whom c	ommissions	or fees were paid		
STARKWEATHER & SHE	:PLEY		T PROVIDENCE, RI 02914:	1206			
(b) Amount of sales an	d base	Fe	es and other commissions p	aid			
commissions pai		(c) Amount	(d)	Purpose		(e) Organization code	
	57582					3	
	(-) No	and address of the arrest backet					
	(a) Name a	and address of the agent, broker	r, or other person to whom c	ommissions	s or fees were paid		
(b) Amount of sales an commissions pai		(c) Amount	es and other commissions p	oaid Purpose		(e) Organization code	
commissions pai	u	(C) Amount	(a)	i dipose		(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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P	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	vidual contracts with each carrier ma	av he treated as	s a unit for nurnoses of
		this report.	mada comitacio with cach carrel me	y be treated as	o a unit for purposes of
		ent value of plan's interest under this contract in the general account at year		4	
		ent value of plan's interest under this contract in separate accounts at year e	end	5	
6		racts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	C	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in co			
		retention of the contract or policy, enter amount.	•	6d	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferre	ed 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	aintained in separate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	ate participation guarantee		
		(3) guaranteed investment (4) other	•		
		(4) 🖺 🐧			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits			
		(3) Interest credited during the year			
		(4) Transferred from separate account			
		(5) Other (specify below)	7c(5)		
		•			
				- (2)	
		(6)Total additions		7c(6)	0
		Total of balance and additions (add lines 7b and 7c(6))		7d	0
		Deductions:	7e(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier	7e(1)		
		(3) Transferred to separate account	- (0)		
		(4) Other (specify below)	= (4)		
)			
		, 			
		(F) Tatal daductions		70(5)	0
	f	(5) Total deductions Balance at the end of the current year (subtract line 7e(5) from line 7d)		7e(5) 7f	<u> </u>
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Page 4		

Schedule A (Form 5500) 201

Pa	art I		-		(-)			41
		If more than one contract covers the same goinformation may be combined for reporting puthe entire group of such individual contracts of	urposes if such contracts	are experienc	ce-rated as a unit. Wh	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	ty g	Supplemental unem	ployment	h Prescription drug	
	i	Stop loss (large deductible)	j HMO contract	k [PPO contract		I Indemnity contrac	t
	m	X Other (specify) ▶STOP LOSS	_		•		_	
9	Expe	erience-rated contracts:						
	а	Premiums: (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)		0
	b	Benefit charges (1) Claims paid						
		(2) Increase (decrease) in claim reserves		9b(2)				
		(3) Incurred claims (add (1) and (2))				9b(3)		0
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (c	n an accrual basis)	ı				
		(A) Commissions		9c(1)(A)				
		(B) Administrative service or other fees		9c(1)(B)				
		(C) Other specific acquisition costs		9c(1)(C)				
		(D) Other expenses		9c(1)(D)				
		(E) Taxes						
		(F) Charges for risks or other contingencies.						
		(G) Other retention charges				1		
		(H) Total retention				9c(1)(H))	0
		(2) Dividends or retroactive rate refunds. (These	e amounts were 📗 paid in	cash, or	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1) Amount held to provide	benefits after	retirement	. 9d(1)		
		(2) Claim reserves				9d(2)		
		(3) Other reserves				9d(3)		
	е	Dividends or retroactive rate refunds due. (Do n	ot include amount entered	d in line 9c(2)	.)	. 9e		
10) No	nexperience-rated contracts:						
	а	Total premiums or subscription charges paid to o	arrier			. 10a		573507
	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 I	/ Provision of Information			
11 Die	I the insurance company fail to provide any information necessary to complete Schedule A?	Yes	X 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.

