Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

| Part I | Annual Report Ide | ntification Information | | | | | |
|---|--------------------------------|--|------------------------|---|--|---|-----|
| For cale | ndar plan year 2015 or fiscal | plan year beginning 01/01/2015 | _ | and ending 12/31/2015 | | | |
| A This | return/report is for: | a multiemployer plan; | | a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or | | | |
| | | x a single-employer plan; | a DFE (specify | /) | | | |
| B This | return/report is: | the first return/report; | the final return | /report; | | | |
| | · | an amended return/report; | a short plan ye | ear return/report (less than 12 m | onths |). | |
| C If the | plan is a collectively-bargair | ed plan, check here | | | | → □ | |
| D Chec | k box if filing under: | Form 5558; | automatic exter | nsion; | □th | e DFVC program; | |
| 2 0.100 | | special extension (enter descript | | , | _ | 1 0 / | |
| Part | II Basic Plan Infor | mation—enter all requested info | | | | | |
| | ne of plan | mation cineral requested into | mation | | 1b | Three-digit plan | |
| | | NALYSIS, LTD WELFARE PLAN | | | | number (PN) ▶ | 504 |
| | | | | | | Effective date of plan 01/01/2014 | |
| | | if for a single-employer plan) apt., suite no. and street, or P.O. Bo | nx) | | 2b | Employer Identification Number (EIN) | n |
| City | or town, state or province, c | ountry, and ZIP or foreign postal co | | uctions) | | 20-3400458 | |
| MECHAN | IICAL DYNAMICS AND ANA | ALYSIS, LTD | | | 2c | Plan Sponsor's teleph number | one |
| | | | | | | 518-399-3616 | |
| | SH AMERICAN BLVD | | ΓISH AMERICAN BLVD | | 2d | Business code (see | |
| LATHAM | , NY 12110 | LATHAI | M, NY 12110 | | | instructions) 811310 | |
| | | | | | | | |
| | | | | | | | |
| Caution | : A penalty for the late or i | ncomplete filing of this return/re | port will be assessed | unless reasonable cause is e | stabli | shed. | |
| | | penalties set forth in the instruction as the electronic version of this re- | | | | | |
| | | | | | | | |
| SIGN HERE | Filed with authorized/valid e | electronic signature. | 10/07/2016 | JILL FELDMAN | | | |
| ПЕКЕ | Signature of plan admini | strator | Date | Enter name of individual sign | ne of individual signing as plan administrator | | |
| | | | | | | | |
| SIGN HERE | Filed with authorized/valid e | electronic signature. | 10/06/2016 | FREDERICK LUCK | | | |
| | Signature of employer/pl | an sponsor | Date | Enter name of individual sign | ing as | employer or plan spons | sor |
| OLON. | | | | | | | |
| SIGN HERE | | | | | | | |
| Signature of DFE Date Enter name of individual signing as Description Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's te | | | | | DFE telephone number | | |
| Prepare | rs name (including firm name | e, if applicable) and address (include | de room or suite numbe | rr) Frep | alei S | telepriorie numbei | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

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| 3a | Plan administrator's name and address Same as Plan Sponsor | | 3b Administra | ator's EIN |
|-----|--|---|----------------------|-------------------|
| | | | 3c Administra number | ntor's telephone |
| 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 for 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 | 402 |
| 6 | Number of participants as of the end of the plan year unless otherwise states 6a(2) , 6b , 6c , and 6d). | d (welfare plans complete only lines 6a(1), | | |
| a(* | Total number of active participants at the beginning of the plan year | | 6a(1) | 378 |
| a(2 | 2) Total number of active participants at the end of the plan year | | 6a(2) | 378 |
| b | Retired or separated participants receiving benefits | | . 6b | 0 |
| С | Other retired or separated participants entitled to future benefits | | 6c | 0 |
| d | Subtotal. Add lines 6a(2), 6b, and 6c. | | 6d | 378 |
| е | Deceased participants whose beneficiaries are receiving or are entitled to re- | | 6e | 0 |
| f | Total. Add lines 6d and 6e | | 6f | 378 |
| 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 | multiemployer plans complete this item) | . 7 | |
| b | If the plan provides pension benefits, enter the applicable pension feature could be plan provides welfare benefits, enter the applicable welfare feature could be pension feature feature feature could be pension feature feat | des from the List of Plan Characteristics Code | s in the instructi | |
| эа | Plan funding arrangement (check all that apply) (1) | 9b Plan benefit arrangement (check all th (1) Insurance | at apply) | |
| | (2) Code section 412(e)(3) insurance contracts | (2) Code section 412(e)(3) | insurance contr | acts |
| | (3) Trust | (3) Trust | | |
| 10 | (4) X General assets of the sponsor | (4) X General assets of the s | | \\ |
| | Check all applicable boxes in 10a and 10b to indicate which schedules are a | _ | bei allached. (3 | see instructions) |
| а | Pension Schedules (1) R (Retirement Plan Information) | b General Schedules | | |
| | | (1) H (Financial Inform | , | |
| | (2) MB (Multiemployer Defined Benefit Plan and Certain Money | (2) I (Financial Inform | | lan) |
| | Purchase Plan Actuarial Information) - signed by the plan actuary | (3) A (Insurance Information (4) C (Service Provided) | | |
| | (3) SB (Single-Employer Defined Benefit Plan Actuarial | (5) D (DFE/Participat | | ition) |
| | Information) - signed by the plan actuary | (6) G (Financial Trans | _ | |
| | | - | | |

