Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part I Annual Repor	t Identification Information	n							
For calendar plan year 2015 or	fiscal plan year beginning 01/01	/2016 and ending 0.	5/24/2016						
A This return/report is for:	a single-employer plan	list of participating employer information in accordance with the form instructions)							
B This return/report is	the first return/report an amended return/report	x the final return/report a short plan year return/report (less than 12 months)							
C Check box if filing under:	Form 5558 special extension (enter desc	automatic extension cription)	DFVC	program					
Part II Basic Plan Inf	ormation—enter all requested i	nformation							
1a Name of plan MOST INSURANCE, LLC 401(K			1b Three-digit plan number (PN) 1c Effective da	er 001					
				01/01/2012					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MOST INSURANCE, LLC				dentification Number 35-2315409					
				telephone number 13-347-5555					
801 NORTH ARMENIA AVENUE AMPA, FL 33609			2d Business c	ode (see instructions) 517000					
3a Plan administrator's name	and address XSame as Plan Spor	nsor.	3b Administrat	or's EIN					
			3c Administrat	or's telephone number					
name, EIN, and the plan n	he plan sponsor has changed since umber from the last return/report.	e the last return/report filed for this plan, enter the	4b EIN						
a Sponsor's name			4c PN	10					
			5a	-					
C Number of participants with	h account balances as of the end o	f the plan year (defined benefit plans do not	5b 5c	0					
, , ,		Nan year	5d(1)	10					
		olan year	5d(1)	0					
e Number of participants that	•	eare plan year with accrued benefits that were less	5e	0					
Caution: A penalty for the late	e or incomplete filing of this retu	rn/report will be assessed unless reasonable ca							
Linger penalties of periliny and (arnar nangitiae eat torth in tha inetri	ictions I declare that I have examined this return/re	nort including if s	innucania a Schadula					

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief it in true, correct, and complete

bellet, it is t	irue, correct, and complete.						
SIGN HERE	Filed with authorized/valid electronic signature.	08/03/2016	CRAIG MOST				
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN HERE							
	Signature of employer/plan sponsor	Enter name of individual signing as employer or plan sponsor					
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r)	Preparer's telephone number			

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 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an indepenand	dent qualified public a	ccount	ant (IQ	PA)		□	
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No Not dete	rmined
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of Year	
a Total plan assets	7a		250	035				0
b Total plan liabilities	7b							
C Net plan assets (subtract line 7b from line 7a)	7c			035				0
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Total	
(1) Employers	8a(1)		12	790				
(2) Participants	8a(2)		1	479				
(3) Others (including rollovers)	8a(3)							
b Other income (loss)	8b		-7	122				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						7	147
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		256	582				
Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f			600				
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						257	182
i Net income (loss) (subtract line 8h from line 8c)	8i						-250	035
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D	feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in th	e instructions:	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	as from the List of Pla	n Char	octorist	ic Coc	les in the	instructions:	
If the plant provides welfare benefits, effect the applicable welfare in	cature couc	23 HOITH THE LIST OF FIRE	ii Onaie	actorist	.10 000	103 111 1110	matructions.	
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Amount	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a		X			
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?				Х				00000
d Did the plan have a loss, whether or not reimbursed by the plan's			10c	^				20000
by fraud or dishonesty?			10d		X			
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	he benefits under	10e		X			
f Has the plan failed to provide any benefit when due under the pla					Х			
			10f		-			
g Did the plan have any participant loans? (If "Yes," enter amount a	•	,	10g		X			
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Χ			
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i					
j Did the plan trust incur unrelated business taxable income?			10j			X		_
Part VI Pension Funding Compliance				•	-			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								s No
11a Enter the unpaid minimum required contribution for all years from						11a		
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction (302 of El	RISA? Ye	s X No

	F	orm 5500-SF 2015 Page 3 - 1							
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ng the waiver		enter the Day	e date of	the letter ru Year	ling		
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι			
b	Enter ti	he minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d					
		ve amount)			Yes	No	N/A		
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	IN/A		
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo			
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	No		
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)							
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part		Trust Information							
14a	Name o	f trust		14b 1	rust's Ell	N			
14c	Name	of trustee or custodian				s or custodi	an's		
						telephone number			
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No			
	10 110			_ D	esign-				
15b		"," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ha	sed safe arbor ethod	ADF test	P/ACP		
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Ye		No			
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?				ш			
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage efit test		
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye		No			
17a		e plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions		
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire from the IRS, en		the plai	 n's last fa	vorable			
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	S	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	," enter amount	·····	19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A		

Form 5500-SF

Department of the Treasury Internal Revenue Servic

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

a Sponsor's name

than 100% vested.....

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Department of Labor

Annual Report Identification Information

OMB Nos, 1210-0110 1210-0089

2015

This Form is Open to **Public Inspection**

Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Short Form Annual Return/Report of Small Employee

For calendar plan year 2015 or fiscal plan year beginning 01/01/2016 and ending 05/24/2016 a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a A This return/report is for: list of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report X the final return/report B This return/report is an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit Most Insurance, LLC 401(k) Plan plan number 1001 (PN) • 1c Effective date of plan 01/01/2012 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (Include room, apt., suite no. and street, or P.O. Box) (EIN) 35-2315409 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number Most Insurance, LLC 813-347-5555 2d Business code (see instructions) 801 North Armenia Avenue 517000 Tampa FL 33609 3a Plan administrator's name and address XSame as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report.

