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

2014

This Form is Open to Public Inspection

Part I	Annual Report Ide	entification Information						
For caler	ndar plan year 2014 or fisca	al plan year beginning 05/01/2014		and ending 04/30	/2015			
A This	return/report is for:	a multiemployer plan;		ployer plan (Filers checkinemployer information in ac	-		ons); or	
		a single-employer plan;	a DFE (speci	fy)				
B This r	B This return/report is:							
		an amended return/report;	a short plan y	ear return/report (less that	an 12 months	s).		
C If the	plan is a collectively-barga	ined plan, check here				• 		
D Chec	k box if filing under:	Form 5558;	automatic ext	ension;	the DF	VC program;		
	· ·	special extension (enter description	n)		_			
Part	I Basic Plan Info	rmation—enter all requested informa	ation					
	ne of plan RD CHILDREN'S CENTER				1b	Three-digit plan number (PN) ▶	501	
					1c	Effective date of plants o	an	
	sponsor's name and addre	ess; include room or suite number (emp R, INC.	bloyer, if for a single-	employer plan)	2b	Employer Identifica Number (EIN) 59-1378244	ation	
	19TH AVE	200 SE 19			2c	Plan Sponsor's tele number 954-943-7638		
POMPA	NO BEACH, FL 33060	POMPANO	O BEACH, FL 33060)	2d	Business code (see instructions) 623000	е	
Caution	A nenalty for the late or	incomplete filing of this return/repor	t will be assessed	unless reasonable caus	e is establis	shed		
Under pe	enalties of perjury and othe	r penalties set forth in the instructions, I	declare that I have	examined this return/repo	ort, including	accompanying sche		
SIGN	Filed with authorized/valid	electronic signature.	10/07/2015	JOYCE STEWART				
HERE	Signature of plan admin		Date	Enter name of individua	al eigning ae	nlan administrator		
SIGN	Oignature of plan dumin	ionator	Bate	Entermante of marviade	ar orgrining do	pian administrator		
HERE	Signature of employer/g	olan sponsor	Date	Enter name of individua	al signing as	employer or plan sp	onsor	
		•			0 0	1 7 1 1		
SIGN								
HERE	Signature of DFE		Date	Enter name of individua	al signing as	DFE		
Preparer		ne, if applicable) and address (include r			Preparer's	telephone number		
JOYCE T STEWART (opt						054 564 5904		
STEWAR	RT & ASSOCIATES, CPA'S	S, PA				954-561-5801		
	AKLAND PARK BLVD AUDERDALE, FL 33334							

