#### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

1 011010	on Benefit Guaranty Corporation				Inspection
Part I	Annual Report Identif	ication Information			
For cale	ndar plan year 2013 or fiscal pla			and ending 06/30/2	014
A This	return/report is for:	a multiemployer plan;	a multip	le-employer plan; or	
		a single-employer plan;	a DFE (	specify)	
<b>B</b> This	return/report is:	the first return/report;	the final	return/report;	
		an amended return/report;	ш.	olan year return/report (less th	
C If the	plan is a collectively-bargained	plan, check here	· · · · · · · · · · · · · · · · · · ·		
<b>D</b> Chec	k box if filing under:	Form 5558;	ш	ic extension;	the DFVC program;
		special extension (enter des	. ,		
Part		tion—enter all requested informa	ation		
	ne of plan AIN COMPREHENSIVE CARE (	CENTER FLEXIBLE BENEFIT PL	AN		<b>1b</b> Three-digit plan number (PN) ▶ 502
WOO!	AND COMPACT CONTRACTOR	SERVERY EEXISEE SERVERY PE			1c Effective date of plan 07/01/1995
2a Plan	snonsor's name and address in	include room or suite number (emp	nlover if for a single	-employer plan)	<b>2b</b> Employer Identification
	AIN COMPREHENSIVE CARE		proyer, ir for a sirigie	-еттрюует ріатту	Number (EIN) 61-0663787
					2c Sponsor's telephone
					number 606-886-8572
	JTH FRONT AVENUE DNSBURG, KY 41653		TH FRONT AVENU NSBURG, KY 4165		2d Business code (see
					instructions) 621330
Caution	: A penalty for the late or inco	emplete filing of this return/repor	rt will be assessed	unless reasonable cause is	established.
					ncluding accompanying schedules, ief, it is true, correct, and complete.
SIGN HERE	Filed with authorized/valid elect	tronic signature.	01/29/2015	KATHY GOBLE	
	Signature of plan administra	itor	Date	Enter name of individual sign	gning as plan administrator
SIGN					
HERE	Signature of employer/plan s	sponsor	Date	Enter name of individual sig	gning as employer or plan sponsor
SIGN HERE					
	Signature of DFE		Date	Enter name of individual sign	
Preparer	's name (including firm name, if	applicable) and address; include r	room or suite numb		eparer's telephone number otional)
STROTH	HMAN & COMPANY PSC			(Op	502-585-1600
	MAIN ST. SUITE 1600 ILLE, KY 40202-4251				
LOUISV	ILLL, N.1 40202-4201				

	Form 5500 (2013)		Pag	ge <b>2</b>						
3a	Plan administrator's name and address Same as Plan Sponsor Name	Same	as Pla	n Spc	nsor /	Addre	ss	3b		trator's EIN
M	OUNTAIN COMPREHENSIVE CARE CENTER							30	61-06637	trator's telephone
	14 SOUTH FRONT AVENUE RESTONSBURG, KY 41653							30	number	•
4	If the name and/or EIN of the plan sponsor has changed since the last return EIN and the plan number from the last return/report:	n/repor	t filed fo	or this	plan,	enter	the name,	4b	<b>EIN</b>	
а	Sponsor's name							40	<b>PN</b>	
5	Total number of participants at the beginning of the plan year								5	628
6	Number of participants as of the end of the plan year (welfare plans comple	te only	lines 6	a, 6b,	<b>6c</b> , a	nd <b>6d</b>	).			
а	Active participants							(	6a	692
b	Retired or separated participants receiving benefits							6	6b	
С	Other retired or separated participants entitled to future benefits								6c	
d	Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b>								6d	692
е	Deceased participants whose beneficiaries are receiving or are entitled to re	eceive I	penefits	i					6e	
f	Total. Add lines <b>6d</b> and <b>6e</b> .								6f	
g	Number of participants with account balances as of the end of the plan year complete this item)	` ,				•		6	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								7	
8a	If the plan provides pension benefits, enter the applicable pension feature c	odes fr	om the	List o	f Plan	Char	acteristics C	odes in	n the instru	uctions:
b	If the plan provides welfare benefits, enter the applicable welfare feature co 4A 4B 4D 4E	des fro	m the L	ist of	Plan (	Chara	cteristics Co	des in	the instruc	ctions:
9a	🗖	9b		enefit		geme uranc	nt (check all	that ap	pply)	
	(1) Insurance (2) Code section 412(e)(3) insurance contracts		(1) (2)	^			e ction 412(e)(	(3) insu	ırance cor	ntracts
	(3) Trust		(3)	Ħ	Tru		(-)(	(-,		
	(4) K General assets of the sponsor		(4)		Ge	neral	assets of the	e spons	sor	
10	Check all applicable boxes in 10a and 10b to indicate which schedules are	attache	d, and,	wher	e indic	cated,	enter the nu	umber	attached.	(See instructions)
a	Pension Schedules	b	Gener	al Sc	hedul	les				
	(1) R (Retirement Plan Information)		(1)			Н (	Financial Inf	ormati	on)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money		(2)			I (	Financial Info	ormatio	on – Small	Plan)
	Purchase Plan Actuarial Information) - signed by the plan		(3)	X	7	<b>A</b> (	Insurance In	ıformat	ion)	
	actuary		(4)				Service Prov			•
	(3) SB (Single-Employer Defined Benefit Plan Actuarial		(5)			<b>D</b> (	DFE/Particip	oating I	Plan Inform	nation)

(5)

(6)

**G** (Financial Transaction Schedules)

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

(3)

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)		ION		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 MOUNTAIN COMPREHE	NSIVE CARE (	CENTER FLEXIBLE BENEFIT F	PLAN		e-digit number (PN	N) <b>•</b>	502	
	C Plan sponsor's name as shown on line 2a of Form 5500  MOUNTAIN COMPREHENSIVE CARE CENTER  D Employer Identification Number (EIN) 61-0663787							
		ning Insurance Contract Individual contracts grouped as						
1 Coverage Information:	te deficació A.	marviadai contracto groupea ac	s a unit in r arts ir aria in	carr be repe	orted off a si	ingic Ocheuc	iio A.	
(a) Name of insurance ca	nrrier							
ANTHEM HEALTH PLAN		CKY						
- ANTHEWITE/RETTITE/RE	1	T	(e) Approximate nu	ımber of		Policy or	contract year	
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contract	t end of	(f)	From	<b>(g)</b> To	
61-1237516	95120	001003753	46	61	07/01/20	13	06/30/2014	
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	otal commissions paid. Li	st in line 3	the agents,	brokers, and	I other persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid								
5491								
3 Persons receiving com	missions and f	ees. (Complete as many entrie	s as needed to report all	persons).				
ODEEOU AND OTAFFOR		and address of the agent, broke	r, or other person to whom MALABU DRIVE STE 20		ions or fees	were paid		
CREECH AND STAFFOR	RD INS AGCY		INGTON, KY 40502					
		Fe	es and other commission	ne naid				
(b) Amount of sales an commissions pa		(c) Amount		(d) Purpose	9		(e) Organization code	
	5491						3	
	( ) )				. ,			
	(a) Name a	and address of the agent, broke	r, or other person to whor	m commiss	ions or fees	were paid		
(b) Amount of sales a	nd base		es and other commission					
commissions pa	id	(c) Amount	ı	(d) Purpose	Э		(e) Organization code	

