Form 5500-9	SF Short Form Ar	ort of Small Emplo	yee	OMB Nos. 1210-011 1210-008				
Department of the Treasu Internal Revenue Servic		Benefit Pla	IN and 4065 of the Employee Re	tirement	2015			
Department of Labor Employee Benefits Security Admi	Income Security Act of		6057(b) and 6058(a) of the I		This Form is Open to Public Inspection			
Pension Benefit Guaranty Corp	Complete all entrie		instructions to the Form 550	00-SF.				
	eport Identification Informa 15 or fiscal plan year beginning 0'	tion 1/01/2015	and ending 12/	/31/2015				
A This return/report is fo	X a single-employer plan		ver plan (not multiemployer) (g employer information in acc		•			
B This return/report is	the first return/report	the final return/rep	port return/report (less than 12 mo	nths)				
C Check box if filing und	er: X Form 5558	automatic extens	ion		√C program			
Part II Basic Pla	n Information—enter all request	· ·						
1a Name of plan LIFE & HEALTH UNDERW				1b Three-c plan nu (PN) ▶	mber 001			
				IC Effective	e date of plan 01/01/2003			
Mailing address (inclu	(employer, if for a single-employer p ide room, apt., suite no. and street, c province, country, and ZIP or foreign	or P.O. Box)	instructions)	2b Employe (EIN)	er Identification Number 91-1488312			
IFE & HEALTH UNDERWI		postal code (il loreign, see		2c Sponsor's telephone number 206-728-1314				
200 - 5TH AVE., SUITE 18 SEATTLE, WA 98101	00			2d Busines	s code (see instructions) 524210			
3a Plan administrator's r	ame and address XSame as Plan S	Sponsor.		3b Adminis	trator's EIN			
				3c Adminis	trator's telephone number			
4 If the name and/or EI	N of the plan sponsor has changed s	since the last return/report fi	led for this plan, enter the	4b EIN				
	blan number from the last return/repo			4c PN				
5a Total number of parti	cipants at the beginning of the plan y	/ear		5a	2			
	cipants at the end of the plan year			5b	5			
	ts with account balances as of the er			5c	5			
	tive participants at the beginning of t		ſ	5d(1)	2			
d(2) Total number of a	ctive participants at the end of the pla	an year		5d(2)	1			
than 100% vested	ts that terminated employment durin	· · ·		5e	(
Under penalties of perjury	In the late or incomplete filing of this is and other penalties set forth in the in leted and signed by an enrolled actured and complete.	nstructions, I declare that I h	nave examined this return/rep	ort, including,	if applicable, a Schedule			
	norized/valid electronic signature.	09/22/2016	TERESA HOLLAND					
	plan administrator	Date	Enter name of individu	al signing as	plan administrator			
SIGN HERE Signature of	omployor/plan anoncor	Date	Entor nome of individu	al cigning as	omployor or plan approx			
	employer/plan sponsor g firm name, if applicable) and addre				employer or plan sponsor lephone number			
For Paperwork Reduction A	ct Notice and OMB Control Numbers, s	see the instructions for Form	5500-SE		Form 5500-SF (201			

6a Were all of the plan's assets during the plan year investb Are you claiming a waiver of the annual examination and a second secon	nd report of an i	independer	nt qualified public a	accounta	ant (IQ	PA)					
under 29 CFR 2520.104-46? (See instructions on waiv If you answered "No" to either line 6a or line 6b, the								X Yes No			
C If the plan is a defined benefit plan, is it covered under	-							No Not determined			
Part III Financial Information			·				I I				
7 Plan Assets and Liabilities			(a) Beginning	a of Yea	ar			(b) End of Year			
a Total plan assets		7a	(<i>a</i>) = - j ,	1435			3524				
b Total plan liabilities		7b									
C Net plan assets (subtract line 7b from line 7a)		7c		1435	167	352413					
8 Income, Expenses, and Transfers for this Plan Year			(a) Amou	unt			(b) Total				
a Contributions received or receivable from:				10	700						
(1) Employers		Ba(1)			736						
(2) Participants		8a(2)		60	509						
(3) Others (including rollovers)	8	Ba(3)									
b Other income (loss)		8b		-73	742	_					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		8c						6503			
d Benefits paid (including direct rollovers and insurance p to provide benefits)		8d		1080	411						
e Certain deemed and/or corrective distributions (see ins	structions)	8e		8	846						
f Administrative service providers (salaries, fees, commi	ssions)	8f									
g Other expenses		8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)		8h			1089257						
i Net income (loss) (subtract line 8h from line 8c)		8i						-1082754			
j Transfers to (from) the plan (see instructions)		8j									
Part IV Plan Characteristics											
9a If the plan provides pension benefits, enter the applica 2E 2G 2J 2K 2T 3D	able pension fea	ature codes	from the List of PI	an Cha	racteris	stic Co	odes in t	the instructions:			
B If the plan provides welfare benefits, enter the applical	ble welfare featu	ure codes f	rom the List of Pla	n Chara	acterist	ic Cod	les in th	ne instructions:			
Part V Compliance Questions											
10 During the plan year:					Yes	No	N/A	Amount			
a Was there a failure to transmit to the plan any particip											
described in 29 CFR 2510.3-102? (See instructions a		•	•	40-		х					
Program) Program) b Were there any nonexempt transactions with any part				10a		~					
reported on line 10a.)				10b		Х					
C Was the plan covered by a fidelity bond?				10c	х			35241			
d Did the plan have a loss, whether or not reimbursed b by fraud or dishonesty?				10d		х		00211			
 Were any fees or commissions paid to any brokers, a carrier, insurance service, or other organization that p 	igents, or other p	persons by	an insurance	iou							
the plan? (See instructions.)				10e	Х			5877			
f Has the plan failed to provide any benefit when due u	f Has the plan failed to provide any benefit when due under the plan?										