Form 5500 (2014) Page **2**

Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). a(1) Total number of active participants at the beginning of the plan year	3a	Plan administrator's name and address Same as Plan Sponsor		3b Administr	rator's EIN
Ell and the plan number from the last return/report: a Sponsor's name 5 Total number of participants at the beginning of the plan year 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the head of the plan year a(2) Total number of active participants at the end of the plan year a(2) Total number of active participants receiving benefits 6 C Other retired or separated participants receiving benefits 6 C Other retired or separated participants entitled to future benefits 6 C Other retired or separated participants entitled to future benefits 6 C C Other retired or separated participants entitled to future benefits 6 C C Other retired or separated participants entitled to future benefits 6 C C Other retired or separated participants entitled to future benefits 6 C C Other retired or separated participants entitled to future benefits 6 C C Other retired or separated participants entitled to future benefits 6 C C Other retired or separated participants entitled to future benefits 6 C C Other retired or separated participants entitled to future benefits 6 C C Other retired or separated participants entitled to future benefits 6 C C Other retired or separated participants entitled to future benefits 6 C C C C D C C C C C C C C C C C C C C					rator's telephone
Ell and the plan number from the last return/report: a Sponsor's name 5 Total number of participants at the beginning of the plan year 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the head of the plan year a(2) Total number of active participants at the end of the plan year a(2) Total number of active participants receiving benefits 6 C Other retired or separated participants receiving benefits 6 C Other retired or separated participants entitled to future benefits 6 C Other retired or separated participants entitled to future benefits 6 C C Other retired or separated participants entitled to future benefits 6 C C Other retired or separated participants entitled to future benefits 6 C C Other retired or separated participants entitled to future benefits 6 C C Other retired or separated participants entitled to future benefits 6 C C Other retired or separated participants entitled to future benefits 6 C C Other retired or separated participants entitled to future benefits 6 C C Other retired or separated participants entitled to future benefits 6 C C Other retired or separated participants entitled to future benefits 6 C C Other retired or separated participants entitled to future benefits 6 C C C C D C C C C C C C C C C C C C C					
Total number of participants at the beginning of the plan year where the plan year year year year year. Total number of participants receiving benefits whose benefits whose benefits where the plan year year year year year year year year	4		d for this plan, enter the name,	4b EIN	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). a(1) Total number of active participants at the beginning of the plan year	а	Sponsor's name		4c PN	
a(1) Total number of active participants at the beginning of the plan year	5	Total number of participants at the beginning of the plan year		5	177
Acceptable Acc	6		plans complete only lines 6a(1),		
b Retired or separated participants exceiving benefits. c Other retired or separated participants entitled to future benefits. d Subtotal. Add lines 6a(2), 6b, and 6c. d Subtotal. Add lines 6a(2), 6b, and 6c. e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e. f G	a(1) Total number of active participants at the beginning of the plan year		6a(1)	177
C Other retired or separated participants entitled to future benefits	a(2	?) Total number of active participants at the end of the plan year		6a(2)	167
d Subtotal. Add lines 6a(2), 6b, and 6c	b	Retired or separated participants receiving benefits		6b	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e. 6f 167 g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	С	Other retired or separated participants entitled to future benefits		6c	
f Total. Add lines 6d and 6e	d	Subtotal. Add lines 6a(2), 6b, and 6c.		6d	167
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	е	Deceased participants whose beneficiaries are receiving or are entitled to receive bene	fits	6e	
b Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	f	Total. Add lines 6d and 6e.		6f	167
less than 100% vested	g			6g	
Ba If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4A	h			6h	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4A 4B 4D 4E 4F 4H 4L 9a Plan funding arrangement (check all that apply) (1)	7	Enter the total number of employers obligated to contribute to the plan (only multiemplo	yer plans complete this item)	7	
(1) X Insurance (2) Code section 412(e)(3) insurance contracts (3) Trust (4) General assets of the sponsor (4) General assets of the sponsor (4) General assets of the sponsor (5) General assets of the sponsor 10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions) a Pension Schedules (1) R (Retirement Plan Information) (1) H (Financial Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (4) C (Service Provider Information) (3) SB (Single-Employer Defined Benefit Plan Actuarial (5) D (DFE/Participating Plan Information)	b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the 4A 4B 4D 4E 4F 4H 4L	e List of Plan Characteristics Codes	s in the instruct	
(2) Code section 412(e)(3) insurance contracts (3) Trust (4) General assets of the sponsor 10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions) a Pension Schedules (1) R (Retirement Plan Information) (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 (4) Code section 412(e)(3) insurance contracts (3) Trust General assets of the sponsor (4) General assets of the sponsor (4) General assets of the sponsor (4) Financial Information (5) R (Retirement Plan Information) (6) Financial Information - Small Plan) (7) A (Insurance Information) (8) C (Service Provider Information) (9) D (DFE/Participating Plan Information)	уа			at apply)	
(3) Trust (4) General assets of the sponsor (4) General assets of the sponsor 10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions) a Pension Schedules (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) Trust General assets of the sponsor b General Schedules (1) H (Financial Information) (2) I (Financial Information – Small Plan) (3) X 2 A (Insurance Information) (4) C (Service Provider Information) (5) D (DFE/Participating Plan Information)				insurance cont	racts
(4) General assets of the sponsor 10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions) a Pension Schedules (1) R (Retirement Plan Information) (1) H (Financial Information) (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 (4) C (Service Provider Information) (5) D (DFE/Participating Plan Information)		——————————————————————————————————————	=		
a Pension Schedules (1) R (Retirement Plan Information) (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 b General Schedules (1) H (Financial Information) I (Financial Information – Small Plan) (3) X 2 A (Insurance Information) C (Service Provider Information) D (DFE/Participating Plan Information)		——————————————————————————————————————	General assets of the sp	oonsor	
(1) R (Retirement Plan Information) (1) H (Financial Information) (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 (4) C (Service Provider Information) (5) D (DFE/Participating Plan Information)	10	Check all applicable boxes in 10a and 10b to indicate which schedules are attached, are	nd, where indicated, enter the numb	per attached. (See instructions)
(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 (1) H (Financial Information) I (Financial Information – Small Plan) A (Insurance Information) C (Service Provider Information) D (DFE/Participating Plan Information)	а	Pension Schedules b Ger	neral Schedules		
Purchase Plan Actuarial Information) - signed by the plan actuary (3)		(1) R (Retirement Plan Information) (1)	H (Financial Inform	nation)	
Purchase Plan Actuarial Information) - signed by the plan actuary (3)		(2) MB (Multiemployer Defined Benefit Plan and Certain Money (2)	I (Financial Inform	nation – Small I	Plan)
actuary (4) C (Service Provider Information) (3) SB (Single-Employer Defined Benefit Plan Actuarial (5) D (DFE/Participating Plan Information)		Purchase Plan Actuarial Information) - signed by the plan (3)	`		•
(e)		actuary	C (Service Provide	er Information)	
Information) - signed by the plan actuary (6) G (Financial Transaction Schedules)		(3) SB (Single-Employer Defined Benefit Plan Actuarial (5)	D (DFE/Participation	ng Plan Inform	ation)
			G (Financial Trans	action Schedu	iles)