OMB No. 1210-0110

2013

,			ERISA section 103(a)(2).	iornation		Inspection	
For calendar plan year 20	13 or fiscal pla	in year beginning 07/01/2013		and ending 06	5/30/2014		
A Name of plan THE PROVIDENCE CENT	TER WELFAR	E WRAP PLAN	В	Three-digit plan number (P	N)	503	
C Plan sponsor's name a		ne 2a of Form 5500		Employer Identific 05-0316969	cation Number (EIN)	
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.						
1 Coverage Information:	Coverage Information:						
(a) Name of insurance ca							
THE LIFE INSURANCE (COMPANY OF	NORTH AMERICA	1	- T			
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate number persons covered at end	Lof	Policy or co		
(4)	code	identification number	policy or contract yea		From	(g) To	
23-1503749	65498	FLX961901	507	07/01/20	013	06/30/2014	
	2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.						
(a) Total amount of commissions paid (b) Total amount of fees paid							
		2489				0	
3 Persons receiving com	missions and f	fees. (Complete as many entries	s as needed to report all perso	ons).			
071514175175175		and address of the agent, broker	r, or other person to whom co	mmissions or fees	s were paid		
STARKWEATHER & SHE	EPLEY		T PROVIDENCE, RI 02914				
(b) Amount of sales ar	ad base	Fe	es and other commissions pa	nid			
commissions pa		(c) Amount		urpose		(e) Organization code	
2489						3	
	(a) Nome	and address of the agent, broken	or other person to whom see	mmissions or foor	wore poid	ı	
	(a) Name a	and address of the agent, broke	, or other person to whom co	mmissions of feet	s were paid		
Fees and other commissions paid							
(b) Amount of sales ar commissions pa		(c) Amount	(d) P	urpose		(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)						
		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)	(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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P	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	vidual contracts with each carrier ma	av he treated as	s a unit for nurnoses of
		this report.	mada comitacio with cach carrel me	y be treated as	o a unit for purposes of
		ent value of plan's interest under this contract in the general account at year		4	
		ent value of plan's interest under this contract in separate accounts at year e	end	5	
6		racts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	C	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in co			
		retention of the contract or policy, enter amount.	•	6d	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferre	ed 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	aintained in separate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	ate participation guarantee		
		(3) guaranteed investment (4) other	•		
		(4) 🖺 🐧			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits			
		(3) Interest credited during the year			
		(4) Transferred from separate account			
		(5) Other (specify below)	7c(5)		
		•			
				- (2)	
		(6)Total additions		7c(6)	0
		Total of balance and additions (add lines 7b and 7c(6))		7d	0
		Deductions:	7e(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier	7e(1)		
		(3) Transferred to separate account	- (0)		
		(4) Other (specify below)	= (4)		
)			
		, 			
		(F) Tatal daductions		70(5)	0
	f	(5) Total deductions Balance at the end of the current year (subtract line 7e(5) from line 7d)		7e(5) 7f	<u> </u>
	-				•

Page 4		

10b

Schedule A (Form 5500) 2013		Page	<u> </u>	
Part III 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 same surposes if such contracts are e	xperience-	rated as a unit. Where contr	
8 Benefit and contract type (check all applicable boxes)			
a Health (other than dental or vision)	b Dental	c □ \	Vision	d X Life insurance
e Temporary disability (accident and sickness)	f Long-term disability		Supplemental unemployment	: h Prescription drug
i Stop loss (large deductible)	j HMO contract		PPO contract	I ☐ Indemnity contract
) [] This contract	□ .	1 O contract	i III macming contract
m ☐ Other (specify) ▶				
9 Experience-rated contracts:				
a Premiums: (1) Amount received	9	a(1)		
(2) Increase (decrease) in amount due but unpai		a(2)		
(3) Increase (decrease) in unearned premium re		a(3)		
(4) Earned ((1) + (2) - (3))			9a(4	0
b Benefit charges (1) Claims paid	9	o(1)	·	
(2) Increase (decrease) in claim reserves	9	o(2)		
(3) Incurred claims (add (1) and (2))			9b(3	0
(4) Claims charged			9b(4	4)
c Remainder of premium: (1) Retention charges (on an accrual basis)			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees		1)(B)		
(C) Other specific acquisition costs		1)(C)		
(D) Other expenses		1)(D)		
(E) Taxes		1)(E)		
(F) Charges for risks or other contingencies.		1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	<u></u>	<u></u>	9c(1)((H)
(2) Dividends or retroactive rate refunds. (These	e amounts were 📗 paid in cast	ı, or 📗 cre	edited.) 9c(2	2)
d Status of policyholder reserves at end of year: (I) Amount held to provide bene	fits after re	etirement 9d(1)
(2) Claim reserves			9d(2	2)
(3) Other reserves			9d(3	3)
e Dividends or retroactive rate refunds due. (Do r	ot include amount entered in lin	ne 9c(2) .).	9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to				28906
b If the carrier, service, or other organization incur	red any specific costs in conne	ction with t	the acquisition or	