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

Delier, it is true, correct, and complete.									
SIGN	C	3Aug 2016	Craig Most						
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator						
SIGN	~	Aug 3,2016	Eric Most						
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor	Ξ					
Preparer's	name (including firm name, if applicable) and address (include	room or suite numbe	er) Preparer's telephone number						
				_					

5a Total number of participants at the beginning of the plan year.....

Number of participants with account balances as of the end of the plan year (defined benefit plans do not

complete this item)

Number of participants that terminated employment during the plan year with accrued benefits that were less

b Total number of participants at the end of the plan year

d(1) Total number of active participants at the beginning of the plan year

d(2) Total number of active participants at the end of the plan year.....

4c PN

5b

5c

5d(1)

5d(2)

5e

10

0

0

10

0

0

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6a Were all of the plan's assets during the plan year invested in elip b Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibili If you answered "No" to either line 6a or line 6b, the plan ca	of an indepen ty and conditi nnot use For	dent qualified public a ions.) m 5500-SF and mus	ccount	ant (IQ use	PA) Form	5500.	X	Yes [No No
C If the plan is a defined benefit plan, is it covered under the PBGC	insurance p	rogram (see ERISA se	ection 4	021)? .		Yes _	No Not	determir	1ed
Part III Financial Information					_				
7 Plan Assets and Liabilities		(a) Beginning			_		b) End of Yo	ear	
a Total plan assets			25	0,03	5				0
b Total plan liabilities			25	0,03					0
C Net plan assets (subtract line 7b from line 7a)	7c	(-) A		0,03	1		/b) T-4-1		
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amo	arit			-	(b) Total		
(1) Employers	8a(1)		1	2,79	0				
(2) Participants	8a(2)			1,47	9				
(3) Others (including rollovers)	8a(3)	<u> </u>			_				
b Other income (loss)	8b		-	7,12	2				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					_			7,	, 147
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			25	6,58	2				
e Certain deemed and/or corrective distributions (see instructions)									
f Administrative service providers (salaries, fees, commissions)	8f			60	0	11.			
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)								257,	, 182
i Net income (loss) (subtract line 8h from line 8c)	8i							-250	,035
j Transfers to (from) the plan (see instructions)	8j				11				
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D B If the plan provides welfare benefits, enter the applicable welfare pension 2E 2J 2K 2F 2G 3D Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A	Am	ount	
Was there a failure to transmit to the plan any participant contri described in 29 CFR 2510.3-102? (See instructions and DOL': Program)	s Voluntary F	iduciary Correction	10a		х				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х				
C Was the plan covered by a fidelity bond?			10c	Х				20	0,000
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		Х				
• Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides s the plan? (See instructions.)	ome or all of	the benefits under	10e		х				
f Has the plan failed to provide any benefit when due under the	olan?	***************************************	10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amoun	t as of vear e	nd.)	10g		Х				
h If this is an individual account plan, was there a blackout period 2520.101-3.)	1? (See instru	ctions and 29 CFR	10h		х				
If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.			10i						
j Did the plan trust incur unrelated business taxable income?		***************************************	10j			х			
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below)								Yes	No
11a Enter the unpaid minimum required contribution for all years fro	om Schedule	SB (Form 5500) line 4	0			11a			
12 Is this a defined contribution plan subject to the minimum fundi	ng requireme	nts of section 412 of t	he Cod	e or se	ction :	302 of ER	ISA?	Yes 2	No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	and e	enter the Day_	date of t	ne letter ru Year	ing
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year	*********	12b			
	Enter the amount contributed by the employer to the plan for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	********		Yes	No	N/A
Part \	/II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Yes	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?			X	Yes 📗	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)					
1	3c(1) Name of plan(s):	3c(2)	EIN(s)		13c(3) F	PN(s)
Part	VIII Trust Information					
14a I	lame of trust		14b ⊺	rust's EIN	I	
14c	Name of trustee or custodian			Trustee's telephone	or custodi number	an's
Part	IX IRS Compliance Questions					
15a	Is the plan a 401(k) plan?		Ye	S	No	
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employ matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	er	ba ha	esign- ised safe irbor ethod	ADF	P/ACP
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current ye testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?		☐ Ye	5	No	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b	:		atio rcentage st		erage efit test
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?		Ye	s	No	
	Has the plan been timely amended for all required tax law changes?		Ye		No	□N/A
	for tax law changes and codes).			ole code_		nstructions
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is advisory letter, enter the date of that favorable letter and the letter's serial number			<u> </u>		or
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the determination letter		the plai	n's last fav	orable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has bee made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)	n ?	Yes		No	
19	Were in-service distributions made during the plan year?		Ye	8	No	
	If "Yes," enter amount		19			
	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or retired), as required under section 401(a)(9)?		Ye	s	No	□ N/A