Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Report Identification Information

Part I

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

For cale	ndar plan year 2014 or fisca	ai pian year beginning 06/01/2014		and ending 05/31	1/2015		
A This	return/report is for:	a multiemployer plan;		employer plan (Filers checking this box must attach a lising employer information in accordance with the form inst			ons): or
		x a single-employer plan;	a DFE (speci				/,
D This	estamata a satis	x the first return/report;	the final retu				
B This	return/report is:	H ' '	븓	•	40 41-	-1	
_		an amended return/report;		ear return/report (less the		s).	
C If the	plan is a collectively-barga	· · · <u>· ·</u> · · · · ·	> []				
D Chec	k box if filing under:	Form 5558;	automatic ex	tension;	the DI	FVC program;	
		special extension (enter description))				
Part	II Basic Plan Info	rmation—enter all requested informat	ion				
	ne of plan				1b	Three-digit plan	511
SUNRIS	E CHILDREN'S SERVICES	5			4-	number (PN) ▶	
					10	Effective date of pla 06/01/1986	an
2a Blan	enonear's name and addre	ess; include room or suite number (empl	over if for a single	omployer plan)	2h	Employer Identifica	ntion
	E CHILDREN'S SERVICES	•	oyer, ir ior a sirigie-	employer plan)	25	Number (EIN)	illori
CONTRIC	E OFFIEDRENO OERVIOER					61-0597273	
					2c	Plan Sponsor's tele	ephone
300 HOI	PF ST	300 HOPE	ST			number 502-538-1000)
P O BOX	< 1429	P O BOX 1	429	129		Business code (see	
IVII. VVA	SHINGTON, KY 40047	MT. WASH	INGTON, KY 4004	1	24	instructions)	5
						813000	
Caution	· A nenalty for the late or	incomplete filing of this return/report	will he assessed	unless reasonable caus	ea is astabli	shad	
		r penalties set forth in the instructions, I					dulas
		Il as the electronic version of this return/					
SIGN	Filed with authorized/valid	electronic signature.	11/20/2015	PAT CARLISLE			
HERE	Signature of plan admin		Date	Enter name of individu	al cianina ac	nlan administrator	
	Signature of plan autilit	iistiatoi	Date	Linter frame of individual	ai sigililig as	pian auministrator	
SIGN	Filed with authorized/valid	electronic signature	11/20/2015	PAT CARLISLE			
HERE -		3					
	Signature of employer/p	olan sponsor	Date	Enter name of individua	al signing as	employer or plan sp	onsor
SIGN							
HERE							
- 3			Date	Enter name of individual signing as DFE r) (optional) Preparer's telephone number			
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			er) (optional)	(optional)	telephone number		
PAT CARLISLE					(502-538-1000	
SUNRIS	E CHILDREN'S SERVICES	5					
P O BOX							
WII. WAS	SHINGTON, KY 40047						

Form 5500 (2014) Page **2**

3a	Plan administrator's name and address XSame as Plan Sponsor			3b Administra	tor's EIN
			3c Administrator's telephone		
				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/report filed fo	or this plan, enter the name,	4b EIN	
а	Sponsor's name			4c PN	
5	Total number of participants at the beginning of the plan year			5	362
6	Number of participants as of the end of the plan year unless otherwise stated 6a(2) , 6b , 6c , and 6d).	d (welfare plar	ns complete only lines 6a(1),		
a(′) Total number of active participants at the beginning of the plan year			6a(1)	362
a(2	Total number of active participants at the end of the plan year			6a(2)	361
b	Retired or separated participants receiving benefits			. 6b	
С	Other retired or separated participants entitled to future benefits			. 6c	
d	Subtotal. Add lines 6a(2), 6b, and 6c.			. 6d	361
е	Deceased participants whose beneficiaries are receiving or are entitled to rec	ceive benefits.		. 6e	
f	Total. Add lines 6d and 6e			. 6f	361
g	Number of participants with account balances as of the end of the plan year complete this item)			. 6g	
h	Number of participants that terminated employment during the plan year with 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 co	odes from the l	List of Plan Characteristics Cod	es in the instruct	ions:
h	If the plan provides welfare benefits, enter the applicable welfare feature cod	tes from the Li	et of Plan Characteristics Code	e in the instruction	nne:
~	4A 4B 4D	ico nom the Li	of or harr characteristics code		710.
9a	Plan funding arrangement (check all that apply)		enefit arrangement (check all the	at apply)	
	(1) X Insurance (2) Code section 412(e)(3) insurance contracts	(1) (2)	Insurance Code section 412(e)(3)	insurance contra	acts
	(3) Trust	(3)	Trust	modranoo oona	
	(4) General assets of the sponsor	(4)	General assets of the s	ponsor	
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	attached, and,	where indicated, enter the num	ber attached. (S	ee instructions)
а	Pension Schedules	b Genera	al Schedules		
	(1) R (Retirement Plan Information)	(1)	H (Financial Inform	mation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2)	I (Financial Inform	nation – Small Pl	an)
	Purchase Plan Actuarial Information) - signed by the plan	(3)	X _7 A (Insurance Infor		•
	actuary	(4)	C (Service Provide	er Information)	
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5)	D (DFE/Participation	_	
	Information) - signed by the plan actuary	(6)	G (Financial Trans	saction Schedule	es)