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.....

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 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014							
A Name of plan THE PROVIDENCE CENT	ΓER WELFARI	E WRAP PLAN	В	Three-digit plan number	(PN) •	503	
•	C Plan sponsor's name as shown on line 2a of Form 5500 THE PROVIDENCE CENTER D Employer Identification Number (EIN) 05-0316969						
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.						
1 Coverage Information:							
(a) Name of insurance ca	rrier						
LIFE INSURANCE COMI	PANY OF NOF	RTH AMERICA					
(I.) FINI	(c) NAIC	(d) Contract or	(e) Approximate numb		Policy or co	ontract year	
(b) EIN	code	identification number	persons covered at end of policy or contract year		(f) From	(g) To	
23-1503749	65498	LK 961448	426	07/01	/2013	06/30/2014	
	2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.						
(a) Total amount of commissions paid (b) Total amount of fees paid							
		4681				0	
3 Persons receiving com	missions and f	fees. (Complete as many entrie	s as needed to report all pers	sons).			
STARKWEATHER & SHI		and address of the agent, broke	r, or other person to whom co CATAMORE BOULEVARD	ommissions or fo	ees were paid		
STARRWEATHER & SHI	EPLET INC.		T PROVIDENCE, RI 02914				
(b) Amount of sales ar	nd base	Fe	ees and other commissions p	aid			
commissions pa	id	(c) Amount	(d) Purpose			(e) Organization code	
	4681					3	
	(a) Name a	and address of the agent, broke	r, or other person to whom co	ommissions or fo	ees were paid		
(b) Amount of sales ar			ees and other commissions p			_	
commissions pa	id	(c) Amount	(d)	Purpose		(e) Organization code	

Schedule A (Form 5500)	2013	Page 2 - 1				
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid			
(4)						
		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 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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P	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	vidual contracts with each carrier ma	av he treated as	s a unit for nurnoses of
		this report.	mada comitacio with cach carrel me	y be treated as	o a unit for purposes of
		ent value of plan's interest under this contract in the general account at year		4	
		ent value of plan's interest under this contract in separate accounts at year e	end	5	
6		racts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	C	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in co			
		retention of the contract or policy, enter amount.	•	6d	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferre	ed 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	aintained in separate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	ate participation guarantee		
		(3) guaranteed investment (4) other	•		
		(4) 🖺 🐧			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits			
		(3) Interest credited during the year			
		(4) Transferred from separate account			
		(5) Other (specify below)	7c(5)		
		•			
				- (2)	
		(6)Total additions		7c(6)	0
		Total of balance and additions (add lines 7b and 7c(6))		7d	0
		Deductions:	7e(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier	7e(1)		
		(3) Transferred to separate account	- (0)		
		(4) Other (specify below)	= (4)		
)			
		, 			
		(F) Tatal daductions		70(5)	0
	f	(5) Total deductions Balance at the end of the current year (subtract line 7e(5) from line 7d)		7e(5) 7f	<u> </u>
	-				•

Page 4		
		-
	·	·

9c(2)

9d(1)

9d(2)

9d(3)