Schedule A (Form 5500)	2013	Page <b>2 -</b> 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)	
<b>(a)</b> Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid
(h) Amount of sales and har-		Fees and other commissions paid	(2) Omanination
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	, ,	, , ,	

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

Schedule A (Form 5500) 2013		Page <b>4</b>	
Welfare Benefit Contract Information If more than one contract covers the same grand information may be combined for reporting put the entire group of such individual contracts of the contract of the contracts of the contract of t	roup of employees of the same urposes if such contracts are	experience-rated as a unit. Where contra	
and contract type (check all applicable boxes)			
lealth (other than dental or vision)	<b>b</b> X Dental	<b>C</b> Vision	<b>d</b> Life insurance
emporary disability (accident and sickness)	f Long-term disability	<b>g</b> Supplemental unemployment	<b>h</b> Prescription drug
Stop loss (large deductible)	j HMO contract	<b>k</b> PPO contract	I Indemnity contract
Other (specify)	_	_	

8	Ben	efit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	<b>b</b> X Dental	С	Vision		<b>d</b> Life insura	ance
	е	Temporary disability (accident and sickness)	f Long-term disability	g 🗍	Supplemental unemp	oloyment	<b>h</b> Prescripti	on drug
	i	Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity	contract
	m	Other (specify)	_				_	
		erience-rated contracts:	F	1				
	а	Premiums: (1) Amount received	<u>-</u>	9a(1)			_	
		(2) Increase (decrease) in amount due but unpaid		9a(2)				
		(3) Increase (decrease) in unearned premium res	serve	9a(3)		ı		
		(4) Earned ((1) + (2) - (3))				9a(4)		
	b	Benefit charges (1) Claims paid		9b(1)				
		(2) Increase (decrease) in claim reserves		9b(2)		,		
		(3) Incurred claims (add (1) and (2))				9b(3)		
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (c	· –					
		(A) Commissions		9c(1)(A)				
		(B) Administrative service or other fees		9c(1)(B)				
		(C) Other specific acquisition costs		9c(1)(C)				
		(D) Other expenses		9c(1)(D)				
		(E) Taxes		9c(1)(E)				
		(F) Charges for risks or other contingencies		9c(1)(F)				
		(G) Other retention charges		9c(1)(G)				
		(H) Total retention				9c(1)(H)	)	
		(2) Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1	) Amount held to provide b	enefits after	retirement	9d(1)		
		(2) Claim reserves	•			9d(2)		
		(3) Other reserves				9d(3)		
	е	Dividends or retroactive rate refunds due. (Do n				9e		
10	No	pnexperience-rated contracts:		(-)	,			
		Total premiums or subscription charges paid to o	arrier			10a		170240
	b	If the carrier, service, or other organization incur						
		retention of the contract or policy, other than rep				10b		
	Sp	pecify nature of costs						

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

Part III

**<sup>12</sup>** 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).	mation	Inspection	
For calendar plan year 20	13 or fiscal pla	n year beginning 07/01/2013	and	d ending 06/30/2014		
A Name of plan MOUNTAIN COMPREHE	NSIVE CARE (	CENTER FLEXIBLE BENEFIT I	ΟΙ ΔΝΙ	hree-digit blan number (PN)	502	
C Plan sponsor's name as shown on line 2a of Form 5500 MOUNTAIN COMPREHENSIVE CARE CENTER  D Employer Identification Number (EIN) 61-0663787						
			Coverage, Fees, and Cos a unit in Parts II and III can be			
1 Coverage Information:						
(a) Name of insurance ca	rrier					
ANTHEM HEALTH PLAN	IS OF KENTU	CKY				
(b) [IN]	(c) NAIC	(d) Contract or	(e) Approximate number of		or contract year	
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	<b>(g)</b> To	
61-1237516	95120	001003753	342	07/01/2013	06/30/2014	
2 Insurance fee and com- descending order of the		ation. Enter the total fees and to	otal commissions paid. List in lin	e 3 the agents, brokers, a	and other persons in	
(a) Total a	amount of com		(b	) Total amount of fees pa		
		784			0	
3 Persons receiving com			s as needed to report all persons			
CREECH AND STAFFOR			r, or other person to whom comr MALABU DRIVE SUITE 200	nissions or fees were paid	d	
ORLEGITAND STAFF OF	ID INO AGOT		INGTON, KY 40502			
(b) Amount of sales ar	nd base		ees and other commissions paid			
commissions pa		(c) Amount	<b>(d)</b> Pur	pose	(e) Organization code	
	784				3	
	(a) Name a	and address of the agent, broke	r, or other person to whom comr	nissions or fees were pair		
	(u) Hamo	and dadress of the agent, broke	, or other person to whom com	moderno di reco were par	и	
	1					
<b>(b)</b> Amount of sales ar commissions pa		(c) Amount	es and other commissions paid (d) Pur	oose	(e) Organization code	
Commissions par	<u> </u>	(o) / unount	<b>(a)</b> i ui	7000	(c) Organization tode	