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 Confirmation Code					

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 Corporation ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).						Inspection	
For calendar plan year 20	14 or fiscal pla	an year beginning 06/01/201	4	and en	ding 05	/31/2015	
A Name of plan SUNRISE CHILDREN'S S	A Name of plan SUNRISE CHILDREN'S SERVICES				e-digit number (PI	N) •	511
C Plan sponsor's name a SUNRISE CHILDREN'S S		ne 2a of Form 5500		D Emplo 61-059		ation Number (EIN)
		ning Insurance Contrac Individual contracts grouped a					
1 Coverage Information:							
(a) Name of insurance ca							
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate nu persons covered a			Policy or co	
(D) LIN	code	identification number	policy or contract		(f)	From	(g) To
61-0659432	54674	0032880	45	55	06/01/20	14	05/31/2015
	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							
		7167					
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all	persons).			
	· · ·	and address of the agent, broke			ions or fees	were paid	
BB&T INSURANCE SER	VICES INC		MMISSION PROCESSING EENSBORO, NC 27409	J UNII			
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpose			(e) Organization code
	7167						3
	(a) Name	and address of the agent, broke	er, or other person to whor	n commissi	ions or fees	were paid	
	(a) Name	and address of the agent, broke	or, or other person to who	11 0011111130	10110 01 1000	were paid	
(b) Amount of sales and base Fees and other commissions paid							
commissions pa		(c) Amount		(d) Purpose			(e) Organization code

Schedule A (Form 5500)	2014	Page 2 - 1				
(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				
	<u> </u>					
(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) 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.	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	

Schedule A (Form 5500) 2014		Page 4	1		
Part III Welfare Benefit Contract Informatio If more than one contract covers the same grou information may be combined for reporting purp the entire group of such individual contracts with	o of employees of the same eoses if such contracts are ex	perience-ra	ated as a unit. Where contrac		
8 Benefit and contract type (check all applicable boxes)					
a Health (other than dental or vision)	X Dental	C Vis	sion	d Life insur	ance
e ☐ Temporary disability (accident and sickness) f	Long-term disability	g∏ Su	upplemental unemployment	h Prescript	ion drug
i ☐ Stop loss (large deductible) j	HMO contract		PO contract	I Indemnity	_
	_ Time contract	□	Communication	ao	Contract
m ☐ Other (specify) ▶					
9 Experience-rated contracts:					
a Premiums: (1) Amount received	9a	(1)	11924	4	
(2) Increase (decrease) in amount due but unpaid		` '	1:		
(3) Increase (decrease) in unearned premium reserv					
(4) Earned ((1) + (2) - (3))			9a(4)		119256
b Benefit charges (1) Claims paid			9168	2	
(2) Increase (decrease) in claim reserves	9b	(2)	-38	0	
(3) Incurred claims (add (1) and (2))			9b(3)		91302
(4) Claims charged			9b(4)		
c Remainder of premium: (1) Retention charges (on a	n accrual basis)				
(A) Commissions			716	7	
(B) Administrative service or other fees			1191	3	
(C) Other specific acquisition costs					
(D) Other expenses					
(E) Taxes	0.74		76	<u>-</u>	
(F) Charges for risks or other contingencies			298	2	
(G) Other retention charges			0.40/01		
(H) Total retention	_	_)	22820
(2) Dividends or retroactive rate refunds. (These ar					
d Status of policyholder reserves at end of year: (1) A					
(2) Claim reserves			9d(2)		310

(3) Other reserves.....