9e

10a

10b

Schedule A (Form 5500) 2013		Pa	ge 4	
Part III Welfare Benefit Contract Informa If more than one contract covers the same go information may be combined for reporting go the entire group of such individual contracts	group of employees of the sar ourposes if such contracts are	e experienc	e-rated as a unit. Where contra	
8 Benefit and contract type (check all applicable boxes a ☐ Health (other than dental or vision) e ☐ Temporary disability (accident and sickness) i ☐ Stop loss (large deductible) m ☐ Other (specify) ▶	b Dental f Long-term disability j HMO contract	g	Vision Supplemental unemployment PPO contract	d ☐ Life insurance h ☐ Prescription drug I ☐ Indemnity contract
9 Experience-rated contracts: a Premiums: (1) Amount received	id	9a(1) 9a(2) 9a(3)		
b Benefit charges (1) Claims paid		9b(1) 9b(2)	9b(3)	
C Remainder of premium: (1) Retention charges ((A) Commissions	9 9	Oc(1)(A) Oc(1)(B) Oc(1)(C) Oc(1)(D) Oc(1)(E) Oc(1)(F)		
(G) Other retention charges		c(1)(G)	9c(1)(H	1)

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

(2) Claim reserves

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

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

(3) Other reserves.....

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

retention of the contract or policy	, other than reported in Part I, line 2 above	e, report amount
Specify nature of costs		

10 Nonexperience-rated contracts:

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

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

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	n year beginning 07/01/2013	and en	ding 06/30/2014	
A Name of plan THE PROVIDENCE CENTER WELFARE WRAP PLAN B Three-digital plan number of plan numb				e-digit number (PN)	503
C Plan sponsor's name as shown on line 2a of Form 5500 THE PROVIDENCE CENTER D Employer Identification Number (EIN) 05-0316969					
on a separat		ning Insurance Contract C Individual contracts grouped as a			
1 Coverage Information:					
(a) Name of insurance ca					
DELITE DENTAL OF THE	1		(e) Approximate number of	Policy or	contract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered at end of policy or contract year	(f) From	(g) To
05-0296998	55301	37962	5	07/01/2013	06/30/2014
2 Insurance fee and com descending order of the		ation. Enter the total fees and total	commissions paid. List in line 3	the agents, brokers, and	other persons in
(a) Total amount of commissions paid (b) Total amount of fees paid					
· · · · · · · · · · · · · · · · · · ·		69		·	0
3 Persons receiving com	missions and f	ees. (Complete as many entries a	is needed to report all persons).		
				ions or fees were paid	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid STARKWEATHER & SHEPLEY INC 60 CATAMORE BLVD EAST PROVIDENCE, RI 02914					
(b) Amount of sales a	ad base	Fees	and other commissions paid		
commissions pa		(c) Amount	(d) Purpose	9	(e) Organization code
69			3		
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid					
	(4)	and add see of the agein, proner, s		one or rose more pane	
(b) Amount of sales a	nd hase	Fees	and other commissions paid		
commissions pa		(c) Amount	(d) Purpose	Э	(e) Organization code
	A 4 N 41	101100 / 111 /			/= =====

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 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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P	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	vidual contracts with each carrier ma	av he treated as	s a unit for nurnoses of
		this report.	mada comitacio with cach carrel me	y be treated as	o a unit for purposes of
		ent value of plan's interest under this contract in the general account at year	4		
		ent value of plan's interest under this contract in separate accounts at year e	end	5	
6		racts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	C	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in co			
		retention of the contract or policy, enter amount.	•	6d	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferre	ed 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	aintained in separate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	ate participation guarantee		
		(3) guaranteed investment (4) other	•		
		(4) 🖺 🐧			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits			
		(3) Interest credited during the year			
		(4) Transferred from separate account			
		(5) Other (specify below)	7c(5)		
		•			
				- (2)	
		(6)Total additions		7c(6)	0
		Total of balance and additions (add lines 7b and 7c(6))		7d	0
		Deductions:	7e(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier	7e(1)		
		(3) Transferred to separate account	- (0)		
		(4) Other (specify below)	= (4)		
)			
		, 			
		(F) Tatal daductions		70(5)	0
	f	(5) Total deductions Balance at the end of the current year (subtract line 7e(5) from line 7d)		7e(5) 7f	<u> </u>
	-				•