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

Page	4

	rt II	If more than one contract covers the same gr information may be combined for reporting pu the 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		s,
8	Ben	efit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	<b>b</b> Dental	CX	Vision		<b>d</b> Life insurance	
	е	Temporary disability (accident and sickness)	f Long-term disabilit	ty <b>g</b>	Supplemental unemp	oloyment	<b>h</b> Prescription drug	
	i	Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract	
	m	Other (specify)						
_							1	
9	•	erience-rated contracts:	ı				_	
	а	Premiums: (1) Amount received		9a(1)			_	
		(2) Increase (decrease) in amount due but unpaid	I	h			_	
		(3) Increase (decrease) in unearned premium res						
	_	(4) Earned ((1) + (2) - (3))				9a(4)		
	b	Benefit charges (1) Claims paid		9b(1)			_	
		(2) Increase (decrease) in claim reserves		9b(2)		I		
		(3) Incurred claims (add <b>(1)</b> and <b>(2)</b> )				9b(3)		
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (o	n an accrual basis)				_	
		(A) Commissions		9c(1)(A)				
		(B) Administrative service or other fees		9c(1)(B)				
		(C) Other specific acquisition costs		9c(1)(C)			_	
		(D) Other expenses		9c(1)(D)			_	
		(E) Taxes		9c(1)(E)				
		(F) Charges for risks or other contingencies		9c(1)(F)				
		(G) Other retention charges		9c(1)(G)				
		(H) Total retention				9c(1)(H)		
		(2) Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1	) Amount held to provide	benefits after	retirement	9d(1)		
		(2) Claim reserves				9d(2)		
		(3) Other reserves				9d(3)		
	е	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	d in line 9c(2)	.)	9e		
10	No	nexperience-rated contracts:						
	а	Total premiums or subscription charges paid to c	arrier			10a	33	114
	b	If the carrier, service, or other organization incurr	ed any specific costs in c	onnection wit	th the acquisition or			
		retention of the contract or policy, other than repo	orted in Part I, line 2 abov	e, report amo	ount	10b		
	Sp	pecify nature of costs						

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

<sup>12</sup> 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

,			ERISA section 103(a)(2).	mormation		Inspection			
For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014									
A Name of plan MOUNTAIN COMPREHE	NSIVE CARE	CENTER FLEXIBLE BENEFIT F	PLAN	_	git nber (PN)	502			
C Plan sponsor's name a MOUNTAIN COMPREHE				61-066378	Identification Num 7	ber (EIN)			
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.								
1 Coverage Information:									
(a) Name of insurance ca	rrier								
ANTHEM HEALTH PLAN	IS OF KENTU	CKY							
<b>(b)</b> EIN	(c) NAIC	(d) Contract or	(e) Approximate numb		•	or contract year			
(D) LIIV	code	identification number	policy or contract ye		(f) From	<b>(g)</b> To			
61-1237516	95120	001003753	393	0	7/01/2013	06/30/2014			
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	otal commissions paid. List i	n line 3 the a	agents, brokers, a	nd other persons in			
(a) Total a	amount of com			(b) Total a	amount of fees pai	id			
	72165								
3 Persons receiving com	missions and f	ees. (Complete as many entries	s as needed to report all per	sons).					
000000000000000000000000000000000000000		and address of the agent, broker	r, or other person to whom o		or fees were paid				
CREECH AND STAFFOR	RD INS AGCY		INGTON, KY 40502	J					
(h) Amount of colon or	nd hoos	Fe	es and other commissions	paid					
<b>(b)</b> Amount of sales ar commissions pa		(c) Amount	(d) Purpose			(e) Organization code			
	72165					3			
	(a) Name a	and address of the agent, broker	r, or other person to whom o	ommissions	or fees were paid				
(In) American de Contra	-11	Fe	es and other commissions	paid					
(b) Amount of sales ar commissions pa		(c) Amount	(d) Purpose			(e) Organization code			
						l			

Schedule A (Form 5500)	2013	Page <b>2 -</b> 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)					
<b>(a)</b> Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid				
(h) Amount of sales and har-		Fees and other commissions paid	(2) Omanination				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code				
	, ,	, , ,					

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

Schedule A (Form 5500) 2013		Page <b>4</b>	
	me group of employees of the ting purposes if such contract.	cts are experience-rated as a unit. W	the same employee organizations(s), the /here contracts cover individual employees, nis report.
and contract type (check all applicable b	oxes)		
lealth (other than dental or vision)	<b>b</b> Dental	<b>C</b> Vision	<b>d</b> Life insurance

Ö	Ben	lefit and contract type (check all applicable boxes)						
	а	X Health (other than dental or vision)	<b>b</b> Dental	С	Vision		<b>d</b> Life insurance	е
	е	Temporary disability (accident and sickness)	f Long-term disability	, g ☐	Supplemental unemp	oloyment	h Prescription	drug
	i	Stop loss (large deductible)	j HMO contract	k ☐	PPO contract		I Indemnity co	ntract
	m	Other (specify)	_				_	
9	Expe	erience-rated contracts:	_					
	а	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))	<u>.</u>			9a(4)		
	b	Benefit charges (1) Claims paid		9b(1)				
		(2) Increase (decrease) in claim reserves		9b(2)				
		(3) Incurred claims (add (1) and (2))				9b(3)		
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (o	n an accrual basis)					
		(A) Commissions		9c(1)(A)				
		(B) Administrative service or other fees		9c(1)(B)				
		(C) Other specific acquisition costs		9c(1)(C)				
		(D) Other expenses		9c(1)(D)				
		(E) Taxes		9c(1)(E)				
		(F) Charges for risks or other contingencies		9c(1)(F)				
		(G) Other retention charges		9c(1)(G)				
		(H) Total retention				9c(1)(H)	)	
		(2) Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1			· ·	9d(1)		
		(2) Claim reserves	•			9d(2)		
		(3) Other reserves				9d(3)		
	е	Dividends or retroactive rate refunds due. (Do no				9e		
10	No	onexperience-rated contracts:		(-/-	,			
	а	Total premiums or subscription charges paid to o	arrier			10a		2217650
	b	If the carrier, service, or other organization incur						
	-	retention of the contract or policy, other than repo				10b		

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

Specify nature of costs

Part III

**<sup>12</sup>** If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

### **Insurance Information**

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

File as an attachment to Form 5500.