g Did the plan have any participant loans? (If "Yes," ent		•		10g	Х			0			
h If this is an individual account plan, was there a black 2520.101-3.)				10h		Х					
If 10h was answered "Yes," check the box if you eithe exceptions to providing the notice applied under 29 C				10i							
j Did the plan trust incur unrelated business taxable inc	come?			10j							
Part VI Pension Funding Compliance											

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Scher 5500) and line 11a below)	lule SB	(Form	Yes No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	302 of E	RISA?	Yes X No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
lf	you c	ompleted 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						
-		the amount contributed by the employer to the plan for this plan year		12c						
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d						
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A			
Part	Part VII Plan Terminations and Transfers of Assets									
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Υe	es X No				
		es," enter the amount of any plan assets that reverted to the employer this year		13a						
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou								
D		e PBGC?				Yes 🗙	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to							
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Part	VIII	Trust Information								
14a	Name	of trust		14b Trust's EIN						
14c	Narr	e of trustee or custodian		14d Trustee's or custodian's telephone number						
Par	t IX	IRS Compliance Questions								
15a	Is th	e plan a 401(k) plan?		Y	es	No				
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod	e ADF test	P/ACP			
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No				
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	.,	Цр	atio ercentage est		erage nefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No				
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable				
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Υe	S	No				
19	Were	in-service distributions made during the plan year?		Y	es	No				
	lf "Y€	es," enter amount		19						
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?	Y	es	No	N/A				

Form 5500-SF								
	Short Form Ann	ual Return/Repor Benefit Plan	t of Small Employe	e	OMB Nos. 1210-011 1210-008			
		4065 of the Employee Retirer		2015				
Department of Labor Employee Benefits Security Administratio Pension Benefit Guaranty Corporation	2n	Revenue Code (the Cod		This Form is Open Public Inspection				
	Complete all entries in		tructions to the Form 5500-S	SF.				