Schedule A (Form 5500) 2013		Pag	e 4		
Part III 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 sar surposes if such contracts are	e experience	e-rated as a unit. Whe	ere contract	
8 Benefit and contract type (check all applicable boxes)				
a Health (other than dental or vision)	b X Dental	С	Vision		d Life insurance
e Temporary disability (accident and sickness)	f Long-term disability	g∏	Supplemental unemp	loyment	h Prescription drug
i ☐ Stop loss (large deductible)	j HMO contract	- =	PPO contract	•	I Indemnity contract
m ☐ Other (specify) ▶	,	ш			
III Guilet (opeolity)					
9 Experience-rated contracts:					
a 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)	
c Remainder of premium: (1) Retention charges (on an accrual basis)				
(A) Commissions	<u>9</u>	9c(1)(A)			
(B) Administrative service or other fees		9c(1)(B)			
(C) Other specific acquisition costs		9c(1)(C)			
(D) Other expenses		c(1)(D)			
(E) Taxes		e(1)(E)			
(F) Charges for risks or other contingencies.		c(1)(F)			
(G) Other retention charges	9	c(1)(G)			
(H) Total retention				9c(1)(H)	1
(2) Dividends or retroactive rate refunds. (Thes	e amounts were paid in ca	ash, or cr	edited.)	9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide be	nefits after r	etirement	9d(1)	

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

a Total premiums or subscription charges paid to carrier

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

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

9d(2)

9d(3)

9e

10a

10b

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.

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	n year beginning 07/01/2013	and er	nding 06/30/20	14	
A Name of plan THE PROVIDENCE CENTER WELFARE WRAP PLAN				e-digit n number (PN))	503
C Plan sponsor's name a	TER		05-03			
			Coverage, Fees, and Com a unit in Parts II and III can be rep			
(a) Name of insurance ca		OMPANY				
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	(f) From		ontract year (g) To
13-5581829	65978	0801120	28	07/01/2013		06/30/2014
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	tal commissions paid. List in line 3	the agents, broke	rs, and o	ther persons in
	amount of com	missions paid	(b) To	otal amount of fees	s paid	
		3905				0
3 Persons receiving com	missions and f	ees. (Complete as many entries	as needed to report all persons).			
EM-POWER SERVICES,		PO B	, or other person to whom commiss SOX 591 ORD, MA 01540	sions or fees were	paid	
(b) Amount of sales ar	nd base	Fee	es and other commissions paid			
commissions pa	-	(c) Amount	(d) Purpos	е		(e) Organization code
	3905					3
	(a) Name a	and address of the agent, broker	, or other person to whom commiss	sions or fees were	paid	
		J				
(b) Amount of sales ar	nd base	Fee	es and other commissions paid			
commissions pa		(c) Amount	(d) Purpos	е		(e) Organization code

Schedule A (Form 5500)	2013	Page 2 - 1	
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
(4)	and and address of the agent, profit	.,	
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(o) / tinodit	(a) 1 dipose	0000
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(O) / timodine	(a) 1 diposes	0000
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
	_		
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(o) / unoun	(4)	3345
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	vere paid
		Fees and other commissions paid	() 0
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(1)	()	
(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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Da	rt I	Investment and Annuity Contract Information			
га		Where individual contracts are provided, the entire group of such individual this report.	idual contract	s with each carrier may be treat	ed as a unit for purposes of
4	Curr	rent value of plan's interest under this contract in the general account at year	end	4	
		rent value of plan's interest under this contract in separate accounts at year e			
_		tracts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	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.		. 60	
		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			
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma		'	
	а		ate participation	on guarantee	
		(3) ☐ guaranteed investment (4) ☐ other ▶			
	b	Balance at the end of the previous year		7b	
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	- : : -		_
		(3) Interest credited during the year			_
		(4) Transferred from separate account			_
		(5) Other (specify below)	7c(5)		
		•			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines 7b and 7c(6)).			0
	е	Deductions:		<u>.</u>	
		(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)		
		•			
		(E) Total deductions		7-/5\	
	f	(5) Total deductions			0
		Dalance at the end of the current year (Subtract line re(3) from line rd)	<u></u>		U