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

v. 130118

For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014						
A Name of plan	NONE CARE	SENTER ELEVIRLE REVIEUT RI	B Thr	ee-digit		
MOUNTAIN COMPREHE	NSIVE CARE C	ENTER FLEXIBLE BENEFIT PL	AN pla	n number (PN)	502	
C Plan sponsor's name a	as shown on line	e 2a of Form 5500	<b>D</b> Emp	loyer Identification Number	(EIN)	
MOUNTAIN COMPREHE				663787	,	
		ing Insurance Contract C Individual contracts grouped as a				
1 Coverage Information:		Ţ.				
(a) Name of insurance ca	rrier					
`,						
AFLAC						
/I-> FINI	(c) NAIC	(d) Contract or	(e) Approximate number of	Policy or o	contract year	
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	<b>(g)</b> To	
58-0663085	60380	ZY056	26	07/01/2014	06/30/2014	
2 Insurance fee and com	mission informa	tion. Enter the total fees and tota	al commissions paid. List in line	3 the agents, brokers, and	other persons in	
descending order of the	amount paid.					
(a) Total a	amount of comm		(b)	Total amount of fees paid		
		4002			14	
3 Persons receiving com	missions and fe	es. (Complete as many entries	as needed to report all persons).			
	(a) Name a	nd address of the agent, broker,		ssions or fees were paid		
THOMAS A MORRIS AN	D ASSOC INC		EXECUTIVE DR SUITE 204 IGTON, KY 40505			
		LEXIII	101011,111 10000			
(b) Amount of sales ar	nd hase	Fee	s and other commissions paid			
commissions pai		(c) Amount	(d) Purpo	(e) Organization code		
	1794	10			3	
		nd address of the agent, broker,		ssions or fees were paid		
CREECH AND STAFFOR	RD INS AGCY II		ALABU DRIVE SUITE 200 IGTON, KY 40502			
(b) Amount of sales ar	nd hase	Fee	s and other commissions paid			
commissions pa		(c) Amount	(d) Purpo	se	(e) Organization code	
	977				3	
For Panorwark Poductio	n Act Natice a	nd OMB Control Numbers, see	the instructions for Form FFO	n Caba	edule A (Form 5500) 2013	

Schedule A (Form 5500)	2013	Page <b>2 -</b> 1	
(a) Na	me and address of the agent broke	er, or other person to whom commissions or fees were p	aid
THOMAS A MORRIS AND ASSOC IN	IC 2250	THUNDERSTICK DR, SUITE 1104	aiu
	LEXIN	NGTON, KY 40505	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
391			3
(a) No	me and address of the agent broke	ar or other person to whom commissions or feet were n	nid .
LAURA BETH KELLER		er, or other person to whom commissions or fees were p EXECUTIVE DR, SUITE 204	alu
	LEXIN	NGTON, KY 40505	
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
241	(4)	// F   F   F   F   F   F   F   F   F   F	
		er, or other person to whom commissions or fees were p W STATE ROAD 426, SUITE 2061	aid
LESLIE K KIMBROUGH	OVIE	DO, FL 32765	
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code 3
	_		
<b>(a)</b> Na		er, or other person to whom commissions or fees were p	aid
R. AARON WRIGHT		SHELBYVILLE RD, SUITE 605 SVILLE, KY 40222	
		,	
(b) Amount of sales and base		Fees and other commissions paid	
commissions paid	(c) Amount	(d) Purpose	code
185			
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were p	aid
LAURA NEWMAN-SUTER	414 C	HINOE RD	
	LEXII	NGTON, KY 40502	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
62			3
		1	

Schedule A (Form 5500) 2	2013	Page <b>2 -</b> 2		
(a) Nam	ne and address of the agent, brok	er, or other person to whom commissions or fees were pa	id	
KEITH FRIZZELL	445 H	HUTCHINSON AVE, SUITE 820 UMBUS, OH 43235		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
57			3	
(a) Nam	ne and address of the agent, brok	er, or other person to whom commissions or fees were pa	id	
RUEANN EMERSON		PFORTUNE DR SUITE 100 NGTON, KY 40509		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
47	2		3	
(a) Nam	ne and address of the agent brok	er, or other person to whom commissions or fees were pa	hid	
CURTIS SCHWARTZ		LINCOLN AVE, SUITE 100 NGTON, KY 40502		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
20			3	
(a) Nam	ne and address of the agent, brok	er, or other person to whom commissions or fees were pa	id	
JOSHUA C. BURTON		BERLANDER DR PENDENCE, KY 41051		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
15			3	
(a) Nam	ne and address of the agent brok	ter, or other person to whom commissions or fees were pa	id	
RUEANN EMERSON	283 F	RIVERSIDE DR, SUITE 100 T LIBERTY, KY 41472	-	

Fees and other commissions paid

(d) Purpose

(c) Amount

(e) Organization code

**(b)** Amount of sales and base commissions paid

9

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

Schedule A (Form 5500) 2013		Page	4	
rt III Welfare Benefit Contract Info If more than one contract covers the sa information may be combined for report the entire group of such individual contr	me group of employees of the sating purposes if such contracts a	re experience-r	ated as a unit. Where contra	
Benefit and contract type (check all applicable b	oxes)			
<b>a</b> Health (other than dental or vision)	<b>b</b> Dental	c∏∨	ision	<b>d</b> Life insurance
e Temporary disability (accident and sickne	ess) <b>f</b> Long-term disability	, <b>g</b> ∏s	upplemental unemployment	h Prescription drug
i Stop loss (large deductible)	j HMO contract		PO contract	I  Indemnity contract
m ☑ Other (specify) ►SUPPLEMENTAL		ш		
Experience-rated contracts:				
Premiums: (1) Amount received		9a(1)		-
(2) Increase (decrease) in amount due but i	-	9a(2)		
(3) Increase (decrease) in unearned premiu	'	9a(3)		
(4) Earned ((1) + (2) - (3))			9a(4)	
<b>b</b> Benefit charges (1) Claims paid	l -			
(2) Increase (decrease) in claim reserves				
(3) Incurred claims (add (1) and (2))	_		9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charge	ges (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)		

9c(1)(H)

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

16350

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

**10** Nonexperience-rated contracts:

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

(D) Other expenses.....

(E) Taxes.....

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

(H) Total retention.....