Form 5500 (2014) Page **3**

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)							
11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.)								
If "Yes" is checked, complete lines 11b and 11c.								
11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)								
11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)								
Receipt Confirma	ation Code							

SCHEDULE A (Form 5500)

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

2014

This Form is Open to Public

Pension Benefit Guaranty Co	orporation		s are required to provide t o ERISA section 103(a)(2)		on		Inspection			
For calendar plan year 20		_								
A Name of plan BROWARD CHILDREN'S	CENTER, INC	C. BENEFIT PLAN		B Three plan	e-digit number (Pl	N) •	501			
C Plan sponsor's name a BROWARD CHILDREN'S				D Employ 59-137		cation Number	(EIN)			
on a separat	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.									
1 Coverage Information:								_		
(a) Name of insurance ca										
	(c) NAIC	(d) Contract or	(e) Approximate no	-		Policy or co	ontract year			
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	(g) To	_		
59-2411584	95088	0837564HNO	14	48	05/01/20)14	04/30/2015			
2 Insurance fee and composite descending order of the		nation. Enter the total fees and t	otal commissions paid. L	ist in line 3 t	the agents,	brokers, and o	ther persons in			
(a) Total amount of commissions paid (b) Total amount of fees paid										
		32694				-	0			
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all	persons).						
<u> </u>		and address of the agent, broke			ons or fees	were paid		_		
BATEMAN GORDON & S		PO	BOX 1270 MPANO BEACH, FL 3306			·				
(h) Amount of color or	nd hoos	F	ees and other commission	ns paid				_		
(b) Amount of sales ar commissions pai		(c) Amount		(d) Purpose)		(e) Organization code			
	32694									
	(a) Nama	and address of the agent broke	or or other person to who	m commissi	one or food	wore poid	•			
	(a) Name	and address of the agent, broke	er, or other person to who	III COITIIIIISSI	ons or rees	were paid		_		
(b) Amount of sales ar	nd base	<u> </u>	ees and other commission	ns paid			1			
commissions pa		(c) Amount		(d) Purpose)		(e) Organization code	_		

Schedule A (Form 5500)	2014	Page 2 - 1								
(a) Na	(a) Name and address of the agent, broker, 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							
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid								
	T									
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization							
commissions paid	(c) Amount	(d) Purpose	code							
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid								
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization							
commissions paid	(c) Amount	(d) Purpose	code							
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid								
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization							
commissions paid	(c) Amount	(d) Purpose	code							
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid								
	T									
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization							
commissions paid	(c) Amount	(d) Purpose	code							