Schedule A (Form 5500) 2013		Page 4		
Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting pr the entire group of such individual contracts of	oup of employees of the surposes if such contracts a	are experience-rated as a ur	nit. Where contract	
efit and contract type (check all applicable boxes)				
Health (other than dental or vision)	b Dental	c Vision		d Life insurance
Temporary disability (accident and sickness)	f Long-term disabilit	y g Supplementa	l unemployment	h Prescription drug
Stop loss (large deductible)	j HMO contract	k ☐ PPO contract	:	I Indemnity contract
Other (specify) LONG TERM CARE	_	_		_
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	erve	9a(3)		
(4) Earned ((1) + (2) - (3))			9a(4)	0
Benefit charges (1) Claims paid		9b(1)		
(2) Increase (decrease) in claim reserves		9b(2)		
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
Democratical enterestructions (4) Detection aboves (4	(bi-)			

10b

9c(1)(E) (E) Taxes..... 9c(1)(F) (F) Charges for risks or other contingencies..... (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 27882

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.....

9c(1)(A)

9c(1)(B) 9c(1)(C)

9c(1)(D)

Part IV	Provision of Information			
11 Did the	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 Health (other than dental or vision)

Experience-rated contracts:

Specify nature of costs

m X Other (specify) ▶LONG TERM CARE

a Premiums: (1) Amount received..... (2) Increase (decrease) in amount due but unpaid.....

Remainder of premium: (1) Retention charges (on an accrual basis) --(A) Commissions

(B) Administrative service or other fees.....

(C) Other specific acquisition costs (D) Other expenses.....

Part III

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

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		
		ntification Information		•			
	r plan year 2013 or fiscal		/01/2013	and ending	06/30/2014		
A This retu	rn/report is for:	a multiemployer plan	a multi	ole-employer plan; or			
		X a single-employer pla	ın; 🔲 a DFE	(specify)			
			_				
B This retu	rn/report is:	the first return/report;	the fina	I return/report;			
		an amended return/re	eport; a short	plan year return/report (le	ess than 12 months).		
C If the plan	n is a collectively-bargain	ed plan, check here					
D Check bo	ox if filing under:	Form 5558;	automa	tic extension;	the DFVC program;		
	J	special extension (en	ter description)				
Part II	Basic Plan Inform	nation—enter all requested i					
1a Name o					1b Three-digit plan		
THE F	ROVIDENCE CENTE	ER WELFARE WRAP PL	AN		number (PN) ▶ 503		
					1c Effective date of plan 02/01/1992		
•		s; include room or suite numbe	er (employer, if for a singl	e-employer plan)	2b Employer Identification		
THE P	ROVIDENCE CENTE	!R			Number (EIN) 05-0316969		
					2c Sponsor's telephone		
530 N	ORTH MAIN STREE	·Τ'.	4TH FLOOR		number		
220.14	OKIN PMIN BIKE	ι π	III FBOOK		401-528-0159		
PROVI	DENCE	RI 02904	PROVIDENCE	RI 02904	2d Business code (see instructions)		
					621420		
Cautian A	amalés fau tha lata au iu				as is astablished		
	•	complete filing of this return			se is established. ort, including accompanying schedules,		
statements a	nd attachments, as well a	is the electronic version of this	return/report, and to the	best of my knowledge and	d belief, it is true, correct, and complete.		
	K	<u> </u>					
SIGN /	10xx ne	io C	11/14/14	Rosemary Mede			
HERE Sic	gnature of planadminis	tretor	Date		ral signing as plan administrator		
/1		7.	4.///		3 00 plan		
SIGN /	of theo		11/19/19	Rosemary Mede			
HERE	nature of employer/pla	n sponsor	Date	-	ıal signing as employer or plan sponsor		
	gnatare of employen pla	Тэролзог	Date	Little Hairie of Mulvidu	all signing as employer or plan sponsor		
SIGN							
HERE	enature of DEE		Dete	Fatavana at individu	et siesing og DEE		
	inature of DFE ome (including firm name.	if applicable) and address; inc	Date Date	Enter name of individuer. (optional)	at signing as DFE Preparer's telephone number		
,		, , , ,		((optional)		