(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

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

Part III

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

9c(1)(D) 9c(1)(E)

9c(1)(F)

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

### **Insurance Information**

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

File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

2013

pursuant to ERISA section 103(a)(2).					Inspection			
For calendar plan year 20	13 or fiscal pla	an year beginning 07/01/2013	and e	ending 06/30/2014				
A Name of plan MOUNTAIN COMPREHE	A Name of plan MOUNTAIN COMPREHENSIVE CARE CENTER FLEXIBLE BENEFIT P			ee-digit n number (PN)	502			
C Plan sponsor's name a MOUNTAIN COMPREHE				loyer Identification Number 663787	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	rrier							
ANTHEM LIFE INSURAN	ICE COMPAN	IY						
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate number of persons covered at end of	Policy or	contract year			
<b>(b)</b> EIN	code	identification number	policy or contract year	(f) From	<b>(g)</b> To			
35-0980405	61069	00202661	469	07/01/2013	06/30/2014			
2 Insurance fee and com descending order of the		nation. Enter the total fees and to	otal commissions paid. List in line	3 the agents, brokers, and	d other persons in			
(a) Total amount of commissions paid (b) Total amount of fees paid								
		4019			0			
3 Persons receiving com			s as needed to report all persons).					
CREECH AND STAFFOR			r, or other person to whom commis MALABU DRIVE SUITE 200	ssions or fees were paid				
CREECH AND STAFFOR	KD INS AGCT		INGTON, KY 40502					
(b) Amount of sales ar	nd hase	Fe	es and other commissions paid					
commissions pa		(c) Amount	(d) Purpo	(e) Organization code				
	4019				3			
	(a) Nama	and addrage of the agent broken	r, or other person to whom commis	onione or food were paid				
	(a) Name	and address or the agent, broker	, or other person to whom commis	ssions of fees were paid				
(b) Amount of sales ar	nd base		es and other commissions paid					
commissions pa	id	(c) Amount	(d) Purpo	se	(e) Organization code			

Schedule A (Form 5500)	2013	Page <b>2 -</b> 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)			
<b>(a)</b> 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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Р	art I	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	idual contra	cts with each carrier ma	ay be treated as a	a unit for purposes of
		this report.			· ·	
		rent value of plan's interest under this contract in the general account at year				
_		rent value of plan's interest under this contract in separate accounts at year e	nd		5	
6		tracts With Allocated Funds:				
	а	State the basis of premium rates				
	<b>L</b>	Describera a cid to contra			Ch.	
	b	Premiums paid to carrier.			6b	
	۲ C	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.		•	6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan. o	check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma		<u> </u>		
	а	Type of contract: (1) deposit administration (2) immedia				
		(3) guaranteed investment (4) other		ŭ		
		(3) U guaranteed investment (4) U other 7				
	b	Balance at the end of the previous year			7b	
	C	Additions: (1) Contributions deposited during the year	7c(1)		.,	
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	0
	d	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ).			7d	<u> </u>
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		<b>)</b>				
		(5) Total deductions			7e(5)	0
	f	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )				
					1	

Schedule A (Form 5500) 2013		Page <b>4</b>	
Welfare Benefit Contract Informal If more than one contract covers the same go information may be combined for reporting the entire group of such individual contracts	roup of employees of the same ourposes if such contracts are	experience-rated as a unit. Where contra	
and contract type (check all applicable boxes	)		
lealth (other than dental or vision)	<b>b</b> Dental	<b>c</b> Vision	<b>d</b> X Life insurance
emporary disability (accident and sickness)	f Long-term disability	g Supplemental unemployment	h Prescription drug
Stop loss (large deductible)	j HMO contract	<b>k</b> PPO contract	Indemnity contract
Other (specify)	_	<del>_</del>	_

8	Ben	efit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	<b>b</b> Dental	С	Vision		d X Life insur	rance
	е	Temporary disability (accident and sickness)	f  Long-term disability	g	Supplemental unem	ployment	h Prescript	tion drug
	i [	Stop loss (large deductible)	j	~ _	PPO contract		<u> </u>	y contract
	m	Other (specify)	<i>,</i>	<u> </u>				,
	L							
9	Ехре	erience-rated contracts:						
	a	Premiums: (1) Amount received		9a(1)				
		(2) Increase (decrease) in amount due but unpaid	ı	9a(2)				
		(3) Increase (decrease) in unearned premium res		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		9c(1)(B)			7	
		(C) Other specific acquisition costs		9c(1)(C)			7	
		(D) Other expenses		9c(1)(D)			7	
		(E) Taxes		9c(1)(E)			7	
		(F) Charges for risks or other contingencies		9c(1)(F)			7	
		(G) Other retention charges					7	
		(H) Total retention	_	•		9c(1)(H)	5	
		(2) Dividends or retroactive rate refunds. (These	amounts were $\Box$ paid in $\alpha$	cash or □ o	credited )		1	
	d	Status of policyholder reserves at end of year: (1					+	
	u	(2) Claim reserves	•				_	
		(3) Other reserves					_	
	Δ	Dividends or retroactive rate refunds due. (Do no					+	
10	No.	nexperience-rated contracts:	ot include amount entered i	111 1111C 3C(Z)	.)	. 36		
. 0	Total premiums or subscription charges paid to carrier							48341
	b	If the carrier, service, or other organization incurr				iva	+	40341
	D	retention of the contract or policy, other than repo				. 10b		
	Sr	pecify nature of costs	•	·				

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

Part III

**<sup>12</sup>** If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# **Insurance Information**

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

File as an attachment to Form 5500.

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 20	13 or fiscal plan	year beginning 07/01/2013	an	nd ending 06/30/2014	
A Name of plan			В -	Three-digit	
MOUNTAIN COMPREHENSIVE CARE CENTER FLEXIBLE BENEFIT PL		AN	plan number (PN)	502	
C Plan sponsor's name a	s shown on line	e 2a of Form 5500	D E	mployer Identification Numb	er (EIN)
MOUNTAIN COMPREHE	NSIVE CARE C	ENTER	61	1-0663787	
		ing Insurance Contract C			
1 Coverage Information:	o Corrodato 7 ti	marriada comidete grouped de d	tant in Farto ii and iii ban bo	Toportod on a omigio comod	
(a) Name of insurance ca	rrier				
COLONIAL LIFE & ACCI		NCE COMPANY			
COLONIAL LIFE & ACCI	1	Ī	(e) Approximate number	of Policy o	r contract year
<b>(b)</b> EIN	(c) NAIC code	(d) Contract or identification number	persons covered at end of		(g) To
	0000	1001111100110111001	policy or contract year	(1)	(9)
57-0144607	62049	E7817000	70	07/01/2013	06/30/2014
2 Insurance fee and com- descending order of the		tion. Enter the total fees and tota	I commissions paid. List in lir	ne 3 the agents, brokers, an	d other persons in
(a) Total a	amount of comn		(1	b) Total amount of fees paid	
-		3511			215
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	as needed to report all persor	ns).	
MADY DUE	(a) Name a	nd address of the agent, broker, o	or other person to whom com ASADENA DRIVE	missions or fees were paid	
MARY DUFF			GTON, KY 40503		
<b>(b)</b> Amount of sales ar commissions pai		(c) Amount	s and other commissions paid (d) Pu		(e) Organization code
commissions par	1408	133	( <b>a</b> ) i di	ipose	(e) Organization code
	(a) Name a	nd address of the agent, broker, o		missions or fees were paid	
BB&T INSURANCE SER	VICES INC.		ALLIMORE DAIRY ROAD NSBORO, NC 27409		
			,		
(b) Amount of sales ar	nd base	Fees	s and other commissions paid	l	
commissions pa		(c) Amount	<b>(d)</b> Pu	rpose	(e) Organization code
	683	27			3
For Paperwork Reductio	n Act Notice a	nd OMB Control Numbers, see	the instructions for Form 5	500. Sc	hedule A (Form 5500) 2013 v. 130118