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

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

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

9d(3)

9e

10a

10b

10 Nonexperience-rated contracts:

Specify nature of costs >

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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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

2014

This Form is Open to Public Inspection

A Name of plans SUNRISE CHILDRENS SERVICES C Plan sponsor's name as shown on line 2a of Form 5500 SUNRISE CHILDRENS SERVICES D Employer Identification Number (EIN) 61-0397273 D Employer Identification Number (Indentification Provide Information for each contract contract year (Indentification Indentification Indentification number (Indentification Indentification Indentificat	For calendar plan year 20	14 or fiscal plan	year beginning 06/01/2014		and en	ding 05/31/2015	
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 carrier UNITED OF OMAHA LIFE INSURANCE COMPANY (b) EIN	A Name of plan SUNRISE CHILDREN'S SERVICES				• ,	511	
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 carrier UNITED OF OMAHA LIFE INSURANCE COMPANY (b) EIN							
Coverage Information:			2a of Form 5500		•	•	EIN)
(a) Name of insurance carrier UNITED OF OMAHA LIFE INSURANCE COMPANY (b) EIN (c) NAIC code (dathfication number persons covered at end of persons in the person of the persons in the person 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 1221 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 P O BOX 436869							
(b) EIN (c) NAIC code (d) Contract or identification number of persons covered at end of policy or contract year of policy or contract year (f) From (g) To 47-0322111 69868 G000ALEG 142 06/01/2014 05/31/2015 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 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 BB&T INSURANCE SERVICES INC PO BCX 436699 LOUISVILLE, KY 40253 (b) Amount of sales and base (c) Amount (d) Purpose (e) Organization code (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base (c) Amount (d) Purpose (e) Organization code (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base (c) Amount (d) Purpose (e) Organization code	1 Coverage Information:						
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Code identification number persons code identification number policy or contract year (f) From (g) To		(c) NAIC	(d) Contract or			Policy or co	ontract year
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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 BB& T INSURANCE SERVICES INC POBOX 436969 LOUISVILLE, KY 40253 (b) Amount of sales and base commissions paid (c) Amount (d) Purpose (e) Organization code 4 AGENT OR BROKER OF RECORD 3 (b) Amount of sales and base and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base commissions paid (c) Amount (d) Purpose (e) Organization code (e) Organization code	(a) Total a	amount of comn	nissions paid		(b) To	tal amount of fees paid	
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BB& T INSURANCE SERVICES INC P O BOX 436969 LOUISVILLE, KY 40253	3 Persons receiving com	missions and fe	es. (Complete as many entries	as needed to report all p	ersons).		
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(c) Amount (d) Purpose (e) Organization code (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base commissions paid (c) Amount (d) Purpose (e) Organization code (e) Organization code (f) Amount of sales and base (f) Amount (f) Purpose (f) Organization code	BB& T INSURANCE SER	RVICES INC					
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commissions paid (c) Amount (d) Purpose (e) Organization code		(a) Name a	nd address of the agent, broker,	or other person to whom	n commissi	ions or fees were paid	
commissions paid (c) Amount (d) Purpose (e) Organization code		, ,		·		·	
commissions paid (c) Amount (d) Purpose (e) Organization code							
commissions paid (c) Amount (d) Purpose (e) Organization code		Fees and other commissions haid					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500						Э	(e) Organization code
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500							
	For Panerwork Reduction	For Panarwork Poduction Act Natice and OMP Central Numbers, see the instructions for Form 5500					

Schedule A (Form 5500)	2014	Page 2 - 1				
(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				
	<u> </u>					
(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) 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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Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	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	

Schedule A (Form 5500) 2014		Pa	age 4		
Welfare Benefit Contract Informa If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts	roup of employees of the sourposes if such contracts a	are experienc	ce-rated as a unit.	Where contract	
efit and contract type (check all applicable boxes))				
Health (other than dental or vision)	b Dental	С	Vision		d Life insurance
Temporary disability (accident and sickness)	f Long-term disabilit	у д	Supplemental ur	employment	h Prescription drug
Stop loss (large deductible)	j HMO contract	k	PPO contract		I ☐ Indemnity contract
X Other (specify) ►LIFE & AD&D - VOLUNTAR		_	L		L ,
_ cc. (ep co.,),					
erience-rated contracts:					
Premiums: (1) Amount received		9a(1)			
(2) Increase (decrease) in amount due but unpai	d	9a(2)			
(3) Increase (decrease) in unearned premium re-	serve	9a(3)			
(4) Earned ((1) + (2) - (3))				9a(4)	
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)	
Remainder of premium: (1) Retention charges (on an accrual basis)				
(A) Commissions		9c(1)(A)			
(B) Administrative service or other fees		9c(1)(B)			
(C) Other specific acquisition costs		9c(1)(C)			

9c(1)(H)

9c(2)

9d(1)

9d(2)

9d(3)

9e

10a

10b

37455

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)

Experience-rated contracts:

m X Other (specify) ▶LIFE & AD&D - VOLUNTARY

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

(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.).....