	rt Identification Informatio							
For calendar plan year 2015 or	fiscal plan year beginning 01/01/2		and ending 12/31/20					
A This return/report is for:	X a single-employer plan		plan (not multiemployer) (File mployer information in accord	-				
	a one-participant plan	a foreign plan						
B This return/report is	the first return/report	the final return/report						
	an amended return/report	a short plan year retu	rn/report (less than 12 months	s)				
C Check box if filing under:	Form 5558	automatic extension		DFVC pro	oram			
	special extension (enter des				3			
Part II Basic Plan Inf	formation—enter all requested in				· · · · ·			
1a Name of plan	enter an requested in	nionnation	1h	Three-digit	1			
IFE & HEALTH UNDERWRITE	RS 401(k) PLAN		15	plan number				
				(PN) 🕨	001			
			1c	Effective date 01/01/2003	of plan			
	loyer, if for a single-employer plan)	• • • •	2b		tification Number			
	om, apt., suite no. and street, or P.(nce, country, and ZIP or foreign pos		ructions)	(EIN) 91-1488				
FE & HEALTH UNDERWRITER			20	2c Sponsor's telephone number				
			24) 728-1314			
200 - 5TH AVE., SUITE 1800			20	524210	(see instructions)			
EATTLE, WA 98101			_					
3a Plan administrator's name a	and address X Same as Plan Spon	ISOF.	3b	Administrator's	EIN			
			20	6 -l	4-4			
				Administrators	telephone number			
If the name and/or EIN of th	ne plan sponsor has changed since	the last return/report filed f	or this plan, enter the 4b					
	umber from the last return/report.	the last retaining of lised i		EIN				
a Sponsor's name	-		4c	PN				
a Total number of participant:	s at the beginning of the plan year		5					
				a	4			
	s at the end of the plan year				4			
b Total number of participantsc Number of participants with	s at the end of the plan year account balances as of the end of	the plan year (defined bend	efit plans do not	b				
 b Total number of participants c Number of participants with complete this item) 	account balances as of the end of	the plan year (defined ben	efit plans do not 50	b c	5			
 b Total number of participants c Number of participants with complete this item)	account balances as of the end of	the plan year (defined ben	efit plans do not 50	b c (1)	5			
 b Total number of participants c Number of participants with complete this item)	account balances as of the end of articipants at the beginning of the pl articipants at the end of the plan yes t terminated employment during the	the plan year (defined ben lan year ar e plan year with accrued be	efit plans do not 50 50 50 50 50	b c (1) (2)	5 5 4 1			
 b Total number of participants c Number of participants with complete this item) d(1) Total number of active participants d(2) Total number of active participants that than 100% vested. 	account balances as of the end of articipants at the beginning of the pl articipants at the end of the plan yes t terminated employment during the	the plan year (defined ben lan year ar e plan year with accrued be	efit plans do not 50 50 50 nefits that were less 50	b c (1) (2) e	5 5 4			
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 b Total number of participants c Number of participants with complete this item)	account balances as of the end of articipants at the beginning of the plan articipants at the end of the plan yes t terminated employment during the or incomplete filing of this return ther penalties set forth in the instru- and signed by an enrolled actuary, a	the plan year (defined ben lan year ar e plan year with accrued be <u>n/report will be assessed</u> ctions, I declare that I have	efit plans do not 50 efit plans do not 50 50(50(50(50(50(50(50(5	b c (1) (2) e established. ncluding, if appli	5 5 4 1 0 cable, a Schedule			
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 b Total number of participants c Number of participants with complete this item) d(1) Total number of active participants with an 100% vested c Number of participants that than 100% vested c Number of participants that than 100% vested c aution: A penalty for the late Jinder penalties of perjury and of B or Schedule MB completed a belief, it is true, correct, and completed a selief. It is true, correct, and completed a selief. Signature of plan and selief. 	account balances as of the end of articipants at the beginning of the plan articipants at the end of the plan yes t terminated employment during the or incomplete filing of this return ther penalties set forth in the instru- and signed by an enrolled actuary, a splete.	the plan year (defined bend lan year ar e plan year with accrued be <u>n/report will be assessed</u> ctions, i declare that I have as well as the electronic ver J <i>J</i> // <i>M</i> // <i>U</i> Date Date	51 efit plans do not 50 51 51 50 50 50 51 50 51 50 51 52 53 54 54 54 55 56 57 58 59 50 50 50	b c (1) (2) e established. ncluding, if appli to the best of m holuding, if appli to the best of m holuding as plan ad ning as employed	5 5 4 1 0 cable, a Schedule y knowledge and f ministrator er or plan sponsor			
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 b Total number of participants c Number of participants with complete this item) d(1) Total number of active participants with a number of active participants that than 100% vested. c Number of participants that than 100% vested. c aution: A penalty for the late a selief, it is true, correct, and complete date a selief, it is true, correct, and complete a signature of plan a signature of employ 	account balances as of the end of articipants at the beginning of the plan articipants at the end of the plan yes t terminated employment during the or incomplete filing of this return ther penalties set forth in the instru- and signed by an enrolled actuary, a splete.	the plan year (defined bend lan year ar e plan year with accrued be <u>n/report will be assessed</u> ctions, i declare that I have as well as the electronic ver J <i>J</i> // <i>M</i> // <i>U</i> Date Date	51 efit plans do not 50 51 51 50 50 50 51 50 51 50 51 52 53 54 54 54 55 56 57 58 59 50 50 50	b c (1) (2) e established. ncluding, if appli to the best of m holuding, if appli to the best of m holuding as plan ad ning as employed	5 5 4 1 0 cable, a Schedule y knowledge and f ministrator er or plan sponsor			

Form 5500-SF 2015

6a b	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	an independ and condition	dent qualified public a	ccount	ant (IQ	(PA)				Yes Yes	_	No No
с	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC ir							∩ No [Not	deten	nine	bd
	rt III Financial Information			_								
7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Ye	ar		
<u>.</u>	Total plan assets	7a		143516			352413					_
b	Total plan liabilities	7b										
	Net plan assets (subtract line 7b from line 7a)	7c		1435167				352413				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) ⁻	Total			
_	Contributions received or receivable from:											i.