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Pá	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contract	s with each carrier may	be treated	d as a unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year e			5	
_		tracts With Allocated Funds:			•	1
	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.	nnection with	the acquisition or	6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, ch	eck here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in se	parate accounts)		
	а	Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶	ate participatio	on guarantee		
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year				
		(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)	
		Total of balance and additions (add lines 7b and 7c(6)).			7d	
	е	Deductions:	70(1)			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)			
		(2) Administration charge made by carrier	7e(2)			
		(4) Other (specify below)	7e(3)			
		tal control (openity below)				
		•				
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	

Pa	age 4		
experien		ere contracts	ployee organizations(s), the ts cover individual employees,
c [g [k [Vision Supplemental unemp PPO contract		d ☐ Life insurance h ☐ Prescription drug I ☐ Indemnity contract
00/1)	I		
9a(1) 9a(2)			
9a(3)		0.74	
Ol- (4)		9a(4)	

Pa	rt II									
		If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts	ırpos	es if such contracts a	re experier	nce	e-rated as a unit. Who	ere contrac		
8	Bene	efit and contract type (check all applicable boxes)		•				<u> </u>		
	а	Health (other than dental or vision)	b	Dental	С	П	Vision		d∏	Life insurance
	еĒ	Temporary disability (accident and sickness)	f	Long-term disability			Supplemental unemp	olovment	h∏	Prescription drug
	i	Stop loss (large deductible)	i D	HMO contract		_	PPO contract	,		Indemnity contract
	• L	<u> </u>	J Ľ	Tilvio contract	N ₁	Ш	11 O contract		•⊔	indemnity contract
	m [Other (specify)								
a	Evne	rience-rated contracts:								
	•	Premiums: (1) Amount received		Γ	9a(1)	Τ			\dashv	
		(2) Increase (decrease) in amount due but unpai			9a(2)	$^{+}$			-	
		(3) Increase (decrease) in unearned premium re			9a(3)				\dashv	
		(4) Earned ((1) + (2) - (3))		_				9a(4)		
	_	Benefit charges (1) Claims paid		F		T		33(1)		
		(2) Increase (decrease) in claim reserves		-					┪	
		(3) Incurred claims (add (1) and (2))		_				9b(3)		
		(4) Claims charged						9b(4)		
	С	Remainder of premium: (1) Retention charges (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)	1			_	
		(G) Other retention charges			9c(1)(G)					
		(H) Total retention		_	_			9c(1)(H))	
		(2) Dividends or retroactive rate refunds. (These	amo	ounts were paid in	cash, or	C	redited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1) Am	ount held to provide b	enefits afte	er ı	retirement	9d(1)		
		(2) Claim reserves						9d(2)		
		(3) Other reserves						9d(3)		
46		Dividends or retroactive rate refunds due. (Do n	ot inc	lude amount entered	in line 9c(2	2) .)		9e		
10		nexperience-rated contracts:						4.5		
	-	Total promitime or subscription shares a paid to	arria	r				100	1	60600

Nonexperience-rated contracts.		
a Total premiums or subscription charges paid to carrier	. 10a	60620
b 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	. 10b	
Charify nature of costs		

Specify nature of costs

Schedule A (Form 5500) 2014

Par	t IV	Provision of Information				
11	Did the	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.

SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

2014

This Form is Open to Public

			ERISA section 103(a)(2).	adon	Inspection					
For calendar plan year 20	14 or fiscal pla	n year beginning 05/01/2014	and e	nding 04/30/2015						
A Name of plan BROWARD CHILDREN'S	501									
C Plan sponsor's name as shown on line 2a of Form 5500 BROWARD CHILDREN'S CENTER, INC. D Employer Identification Number (EIN) 59-1378244										
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										
AETNA LIFE INSURANC	E									
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate number of persons covered at end of		contract year					
(D) LIIV	code	identification number	policy or contract year	(f) From	(g) To					
06-6033492	60054	0837564	161	05/01/2014	04/30/2015					
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, brokers, and	other persons in					
(a) Total amount of commissions paid (b) Total amount of fees paid										
11917										
3 Persons receiving com	missions and f	ees. (Complete as many entries	s as needed to report all persons).							
	(a) Name a	and address of the agent, broker	, or other person to whom commiss	sions or fees were paid						
BATEMAN GORDON &	SANDS		3OX 1270 IPANO BEACH, FL 33061-1270							
(h) Amount of color of		Fe	es and other commissions paid							
(b) Amount of sales a commissions pa		(c) Amount	(d) Purpos	se	(e) Organization code					
	11917									
	(a) Name a	and address of the agent, broker	, or other person to whom commiss	sions or fees were naid						
	(u) Name o	and address of the agent, broker	, or other person to whom commiss	olorio di 1000 Wele pala						
(b) Amount of sales a	nd base	Fe	es and other commissions paid		_					
commissions pa	id	(c) Amount	(d) Purpos	se	(e) Organization code					