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

(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

Part III

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

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

9c(1)(F)

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 20	14 or fiscal plai	n year beginning 06/01/2014	1	and en	ding 05/31/201	5			
A Name of plan SUNRISE CHILDREN'S S		B Three	e-digit		E44				
SUNKISE OF HEDREN'S S		plan	number (PN)	<u> </u>	511				
C Plan sponsor's name a		e 2a of Form 5500		D Emplo	yer Identification N	lumber (EIN)		
SUNRISE CHILDREN'S S	SERVICES			61-059	97273				
	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								
UNITED OF OMAHA LIF	E INSURANCE	COMPANY							
	(a) NIAIC	(d) Contract or	(e) Approximate nun	mber of	Pol	icy or co	ontract year		
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered at policy or contract		(f) From		(g) To		
47-0322111	69868	G000ALEG	318	8	06/01/2014		05/31/2015		
		ation. Enter the total fees and total	al commissions paid. Lis	t in line 3	the agents, brokers	s, and ot	her persons in		
descending order of the	amount of comi	minaiana naid		(h) To	atal amount of face	noid			
(a) 10tal a	amount of com	5075		(b) 10	otal amount of fees	paiu	1743		
3 Damana masakidan asan				\					
3 Fersons receiving com		ees. (Complete as many entries and address of the agent, broker,	'		ions or fees were r	aid			
BB& T INSURANCE SER			OX 436969	i Commiss	ions or rees were p	Jaiu			
		LOUIS	SVILLE, KY 40253						
(b) Amount of sales ar	ad bass	Fee:	s and other commissions	s paid					
commissions pa		(c) Amount	(d) Purpose				(e) Organization code		
	5075	1743 OT	OTHER COMPENSATION				3		
	(a) Name a	and address of the agent, broker,	or other person to whom	commiss	ions or fees were p	oaid			
(b) Amount of sales and base			ees and other commissions paid						
commissions pa	id	(c) Amount	(0	d) Purpose	Э		(e) Organization code		
For Donomical Dodicatio	n Act Nation a	and OMP Control Numbers and	the instructions for Fa	FF00			l		

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						
	<u> </u>							
(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								
commissions paid	(c) Amount	(d) Purpose	code					

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Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	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	

		Schedule A (Form 5500) 2014		Paç	ge 4		
Pa	art II	II Welfare Benefit Contract Information If more than one contract covers the same groinformation may be combined for reporting pure the entire group of such individual contracts with	up of employees of the sarposes if such contracts an	re experienc	e-rated as a unit. Who	ere contract	
8	Ben	nefit and contract type (check all applicable boxes)					
	а	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disability	g∏	Supplemental unemp	loyment	h Prescription drug
	i [Stop loss (large deductible)	i HMO contract	k∏	PPO contract		I Indemnity contract
	m		<i>,</i>	Ц			
9	Expe	erience-rated contracts:					
		Premiums: (1) Amount received		9a(1)			
		(2) Increase (decrease) in amount due but unpaid.					
		(3) Increase (decrease) in unearned premium rese	rve	9a(3)			
		(4) Earned ((1) + (2) - (3))				9a(4)	
	b	Benefit charges (1) Claims paid		9b(1)			
		(2) Increase (decrease) in claim reserves		9b(2)			
		(3) Incurred claims (add (1) and (2))				9b(3)	
		(4) Claims charged				9b(4)	
	С	Remainder of premium: (1) Retention charges (on	an accrual basis)				
		(A) Commissions		9c(1)(A)			
		(B) Administrative service or other fees		9c(1)(B)			
		(C) Other specific acquisition costs		9c(1)(C)			
		(D) Other expenses		9c(1)(D)			
		(E) Taxes		9c(1)(E)			
		(F) Charges for risks or other contingencies		9c(1)(F)			
		(G) Other retention charges		9c(1)(G)			
		(H) Total retention				9c(1)(H)	
		(2) Dividends or retroactive rate refunds. (These	amounts were 🗌 paid in o	cash, or	redited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1)	Amount held to provide be	enefits after	retirement	9d(1)	
		(2) Claim reserves				9d(2)	
		(3) Other reserves				9d(3)	

10 Nonexperience-rated contracts:

CLAIMS PAID

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

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

a Total premiums or subscription charges paid to carrier.....

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

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

For calendar plan year 2014 or fiscal plan year beginning

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).