	(1) Employers	8a(1)		1973	-	<u> </u>						
	(2) Participants	8a(2)		6050)9	_						
	(3) Others (including rollovers)	8a(3)				_					_	-
b	Other income (loss)	8b		-7374	2							_
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	카이 글 드리 말							6503	_	
d	Benefits paid (including direct rollovers and insurance premiums			108041	1							
	to provide benefits)	8d		884	·							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	89				-						
f	Administrative service providers (salaries, fees, commissions)	8f				-				-		
g	Other expenses	8g		- Selling		-			10	89257		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)			-								
_ <u>i</u>	Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>							-10	82754		
j	Transfers to (from) the plan (see instructions)	8j									_	
B	If the plan provides welfare benefits, enter the applicable welfare for											
Par					Yes	No	N/A					
10	During the plan year:		the time period		165	NO			Amo	ount		
a	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fio	duciary Correction	10a		х				-		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not in	clude transactions	10b		х						
С	Was the plan covered by a fidelity bond?			10c	х						352	241
d	by fraud or dishonesty?			10d		х						
e	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 th	ne benefits under	10e	x						58	377
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		х						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year er	nd.)	10g	х							0
h	2520.101-3.)			10h		х						
- 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	he required 1-3	notice or one of the	10i							-14-1-1-1-1	
j	Did the plan trust incur unrelated business taxable income?			10j								
Par												
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	<u></u>					lule SB	(Form		Yes		No
11a							11a				<u> </u>	
12	Is this a defined contribution plan subject to the minimum funding	requiremer	nts of section 412 of th	he Cod	e or se	ction 3	302 of E	RISA?		Yes	M	No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applica	ble.)	· · · · · · · · · · · · · · · · · · ·				
	a If a waiver of the minimum funding standard for a prior year is being amortize granting the waiver.			-		ne letter ru Year	uling
	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr			Day_		real	
	D Enter the minimum required contribution for this plan year			12b			
_				12c			
_	 Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (
	negative amount)	•		12d			-
e	Will the minimum funding amount reported on line 12d be met by the funding	deadline?			Yes	No	N/A
Part	Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?				Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer thi	s year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?					Yes 🛛	No
c	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	to another plan(s), identi	fy the plan(s) to		_		
	13c(1) Name of plan(s):	···· · · · · · · · · · · · · · · · · ·	13c(2)	EIN(s)		13c(3)	PN(s)
Par	Trust Information						
14a	Name of trust			14b ⊺	rust's EIN		
140	Name of trustee or custodian		· · · · · · · · · · · · · · · · · · ·	14d -	Trustee's o	or custodi	an's
					elephone		
Par	IRS Compliance Questions						
15a	Is the plan a 401(k) plan?			Yes		No	
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements f matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)			bas bar	sign- sed safe bor thod	ADF test	
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for t testing method" for nonhighly compensated employees (Treas. Reg sections 1 2(a)(2)(ii))?	401(k)-2(a)(2)(ii) and 1.4	01(m)-	Yes		No	
	Check the box to indicate the method used by the plan to satisfy the coverage	requirements under section	on 410(b):	Rat per test	centage		rage efit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410 this plan with any other plans under the permissive aggregation rules?	(b) and 401(a)(4) by com	bining	Yes		No	
17a	Has the plan been timely amended for all required tax law changes?			Yes		No	N/A
17b	Date the last plan amendment/restatement for the required tax law changes wa for tax law changes and codes).	s adopted	Enter the a	oplicable	code	_ (See in:	structions
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&F advisory letter, enter the date of that favorable letter	and the letter's serial	number		:		or
17d	If the plan is an individually-designed plan and received a favorable determinat determination letter	on letter from the IRS, er	nter the date of t	he plan'	s last favo	rable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under made), American Samoa, Guam, the Commonwealth of the Northern Mariana			Yes		[] No	
19	Were in-service distributions made during the plan year?			Yes		No	
	If "Yes," enter amount			19			
20	Were required minimum distributions made to 5% owners who have attained agreetired) as required under section 401(a)(9)?	e 70 ½ (regardless of wh	ether or not	Yes		No	[] N/A