	Form 5500 (2013)	Pa	ge 2				
3a	Plan administrator's name and address Same as Plan Sponsor Name THE PROVIDENCE CENTER	Same as Plar	n Spoi	nsor Address		Iministrator's EIN 05-0316969	
	530 NORTH MAIN STREET				กน	ministrator's telephone imber 401-528-0159	
	PROVIDENCE RI 0290)4					
4	If the name and/or EIN of the plan sponsor has changed since the last return and the plan number from the last return/report:	ırn/report filed fo	r this	plan, enter the name,	4b El	N	
а	Sponsor's name				4c PN		
5	Total number of participants at the beginning of the plan year				5	500	
6	Number of participants as of the end of the plan year (welfare plans comple	ete only lines 6a	, 6b, (6 c , and 6 d).			
а	Active participants			.,,	6a	507	
b	Retired or separated participants receiving benefits		•••••		6b	0	
С	Other retired or separated participants entitled to future benefits				6с	0	
d	Subtotal. Add lines 6a, 6b, and 6c.				6d	507	
е	Deceased participants whose beneficiaries are receiving or are entitled to r	receive benefits.		,,,,,,,	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 defined contribution plans complete this item)				6g		
h	Number of participants that terminated employment during the plan year wit less than 100% vested				6h		
7	Enter the total number of employers obligated to contribute to the plan (only	y multiemployer	plans	complete this item)	7		
b	If the plan provides pension benefits, enter the applicable pension feature of the plan provides welfare benefits, enter the applicable welfare feature co $4A$ $4B$ $4D$ $4H$ $4Q$	odes from the Lis	st of P	lan Characteristics Codes	in the i		
9a	Plan funding arrangement (check all that apply)	1 -	_	arrangement (check all tha	t apply)		
	(1) X Insurance (2) Code section 412(e)(3) insurance contracts	(1) (2)	X	Insurance Code section 412(e)(3) in	neurano	e contracts	
	(3) Trust	(3)	Н	Trust	ioui ui io	c contracto	
	(4) X General assets of the sponsor	(4)	X	General assets of the sp	onsor		
10	Check all applicable boxes in 10a and 10b to indicate which schedules are	attached, and, v	vhere	indicated, enter the numb	er attacl	hed. (See instructions)	
а	Pension Schedules	b Genera	l Sch	edules			
_	(1) R (Retirement Plan Information)	(1)		H (Financial Inform	ation)		
	 (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) SB (Single-Employer Defined Benefit Plan Actuarial 	(2) (3) (4) (5)	X	I (Financial Information A (Insurance Information C (Service Provider D (DFE/Participation)	nation) r Inform	ation)	
	Information) - signed by the plan actuary	(6)	П	G (Financial Transa	action S	chedules)	

Form M-1 Compliance Information

Plan Name: THE PROVIDENCE CENTER WELFARE WRAP PLAN

Plan Number: 503

Plan Year Begin Date: <u>07/01/2013</u> Plan Year End Date: 06/30/2014

This plan is not a Multiple Employer Welfare Arrangement (MEWA) and is not considered to be an Entity Claiming Exception (ECEs). Therefore, the plan is not subject to file the Form M-1.