| 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.) | | | | |
| 11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) | | | | |
| enter the R | eceipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, eceipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure alid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.) | | | |

Form 5500 (2015)

Receipt Confirmation Code__

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Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

2015

| | | pursuant to El | RISA section 103(a)(2). | | Inspection | | | |
|--|---|---|---|----------------------------|-----------------------|--|--|--|
| For calendar plan year 20° | 15 or fiscal plan | year beginning 01/01/2015 | and er | nding 12/31/2015 | | | | |
| A Name of plan MECHANICAL DYNAMIC | S AND ANALY | SIS, LTD WELFARE PLAN | | ee-digit n number (PN) | 504 | | | |
| | | | | | | | | |
| C Plan sponsor's name a MECHANICAL DYNAMIC | | oyer Identification Number (3400458 | EIN) | | | | | |
| | Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. | | | | | | | |
| 1 Coverage Information: | | | | | | | | |
| (a) Name of insurance ca | rrier | | | | | | | |
| /L) FINI | (c) NAIC | (d) Contract or | (e) Approximate number of | Policy or co | ontract year | | | |
| (b) EIN | code | identification number | persons covered at end of policy or contract year | (f) From | (g) To | | | |
| 52-0807803 | 60380 | 520807803 | 20 | 01/01/2015 | 12/31/2015 | | | |
| 2 Insurance fee and composite descending order of the | | tion. Enter the total fees and tota | I commissions paid. List in line 3 | the agents, brokers, and o | ther persons in | | | |
| (a) Total amount of commissions paid (b) Total amount of fees paid | | | | | | | | |
| | | 3261 | | | 625 | | | |
| 3 Persons receiving com | missions and fe | es. (Complete as many entries a | as needed to report all persons). | | | | | |
| | (a) Name a | nd address of the agent, broker, o | or other person to whom commiss | sions or fees were paid | | | | |
| JOAN BUTLER | | SUITE 3 | ESTERN AVE # 162 /, NY 12203 | | | | | |
| (b) Amount of sales ar | nd hasa | Fees | and other commissions paid | | | | | |
| commissions pai | | (c) Amount | (d) Purpose | | (e) Organization code | | | |
| 1997 | | 390 | | | 3 | | | |
| | (a) Name a | nd address of the agent, broker, o | or other person to whom commiss | sions or fees were paid | | | | |
| BETH SERFILIPPI | | 8 HILLS | TONE CT ON LAKE, NY 12019 | | | | | |
| (b) Amount of sales and base Fees and other commissions paid | | | | | | | | |
| commissions pai | | (c) Amount | (d) Purpos | e | (e) Organization code | | | |
| | 704 | 78 | | | 3 | | | |
| For Denominarly Deducation | n Act Notice a | nd OMP Control Numbers, see | the instructions for Form FEOO | | 1 | | | |