Schedule A (Form 5500) 201	3	Page <b>2 -</b> 1	
		er, or other person to whom commissions or fees were p	aid
CREECH AND STAFFORD INS AGCY IN		IALABU DRIVE STE 200 NGTON, KY 40502	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 249	(c) Amount	(d) Purpose	code 3
	•	er, or other person to whom commissions or fees were poor 925	aid
DARRELL L PATTON		OX 925 TONSBURG, KY 41653	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 246	(c) Amount	(d) Purpose	code 3
		er, or other person to whom commissions or fees were p	aid
FINCH INSURANCE GROUP LLC		HYDE PARK DRIVE NGTON, KY 40503	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code 3
(a) Name a		er, or other person to whom commissions or fees were protomac court	aid
		IKFORT, KY 40601	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code 3
(a) Name		er, or other person to whom commissions or fees were p	aid
LERMAN VENTURES INC		SURREY RIDGE ROAD KSVILLE, TN 37043	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
112	29		3
			l

Schedule A (Form 5500)	2013	Page <b>2 -</b> 2	
		-	
ANNE OWENS	1516 🛭	r, or other person to whom commissions or fees were pai DEAR LAKE DRIVE GTON, KY 40515	d .
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
109	12		3
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were pai	d
MCGOHAN BRABENDER AGY		S DIXIE DR DN, OH 45439	
(b) Amount of sales and base		ees and other commissions paid	(e) Organization
commissions paid 120	(c) Amount	(d) Purpose	code 3
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were pai	d
LISA R GRAVES	1400 G	GLENNS CREEK RD KFORT, KY 40601	
(b) Amount of sales and base	F	ees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
80	4		3
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were pai	d
BART GAUNT		ST GERMAINE CT VILLE, KY 40241	
(b) Amount of sales and base	F	ees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
48	3		3
(a) Na	me and address of the agent. broker	r, or other person to whom commissions or fees were pai	d
BENJAMIN B GAUNT	6923 F	FALLEN LEAF CIRCLE VILLE, KY 40241	

Fees and other commissions paid

(d) Purpose

(c) Amount

(e) Organization code

3

**(b)** Amount of sales and base commissions paid

48

<b>(a)</b> Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
MARK HOLLAND		0X 38366 IANTOWN, TN 38183	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid  (d) Purpose	(e) Organization code
38	1	(2)	3
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
CATHY M LERMAN		SURREY RIDGE ROAD KSVILLE, TN 37043	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid  (d) Purpose	(e) Organization code
20	(6) Amount	(u) Fulpose	3
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
KAREN TOBIAS	1366 E MURF	DUNRAVEN DRIVE REESBORO, TN 37128	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 4	(c) Amount	(d) Purpose	code 3
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
CAROL LAMB	309 FC	DX HARBOUR DRIVE GTON, KY 40517	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
2			3
<b>(a)</b> Na		r, or other person to whom commissions or fees were paid	
WHOP AND GO LLC		ROMONADE CT VILLE, KY 40223	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 1	(c) Amount	(d) Purpose	code 3

Page **2 -** 3

Schedule A (Form 5500) 2013

Schedule A	(Form	5500)	2013

Page **2 -** 4

(a) Na	me and address of the agent broke	er, or other person to whom commissions or fees were paid	
MICHAEL J BOONE	1302	CLEAR SPRINGS TRACE	
	LOUIS	SVILLE, KY 40223	
<b>(b)</b> Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code 3
1			3
( ) )			<u> </u>
( <b>a)</b> Na	ime and address of the agent, broke	er, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Na	ime and address of the agent, broke	er, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
())			
( <b>a)</b> Na	ime and address of the agent, broke	er, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
<b>(a)</b> Na	ime and address of the agent, broke	er, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

_		
മര	$\Delta$	
ıay		•

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

Page <b>4</b>	
employer(s) or members of the same en perience-rated as a unit. Where contra- I as a unit for purposes of this report.	
<ul> <li>c ☐ Vision</li> <li>g ☐ Supplemental unemployment</li> <li>k ☐ PPO contract</li> </ul>	d ☐ Life insurance h☐ Prescription dru l☐ Indemnity contra

		if more than one contract covers the same gr information may be combined for reporting pu the entire group of such individual contracts w	urposes if such contracts a	re experienc	e-rated as a unit. Wh	ere contrac		
8	Bene	efit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	<b>b</b> Dental	С	Vision		<b>d</b> X Life insurance	
	е	Temporary disability (accident and sickness)	f Long-term disability	/ g	Supplemental unemp	oloyment	h Prescription drug	)
	i Ē	Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contra	ct
	m	Other (specify)		_	1		ь .	
9	Expe	rience-rated contracts:						
	a F	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)		
	b	Benefit charges (1) Claims paid		9b(1)				
		(2) Increase (decrease) in claim reserves		9b(2)				
		(3) Incurred claims (add (1) and (2))				9b(3)		
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (o	n an accrual basis)					
		(A) Commissions		9c(1)(A)				
		(B) Administrative service or other fees		9c(1)(B)				
		(C) Other specific acquisition costs		9c(1)(C)				
		(D) Other expenses		9c(1)(D)				
		(E) Taxes		9c(1)(E)				
		(F) Charges for risks or other contingencies		9c(1)(F)				
		(G) Other retention charges		9c(1)(G)		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 b	enefits after	retirement	9d(1)		
		(2) Claim reserves				9d(2)		
		(3) Other reserves				9d(3)		
	е	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	in line <b>9c(2)</b> .	.)	9e		
10	Noi	nexperience-rated contracts:						
	а	Total premiums or subscription charges paid to c	arrier			10a		49658
	b	If the carrier, service, or other organization incurr	, .		•	4.01		
		retention of the contract or policy, other than repo	orted in Part I. line 2 above	e, report amo	ount	10b	ĺ	