06/01/2014

and ending

05/31/2015

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

v. 140124

SUNRISE CHILDREN'S SERVICES				B Thre	e-digit number (PN)	•	511	
C Plan sponsor's name a SUNRISE CHILDREN'S S		2a of Form 5500		D Emplo	oyer Identification N	Number (I	EIN)	
		ing Insurance Contract (Individual contracts grouped as						
1 Coverage Information:		Э			g			
(a) Name of insurance ca	rrier							
UNITED OF OMAHA LIF	E INSURANCE	COMPANY						
	(c) NAIC	(d) Contract or	(e) Approximate nu		Pc	olicy or co	ntract year	
(b) EIN	code	identification number	persons covered at end policy or contract year		(f) From		(g) To	
47-0322111	69868	G000ALEG	31	18	06/01/2014		05/31/2015	
2 Insurance fee and com descending order of the		tion. Enter the total fees and total	al commissions paid. Li	ist in line 3	the agents, broker	rs, and ot	her persons in	
	amount of comn	nissions paid		(b) To	otal amount of fees	s paid		
4440 1445								
3 Persons receiving com	missions and fe	es. (Complete as many entries	as needed to report all	persons).				
		nd address of the agent, broker,		m commiss	ions or fees were	paid		
BB & T INSURANCE SE	RVICES INC		OX 436969 SVILLE, KY 40253					
(b) Amount of sales ar			ees and other commissions paid (d) Purpose				(a) Organization and	
commissions pa	4440	(c) Amount	THER COMPENSATION	` ,	е		(e) Organization code	
	(a) Name ar	nd address of the agent, broker,	or other person to whor	m commiss	ions or fees were	paid		
(b) Amount of sales and base			s and other commission				() 0	
commissions pa	ıd	(c) Amount	-	(d) Purpose	<u>e</u>		(e) Organization code	
Fan Danismus als Destination								
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Schedule A (Form 5500) 2014								

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						
	<u> </u>							
(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								
commissions paid	(c) Amount	(d) Purpose	code					

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Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	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	

Schedule A (Form 5500) 2014	P	age 4	
Part III Welfare Benefit Contract Informa If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts	roup of employees of the same emplourposes if such contracts are experien	ice-rated as a unit. Where contra	
8 Benefit and contract type (check all applicable boxes)			
a Health (other than dental or vision)	b Dental C	Vision	d X Life insurance
e ☐ Temporary disability (accident and sickness)	f Long-term disability g	Supplemental unemployment	h Prescription drug
i Stop loss (large deductible)	j ∏ HMO contract k [I Indemnity contract
m ☐ Other (specify) ▶	,		- I made many community
III Utilei (specily)			
9 Experience-rated contracts:			
a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpai			
(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)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (c	on an accrual basis)		
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees			
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes			
(F) Charges for risks or other contingencies.			
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(F	1)
(2) Dividends or retroactive rate refunds. (These	e amounts were paid in cash, or	credited.)	
d Status of policyholder reserves at end of year: (1			
(2) Claim reserves	· ·		

9d(3)

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118000

Specify nature of costs

10 Nonexperience-rated contracts:

CLAIMS PAID

Part I	V	Provision of Information			
11 Di	d the	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

(3) Other reserves.....

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

a Total premiums or subscription charges paid to carrier

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.....

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 20	14 or fiscal plar	year beginning 06/01/2014		and end	ding 05/31/2015				
A Name of plan SUNRISE CHILDREN'S S			B Three	e-digit	511				
			pian	number (FIV)					
C Plan sponsor's name a	s shown on line	e 2a of Form 5500		D Employ	yer Identification Numl	per (EIN)			
SUNRISE CHILDREN'S S	ERVICES			61-059	7273				
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								
UNITED OF OMAHA LIF	E INSURANCE	COMPANY							
	(c) NAIC	(d) Contract or	(e) Approximate nun		Policy	or contract year			
(b) EIN	code	identification number	persons covered at policy or contract		(f) From	(g) To			
47-0322111	69868	G000ALEG	318	3	06/01/2014	05/31/2015			
2 Insurance fee and com- descending order of the		ation. Enter the total fees and to	tal commissions paid. Lis	t in line 3 t	he agents, brokers, ar	nd other persons in			
(a) Total a	amount of comr	missions paid		(b) To	tal amount of fees paid	d			
		4332				1462			
3 Persons receiving com	missions and fe	ees. (Complete as many entries	s as needed to report all p	ersons).					
	(a) Name a	nd address of the agent, broker	, or other person to whom	commissi	ons or fees were paid				
BB & T INSURANCE SEI	RVICES INC		BOX 436969 BOX 436969						
			ISVILLE, KY 40253						
(b) Amount of sales ar	nd hase	Fe	es and other commissions	s paid					
commissions pa		(c) Amount	(d) Purpose			(e) Organization code			
	4332	1462 C	THER COMPENSATION			3			
	(a) Name a	nd address of the agent, broker	or other person to whom	commissi	ons or fees were naid				
	(a) Name a	nd address of the agent, broker	, or other person to whom	COMMISSI	ons of fees were paid				
(b) Amount of sales ar	nd base	Fe	es and other commissions	s paid					
commissions pa		(c) Amount	(0	d) Purpose	1	(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						
	<u> </u>							
(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								
commissions paid	(c) Amount	(d) Purpose	code					

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Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	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	