Schedule A (Form 5500) 2014 Page 2 - 1						
(a) Name and address of the agent, broker, 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			
(a) No	uma and addraga of the agent broke	The season to whom commissions as focus were noid				
(a) Na	arne and address of the agent, broke	er, or other person to whom commissions or fees were paid				
		East and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code			
COMMISSIONS PAID	(c) Amount	(u) i dipose	Code			
(a) Na	ame 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					
commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
(a) No	uma and address of the agent, broke	er, or other person to whom commissions or fees were paid				
(a) No	ine and address of the agent, broke	er, or other person to whom commissions or rees were paid				
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
	(c) / unount	(a) a speed				
(a) Name and address of the agent, broker, 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			

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Pá	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	ridual contract	s with each carrier may	be treated	d as a unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end		4	
		ent value of plan's interest under this contract in separate accounts at year e			5	
-		tracts With Allocated Funds:				1
	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount.	nnection with	the acquisition or	6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, ch	eck here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	aintained in se	parate accounts)		
	а	Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶	ate participatic	n guarantee		
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year				
		(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)	
		Total of balance and additions (add lines 7b and 7c(6))			7d	
	е	Deductions:	7-(4)			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	

Page	4

Schedule A	(Form	5500	2014
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Pa	art II	I Welfare Benefit Contract Informat If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts	oup of employees of the surposes 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 X Dental	CX	Vision		d X Life insurance	
	e	Temporary disability (accident and sickness)	f Long-term disability	/ g	Supplemental unem	ployment	h Prescription drug	
	i	Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract	
	m	Other (specify) ▶AD&D	_				_	
9	Expe	rience-rated contracts:	_					
	аг	Premiums: (1) Amount received		9a(1)				
		(2) Increase (decrease) in amount due but unpaid		9a(2)				
		(3) Increase (decrease) in unearned premium res	<u> </u>	9a(3)				
		(4) Earned ((1) + (2) - (3))				9a(4)		
	b	Benefit charges (1) Claims paid		9b(1)				
		(2) Increase (decrease) in claim reserves	_	· · · · ·				
		(3) Incurred claims (add (1) and (2))				9b(3)		
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (c	r r	0 (4)(4)				
		(A) Commissions	F	9c(1)(A)			_	
		(B) Administrative service or other fees	-	9c(1)(B)			_	
		(C) Other specific acquisition costs	F	9c(1)(C)				
		(D) Other expenses	_	9c(1)(D)				
		(E) Taxes	F	9c(1)(E) 9c(1)(F)				
		(F) Charges for risks or other contingencies.	<u> </u>	9c(1)(G)			_	
		(G) Other retention charges	Ŀ	,,,,,		0c/1\/U\		
		(H) Total retention				9c(1)(H)		
	-1	(2) Dividends or retroactive rate refunds. (These				9c(2)		
	d	Status of policyholder reserves at end of year: (1	,			9d(1)		
		(2) Claim reserves				9d(2)		
	_	(3) Other reserves				9d(3)		
10		Dividends or retroactive rate refunds due. (Do n	ot include amount entered	in line 9c(2).	.)	9e		
10		nexperience-rated contracts:	porrior			100	40	7120
	_	Total premiums or subscription charges paid to o				10a	12	7130
	b 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							
	Sp	ecify nature of costs	, , , , , , , , , , , , , , , , , , , ,	, .,			.	
	- r	•						

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