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 >

Schedule A (Form 5500) 2013

Part III Welfare Benefit Contract Information

<sup>12</sup> 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 MOUNTAIN COMPREHENSIVE CARE CENTER FLEXIBLE BENEFIT PLAN					e-digit number (P	N) •	502	
C Plan sponsor's name a MOUNTAIN COMPREHEI				<b>D</b> Emplo	-	cation Number (	EIN)	
		ing Insurance Contract Individual contracts grouped as						
1 Coverage Information:								
(a) Name of insurance ca	rrier							
METROPOLITAN LIFE IN	NSURANCE CO	OMPANY						
//-> FINI	(c) NAIC	(d) Contract or	(e) Approximate n			Policy or co	licy or contract year	
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	<b>(g)</b> To	
13-5581829	65978	1095113		72	07/10/20	)13	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								
0								
3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).								
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
(b) Amount of sales ar	nd base	Fe	es and other commissio	ns paid				
commissions paid		(c) Amount	(d) Purpose		(e) Organization code			
	(a) Name a	and address of the agent, broke	r. or other person to who	m commissi	ions or fees	s were paid		
	(3)		,					
(b) Amount of sales ar	nd base	Fe	es and other commissio	ns paid		_		
commissions pai		(c) Amount		(d) Purpose	•		(e) Organization code	

Schedule A (Form 5500)	) 2013	Page <b>2 -</b> 1	
(a) Na	ame and address of the agent broke	er, or other person to whom commissions or fees w	ere paid
(4)	and and address of the agent, aren	.,	5.5 pa.u
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(o) / unount	(a) i dipose	0000
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid
			•
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(o) y amount	(a) i uipecc	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
oooo.oo pa.a	(0)/ 11/00/11	(0)	3333
<b>(a)</b> Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid
(In) Amount of only and have		Fees and other commissions paid	(-) One exist at
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
<b>(a)</b> Na	ame and address of the agent, broke	er, or other person to whom commissions or fees w	ere paid
(b) Amount of calca and base		Fees and other commissions paid	(a) Organization
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
•			

4 Current value of plan's interest under this contract in the general account at year end	Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	idual contracts with each ca	arrier may be treated as a unit	for purposes of
5 Current value of plans interest under this contract in separate accounts at year end	4	Curre		end	4	418648
6 Contracts With Allocated Funds: a State the basis of premium rates ▶  b Premiums paid to carrier. c Premiums due but unpaid at the end of the year. d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or referention of the contract or policy, enter amount.  Specify nature of costs ▶  e Type of contract: (1) individual policies (2) igroup deferred annuity (3) ighter (specify) ▶  f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶  7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) ighter the previous year of the previous year of the previous year of the previous year.  b Balance at the end of the previous year of the pr						812569
b Premiums paid to carrier.  c Premiums due but unpaid at the end of the year.  d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.  Specify nature of costs ▶  e Type of contract: (1)	_				<b>,</b>	
c Premiums due but unpaid at the end of the year.  d if the carrier, service, or other organization incurred any specific costs in connection with the acquisition or referention of the contract or policy, enter amount.  Specify nature of costs ▶  e Type of contract: (1)		а	State the basis of premium rates •			
c Premiums due but unpaid at the end of the year.  d if the carrier, service, or other organization incurred any specific costs in connection with the acquisition or referention of the contract or policy, enter amount.  Specify nature of costs ▶  e Type of contract: (1)		_				
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.  Specify nature of costs ▶  e Type of contract: (1) individual policies (2) group deferred annuity  (3) other (specify) ▶  f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶  7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)  a Type of contract: (1) deposit administration (2) mmediate participation guarantee  (3) guaranteed investment (4) other ▶ GROUP DEFERRED ANNUITIES  b Balance at the end of the previous year.  7 C(1) Total (2) Dividends and credits.  (2) Dividends and credits.  (3) Interest credited during the year.  (2) Dividends and credits.  (3) Interest credited during the year.  (4) Transferred from separate account.  (5) Other (specify below)  (6) Total of balance and additions (add lines 7b and 7c(6)).  (6) Total of balance and additions (add lines 7b and 7c(6)).  (6) Total of balance and additions (add lines 7b and 7c(6)).  (7e(1) 39564  7e(2) 240  (3) Transferred to separate account.  (4) Other (specify below).  7e(1) 39564  7e(2) 240  (3) Transferred to separate account.  (4) Other (specify below).  (5) Total deductions.  7e(5) 398			·			
retention of the contract or policy, enter amount.  Specify nature of costs  P Type of contract: (1) individual policies (2) group deferred annuity  (3) other (specify)  f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here  f If contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)  a Type of contract: (1) deposit administration (2) mediate participation guarantee  (3) guaranteed investment (4) other GROUP DEFERRED ANNUITIES  b Balance at the end of the previous year Focus  c Additions: (1) Contributions deposited during the year.  (2) Dividends and credits Focus  (3) Interest credited during the year.  (5) Other (specify below) Focus  (6) Total of balance and additions (add lines 7b and 7c(6)).  (6) Total additions.  (7c(4) Total of balance and additions (add lines 7b and 7c(6)).  (7c(5) Focus  (7c(1) Total of balance and additions (add lines 7b and 7c(6)).  (6) Total of balance and additions (add lines 7b and 7c(6)).  (7c(1) Total of balance and additions (add lines 7b and 7c(6)).  (7c(1) Total of balance and additions (add lines 7b and 7c(6)).  (8) Total of balance and additions (add lines 7b and 7c(6)).  (9) Total of balance and additions (add lines 7b and 7c(6)).  (1) Disbursed from fund to pay benefits or purchase annuities during year (7c(1) 39564 (7c(2) 240 (7c(3) 39564 (7c(3) 396) (7c		_	,			
e Type of contract: (1) individual policies (2) group deferred annuity  (3) other (specify)  f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here  7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)  a Type of contract: (1) deposit administration (2) immediate participation guarantee  (3) guaranteed investment (4) other of GROUP DEFERRED ANNUITIES  b Balance at the end of the previous year				•	00	
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here   Tontracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)  Type of contract: (1) deposit administration (2) immediate participation guarantee  (3) guaranteed investment (4) other GROUP DEFERRED ANNUITIES  B Balance at the end of the previous year Fot Additions: (1) Contributions deposited during the year Fot(2) (2) Dividends and credits (4) Transferred from separate account. (5) Other (specify below) Fot(5) (3) Interest credited during the year Fot(5) (4) (5) Other (specify below) Fot(6) (6) Total of balance and additions (add lines 7b and 7c(6)) Fot(6) (2) Administration charge made by carrier Fot(3) (3) Total of parafered from fund to pay benefits or purchase annuities during year Fot(1) (3) Transferred from fund to pay benefits or purchase annuities during year Fot(1) (3) Transferred to pay benefits or purchase annuities during year Fot(1) (3) Transferred to separate account. (4) Other (specify below) Fot(6) (5) Total deductions Fot(6) (6) Total deductions Fot(6) (7) Total		;	Specify nature of costs			
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here   7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)  a Type of contract: (1) deposit administration (2) immediate participation guarantee  (3) guaranteed investment (4) dother  GROUP DEFERRED ANNUITIES  b Balance at the end of the previous year. 7c(1) 7c(2) 7c(2) 7c(2) 7c(3) 7c(3) 7c(4) 7c(4) 7c(5) 7c(4) 7c(5) 7c(5) 7c(5) 7c(5) 7c(5) 7c(6) 7c(6) 7c(6) 7c(6) 7c(6) 7c(7)		e ·	Type of contract: (1) individual policies (2) group deferre	d annuity		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)  a Type of contract: (1)		(	(3) other (specify)			
a Type of contract: (1)		f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, check here	<b>•</b> []	
b Balance at the end of the previous year. 7c(1) (2) Dividends and credits. 7c(2) (3) Interest credited during the year. 7c(3) 12580 (4) Transferred from separate account. 7c(4) (5) Other (specify below) 7c(5) (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier 7e(3) 3938 (4) Other (specify below) 7e(4) (5) Total deductions 7e(5) 3938 (5) Total deductions 7e(5) 3938 (5) Total deductions 7e(5) 3938	7	Contra	acts With Unallocated Funds (Do not include portions of these contracts ma	nintained in separate accou	nts)	
b Balance at the end of the previous year.		a '	Type of contract: (1) deposit administration (2) immedia	ate participation guarantee		
b Balance at the end of the previous year.			(3) quaranteed investment (4) do other	GROUP DEFERRED AN	NUITIES	
C Additions: (1) Contributions deposited during the year			(+) [] 3			
C Additions: (1) Contributions deposited during the year						
(2) Dividends and credits		b	Balance at the end of the previous year		7b	445872
(3) Interest credited during the year		C	Additions: (1) Contributions deposited during the year			
(4) Transferred from separate account						
(5) Other (specify below)  (6)Total additions		(	(3) Interest credited during the year	` '	12580	
(6)Total additions			•			
d Total of balance and additions (add lines 7b and 7c(6)).  e Deductions:  (1) Disbursed from fund to pay benefits or purchase annuities during year  (2) Administration charge made by carrier		(	(5) Other (specify below)	7c(5)		
d Total of balance and additions (add lines 7b and 7c(6)).  e Deductions:  (1) Disbursed from fund to pay benefits or purchase annuities during year  (2) Administration charge made by carrier		)				
d Total of balance and additions (add lines 7b and 7c(6)).  e Deductions:  (1) Disbursed from fund to pay benefits or purchase annuities during year  (2) Administration charge made by carrier						
d Total of balance and additions (add lines 7b and 7c(6)).  e Deductions:  (1) Disbursed from fund to pay benefits or purchase annuities during year  (2) Administration charge made by carrier						
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier			(6)Total additions		7c(6)	12580
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier		<b>d</b> T	otal of balance and additions (add lines 7b and 7c(6)).	<u></u>	7d	458452
(2) Administration charge made by carrier       7e(2)       240         (3) Transferred to separate account       7e(3)         (4) Other (specify below)       7e(4)     (5) Total deductions           7e(5)       398		<b>e</b> D	Deductions:			
(3) Transferred to separate account		(	1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	39564	
(4) Other (specify below)		(	2) Administration charge made by carrier	7e(2)	240	
(5) Total deductions		(	3) Transferred to separate account	7e(3)		
		(-	4) Other (specify below)	7e(4)		
		)	•			
		1	(5) Total deductions		7e(5)	39804
		,				418648