	Schedule A (Form 5500) 2014		Pag	ge 4	_	
Part	Welfare Benefit Contract Informa If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts	roup of employees of the sa urposes if such contracts are	e experienc	e-rated as a unit. Whe	re contrac	
8 Be	nefit and contract type (check all applicable boxes)					
а	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance
е	Temporary disability (accident and sickness)	f X Long-term disability	g	Supplemental unemp	loyment	h Prescription drug
i	Stop loss (large deductible)	j HMO contract	k	PPO contract		Indemnity contract
m	Other (specify)	- L				
9 Exp	perience-rated contracts:					
а	Premiums: (1) Amount received		9a(1)			
	(2) Increase (decrease) in amount due but unpai	d	9a(2)			
	(3) Increase (decrease) in unearned premium re-	serve	9a(3)			
	(4) Earned ((1) + (2) - (3))	<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 (on an accrual basis)				
	(A) Commissions		9c(1)(A)			
	(B) Administrative service or other fees		9c(1)(B)			
	(C) Other specific acquisition costs		9c(1)(C)			
	(D) Other expenses		9c(1)(D)			
	(E) Taxes		9c(1)(E)			
	(F) Charges for risks or other contingencies.		9c(1)(F)			
	(G) Other retention charges	9	9c(1)(G)			
	(H) Total retention				9c(1)(H)	<u> </u>
	(2) Dividends or retroactive rate refunds. (These	e amounts were paid in c	ash, or 🗌 d	credited.)	9c(2)	
d		ш.		· -	9d(1)	

9d(2)

9d(3)

9e

10a

10b

43316

73785

10 Nonexperience-rated contracts:

CLAIMS PAID

Part I	V	Provision of Information			
11 Di	d the	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

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

a Total premiums or subscription charges paid to carrier

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

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2014

This Form is Open to Public

, , , , , , , , , , , , , , , , , , , ,			ERISA section 103(a)(2)		ION		Inspection			
For calendar plan year 20	14 or fiscal plan	n year beginning 06/01/2014		and en	ding 05/	31/2015				
A Name of plan SUNRISE CHILDREN'S S	SERVICES				e-digit number (PN	N) •	511			
	C Plan sponsor's name as shown on line 2a of Form 5500 SUNRISE CHILDREN'S SERVICES D Employer Identification Number (EIN) 61-0597273									
		ing Insurance Contract Individual contracts grouped as								
1 Coverage Information:	te deficació A.	maividual contracts grouped at		can be repe	orted off a si	rigic ochedu	on.			
(a) Name of insurance ca	arrier									
UNITED HEALTHCARE		COMPANY								
	() 1/1/0	(1) 0 ()	(e) Approximate nu	umber 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	(g) To			
36-2739571	79413	742298	4	15	06/01/20	14	05/31/2015			
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 com	missions paid		(b) To	otal amount	of fees paid				
		53831					0			
3 Persons receiving com	nmissions and fo	ees. (Complete as many entries	s as needed to report all	persons).						
		and address of the agent, broker	r, or other person to who	m commiss	ions or fees	were paid				
BB & T INSURANCE SE	RVICES INC	STE	W VINE ST 300 INGTON, KY 40507							
(h) Amount of color of	nd book	Fe	ees and other commission	ns paid						
(b) Amount of sales a commissions pa		(c) Amount	(d) Purpose				(e) Organization code			
	53831	0	N/A				3			
	(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid									
	,,		,			•				
(b) Amount of sales a	nd base	Fe	es and other commission	ns paid						
commissions pa		(c) Amount		(d) Purpose	е		(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								
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 individual contracts with each carrier may this report.				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)		
a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶						
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	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	

Page 4	

Pa	ırt III	If more than one contract covers the same go information may be combined for reporting p	roup of employees of the surposes if such contracts	are experienc	ce-rated as a unit. Who	ere contract		
_		the entire group of such individual contracts		reated as a u	nit for purposes of this	report.		_
8	Bene	fit and contract type (check all applicable boxes)	_	_	-		_	
	a X	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance	
	е	Temporary disability (accident and sickness)	f Long-term disabilit	ty g	Supplemental unemp	oloyment	h Prescription drug	
	i	Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract	
	m	Other (specify)						
9	Expe	rience-rated contracts:						
		Premiums: (1) Amount received		9a(1)			1	
		(2) Increase (decrease) in amount due but unpaid		9a(2)			1	
		(3) Increase (decrease) in unearned premium res						
		(4) Earned ((1) + (2) - (3))	!			9a(4)		
	_	Benefit charges (1) Claims paid	İ					
		(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	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)		
	_	Status of policyholder reserves at end of year: (1				9d(1)		
		(2) Claim reserves				9d(2)		
		(3) Other reserves				9d(3)		
	е	Dividends or retroactive rate refunds due. (Do n	ot include amount entered	d in line 9c(2)	.)	9e		
10	Nor	nexperience-rated contracts:						
	а	Total premiums or subscription charges paid to o	arrier			10a	174159	1
		If the carrier, service, or other organization incur retention of the contract or policy, other than rep				10b		0
	Sp	ecify nature of costs		•				
	·							

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

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

		pursuant to E	RISA section 103(a)(2).		
For calendar plan year 20	14 or fiscal plan	n year beginning 06/01/2014	and er	nding 05/31/201	5
A Name of plan SUNRISE CHILDREN'S SERVICES				e-digit number (PN)	511
C Plan sponsor's name a SUNRISE CHILDREN'S S		e 2a of Form 5500	D Emplo	oyer Identification N 97273	lumber (EIN)
			Coverage, Fees, and Com a unit in Parts II and III can be rep		
1 Coverage Information:					
(a) Name of insurance ca	rrier				
COLONIAL LIFE & ACCI	DENT INSURA	NCE COMPANY			
# N = 111	(c) NAIC	(d) Contract or	(e) Approximate number of	Poli	icy or contract year
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	(g) To
57-0144607	62049	E3199445	98	06/01/2014	05/31/2015
2 Insurance fee and com descending order of the		ation. Enter the total fees and tota	al commissions paid. List in line 3	the agents, brokers	s, and other persons in
(a) Total a	amount of com		(b) To	otal amount of fees	paid
		17464			1359
3 Persons receiving com	missions and fo	ees. (Complete as many entries	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 p	paid
THE ADAMSON GROUP	P INC		UMMERSET DR IN, SC 29036		
(b) Amount of sales ar	nd base	Fee	s and other commissions paid		
commissions pa	id	(c) Amount	(d) Purpos	e	(e) Organization code
	20	0			3
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid					
BB & T INSURANCE SERVICES INC 414 GALLIMORE DAIRY RD GREENSBORO, NC 27409					
(b) Amount of sales ar	nd base	Fee	s and other commissions paid		
commissions pa		(c) Amount	(d) Purpos	е	(e) Organization code
	6331	0			3

(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were pa	id
MONICA RAE BOONE	1302 (CLEAR SPRINGS TRACE VILLE, KY 40223	
			1
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 66	(c) Amount	(d) Purpose	code 3
(a) Na		r, or other person to whom commissions or fees were pa GERVAIS STREET	id
ADVANCED BENEFIT STSTEM INC		MBUS, NC 29201	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
1	0		3
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were pa	id
EMPLOYEE BENEFIT SOLUTIONS L	LC POB	OX 1342 AY, KY 42071	
	Moral	, (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 362	(c) Amount 573	(d) Purpose	code 3
302	373		3
(a) Nai	me and address of the agent, broke	r, or other person to whom commissions or fees were pa	id
RONDA W SCHELL		ROMENADE COURT SVILLE, KY 40223	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code 3
,	· ·		3
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were pa	id
LESLIE ANN FEATHERLY	134 SI	JNNINGDALE DRIVE GETOWN, KY 40324	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
447	26		3

Page **2 -** 1

Schedule A (Form 5500) 2014

Schedule A (Form 5500)	2014	Page 2 - 2	
(a) Nar	ne and address of the agent, broke	r, or other person to whom commissions or fees were paid	1
LEIGH L ARMSTRONG	1330 \	WALNUT WAY ING GREEN, KY 42104	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
1191	78		3
(a) Nar	ne and address of the agent, broke	r, or other person to whom commissions or fees were paid	· ·
NORMA J DAVIS	269 R	UFFIAN TRAIL IN, KY 40701	<u> </u>
(IX) Assessed of soles and because		Fees and other commissions paid	(-) O
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
543	25		3
(a) Non			1
MARY DUFF		r, or other person to whom commissions or fees were paid ASADENA DRIVE	1
		GTON, KY 40503 Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
247	114	(u) Fulpose	3
(a) Nar	ne and address of the agent, broke	r, or other person to whom commissions or fees were paid	<u>'</u> 1
DENISE J CUNNINGHAM		ONG RD ING GREEN, KY 42104	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
906	61		3
(a) Nar	ne and address of the agent, broke	r, or other person to whom commissions or fees were paid	1
JENI MARIE CHAPPELL		CINTYRE STREET ING GREEN, KY 42101	
(b) Amount of galaxy and have		Fees and other commissions paid	(*) ***********************************
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code