Pa	age <b>4</b>		
experience	ver(s) or members of the same en ce-rated as a unit. Where contract unit for purposes of this report.		
c g k	Vision Supplemental unemployment PPO contract	d ⊠ h [] I []	Life insurance Prescription drug Indemnity contract
>=/4>			
9a(1)			

	art III	If more than one contract covers the same gr information may be combined for reporting pu the entire group of such individual contracts v	oup of employees of the surposes if such contracts a with each carrier may be to	are experienc	e-rated as a unit. Wi	here contrac	
8	Bene	efit and contract type (check all applicable boxes)	_				_
	а	Health (other than dental or vision)	<b>b</b> Dental	С	Vision		<b>d</b> X Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disabilit	у <b>д</b>	Supplemental unem	ployment	<b>h</b> Prescription drug
	i [	Stop loss (large deductible)	j HMO contract	k 🗌	PPO contract		I Indemnity contract
	m	Other (specify)					
9	Expe	rience-rated contracts:					
	<b>a</b> P	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 ( <b>(1) + (2) - (3)</b> )	r			9a(4)	
	b	Benefit charges (1) Claims paid		9b(1)			
	(	(2) Increase (decrease) in claim reserves		9b(2)		1	
		(3) Incurred claims (add (1) and (2))					
		(4) Claims charged				9b(4)	
	С	Remainder of premium: (1) Retention charges (o			_		
		(A) Commissions					_
		(B) Administrative service or other fees					_
		(C) Other specific acquisition costs					_
		(D) Other expenses	l-	9c(1)(D)			-
		(E) Taxes		A (4)(=)			_
		(F) Charges for risks or other contingencies	•	9c(1)(G)			_
		(G) Other retention charges(H) Total retention	L	` ' ' '		9c(1)(H)	
		(2) Dividends or retroactive rate refunds. (These	_	_			<u>'</u>
		Status of policyholder reserves at end of year: (1 (2) Claim reserves	•				+
		• •				` '	
		(3) Other reserves  Dividends or retroactive rate refunds due. (Do no				` ` `	
10		nexperience-rated contracts:	or molade amount entered	i iii iiiie <b>30(2)</b> .		<sub> </sub> 36	
		Total premiums or subscription charges paid to c	arrier			10a	
		If the carrier, service, or other organization incurr				100	
		retention of the contract or policy, other than repo				10b	
	Spe	ecify nature of costs 🕨					

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

Schedule A (Form 5500) 2013

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