204

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Schedule A (Form 5500)	2014	Page 2 - 3	
	me and address of the agent, broke	r, or other person to whom commission	ns or fees were paid
JEFFREY D HARNED	7410 N	NEW LAGRANGE RD VILLE, KY 40222	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpo	sse code
(a) Na	me and address of the agent, broke	r, or other person to whom commissio	ns or fees were paid
VIOLET P COOTS		PLANO RICHPOND RD ING GREEN, KY 42104	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpo	
23	0		3
(a) Na	me and address of the agent, broke	r, or other person to whom commissio	ns or fees were paid
BOBBIE J WHITTAKER	BOWL	SCOTTSVILLE RD ING GREEN, KY 42104	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpo	(e) Organization code
767	14	(0)	3
(a) Na	me and address of the agent, broke	r, or other person to whom commissio	ns or fees were paid
ANNE OWENS	1516 [DEAR LAKE DRIVE GTON, KY 40515	
(b) Amount of sales and base		ees and other commissions paid	(e) Organization
commissions paid 700	(c) Amount 40	(d) Purpo	se code 3
(a) No.	me and address of the agent broke	ar other person to whom commission	no or food were noid
BART GAUNT	4021 \$	r, or other person to whom commission BT GERMAINE CT VILLE, KY 40207	ns or rees were paid
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpo	
59	q		3

Schedule A (Form 5500)	2014	Page 2 - 4	
	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
MICHAEL J BOONE	1302 (CLEAR SPRINGS TRACE SVILLE, KY 40223	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 72	(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	
INSYNC BENEFITS INC		OX 1474 IELIUS, NC 28031	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
2	0		3
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
AMY BOWMAN		SULPHUR WELL DLASVILLE, KY 40356	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 18	(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	
JORDAN CHIRSTINA DOEPKE		CHRISTY AVE VILLE, KY 40204	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
1	0		3
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
BENEFITS COUNT II INC	248 R	IVERWOOD DR SVILLE, NC 27023	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

Schedule A	(Form	5500	2014
Schedule A	(- 01111	5500	1 20 14

Page **2 -** 5

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

VIICKIE LEWIS	6558 S CAVE	STOVALL RD CITY, KY 42127	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 4941	(c) Amount 404	(d) Purpose	code 3
(a) Nam	e and address of the agent, broke	r, or other person to whom commissions or fees were pai	id
PATRICIA GUTHRIE		ELODY RIDGE RD ELLVILLE, KY 42276	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 538	(c) Amount	(d) Purpose	code 3
330	12		
(a) Nam	e and address of the agent, broke	r, or other person to whom commissions or fees were pai	d
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
commissions para	(e) vanoun	(a) i aipooc	3000
(a) Nam	e and address of the agent, broke	r, or other person to whom commissions or fees were pai	d
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nam	e and address of the agent, broke	r, or other person to whom commissions or fees were pai	id
	•		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

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Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contracts	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	
_		Contracts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	C Premiums due but unpaid at the end of the year			6c		
	d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention 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 terminate	nating plan, che	eck here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in sep	parate accounts)		
	а	Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶	ate participation	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:	70(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) 7e(4)			
		(4) Other (specify below)	/ 5(4)			
		7				
					7-/5\	
	£	(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7 f	

Schedule A (Form 5500) 2014		Pa	ge 4	<u> </u>	
information may be combined for	Information the same group of employees of the s reporting purposes if such contracts a I contracts with each carrier may be tr	are experienc	ce-rated as a unit. W	here contrac	
Benefit and contract type (check all applica	able boxes)				
a Health (other than dental or vision)	b Dental	С	Vision		d Life insurance
e Temporary disability (accident and s	sickness) f Long-term disability	y g	Supplemental unen	nployment	h Prescription drug
Stop loss (large deductible)	j HMO contract	k 🗆	PPO contract		I ndemnity contract
	ANCER/HOSPITALIZATION/ACCIDE	NT	1		·
Comer (openity)					
Experience-rated contracts:					
Premiums: (1) Amount received		9a(1)			
(2) Increase (decrease) in amount due	e but unpaid	9a(2)			
(3) Increase (decrease) in unearned p	remium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))	······			9a(4)	
b Benefit charges (1) Claims paid		9b(1)			
(2) Increase (decrease) in claim reser	ves	9b(2)			
(3) Incurred claims (add (1) and (2))				9b(3)	
(4) Claims charged				9b(4)	
c Remainder of premium: (1) Retention	charges (on an accrual basis)				
(A) Commissions		9c(1)(A)			
(B) Administrative service or othe	r fees	9c(1)(B)			
(C) Other specific acquisition cost	ts	9c(1)(C)			
(D) Other expenses		9c(1)(D)			
` '		9c(1)(E)			
	tingencies	9c(1)(F)			
, , -		9c(1)(G)			

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

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

a Total premiums or subscription charges paid to carrier

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

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

9c(1)(H)

9c(2)

9d(1) 9d(2)

9d(3)

9e

10a

10b

17464

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

10 Nonexperience-rated contracts:

Specify nature of costs