| (a) Na | me and address of the agent, broke | r, or other person to whom commissions or fees were paid | |
|------------------------------|------------------------------------|--|------------------|
| DARRYL J YOUNG | | SHADY PLACE COURT | |
| | BOWI | LING GREEN, KY 42104 | |
| | | | |
| | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| 293 | 78 | | 3 |
| | | | |
| | | | |
| (a) Na | me and address of the agent, broke | r, or other person to whom commissions or fees were paid | |
| BRAD JONES AND ASSOCIATES IN | | ITISH AMERICAN BLVD | |
| | LATH | AM, NY 12110 | |
| | | | |
| | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| 138 | 78 | | 3 |
| | | | |
| | | | |
| (a) Na | me and address of the agent, broke | r, or other person to whom commissions or fees were paid | |
| JANINE M FOX | | HARMONY MILLS WEST | |
| | COHO | DES, NY 12047 | |
| | | | |
| | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| 87 | 0 | | 3 |
| | | | |
| | | | |
| (a) Na | me and address of the agent, broke | r, or other person to whom commissions or fees were paid | |
| BENITO A ROTONDI II INC | | RANKLIN AVE | |
| | SUITE GARD | E 312 DEN CITY, NY 11530 | |
| | O/I/C | 211 0111,111 11000 | |
| | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| 17 | 0 | | 3 |
| | | | |
| | | | |
| (a) Na | me and address of the agent, broke | r, or other person to whom commissions or fees were paid | |
| SCHERFF INSURANCE AGENCY IN | | DNORIDA DR | |
| | GANS | SEVOORT, NY 12831 | |
| | | | |
| | | | |
| (b) Amount of sales and base | I | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| 16 | 0 | | 3 |
| | | | |
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| | | | |

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

SUSAN C BRIMHALL

155 CYPRESS LN OLDSMAR, FL 34577

| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
|---|-------------------------------------|--|-----------------------|
| commissions paid | (c) Amount | (d) Purpose | code |
| 9 | 0 | | 3 |
| | | | |
| | | | |
| (a) Na | me and address of the agent, broke | r, or other person to whom commissions or fees were paid | |
| | | | |
| | | | |
| | | | |
| (b) Amount of color and have | | Fees and other commissions paid | (e) Organization |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | χ.,, | 7.7 | |
| | | | |
| | | | |
| (a) Na | ime and address of the agent, broke | r, or other person to whom commissions or fees were paid | |
| | | | |
| | | | |
| | | | |
| | | Fees and other commissions paid | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| commissions paid | (c) Amount | (d) 1 dipose | Couc |
| | | | |
| | | | |
| (a) Na | me and address of the agent, broke | r, or other person to whom commissions or fees were paid | |
| (a) 110 | and did dad ood or the agont, broke | , or earlor percent to minim commissions or rocc were paid | |
| | | | |
| | | | |
| | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| | | | |
| | | | |
| (a) No | me and address of the agent broke | a such as paragraph to whom commissions as food was poid | |
| (a) Na | ine and address of the agent, bloke | r, or other person to whom commissions or fees were paid | |
| | | | |
| | | | |
| | T | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
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| P | art I | Where individual contracts are provided, the entire group of such indiv | idual contracts w | ith each carrier may be treated | d as a unit for purposes of |
|---|-------|--|---------------------|---------------------------------|-----------------------------|
| 1 | Cur | this report. Tent value of plan's interest under this contract in the general account at year | end | 4 | |
| | | rent value of plan's interest under this contract in the general accounts at year e | | | |
| _ | | tracts With Allocated Funds: | | | |
| | а | State the basis of premium rates | | | |
| | | | | | |
| | b | Premiums paid to carrier | | 6b | |
| | С | 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 | | · DO | |
| | | 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, check | k here | |
| 7 | Con | tracts With Unallocated Funds (Do not include portions of these contracts ma | intained in separ | ate accounts) | |
| | а | Type of contract: (1) deposit administration (2) immedia | ite participation g | juarantee | |
| | | (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 | | | |
| | | (4) Transferred from separate account | 7c(4) | | |
| | | (5) Other (specify below) | . 7c(5) | | |
| | | • | | | |
| | | | | | |
| | | | | | |
| | | (6)Total additions | | <u></u> | |
| | | 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) | - (4) | | |
| | | • Chief (Specify Below) | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | (5) Total deductions | | | |
| | f | Balance at the end of the current year (subtract line 7e(5) from line 7d) | | 7f | |

| Schedule A (Form 5500) 2015 | | Page | 4 | |
|---|---|---------------|-------------------------------|-------------------------|
| rt III Welfare Benefit Contract Inform If more than one contract covers the sam information may be combined for reportir the entire group of such individual contra | ne group of employees of the saing purposes if such contracts are | e experience- | rated as a unit. Where contra | |
| Benefit and contract type (check all applicable box | (es) | | | |
| a Health (other than dental or vision) | b Dental | c \ | /ision | d Life insurance |
| e X Temporary disability (accident and sickness | s) f Long-term disability | g∏s | Supplemental unemployment | h Prescription drug |
| i Stop loss (large deductible) | i HMO contract | k∏F | PPO contract | I Indemnity contract |
| m X Other (specify) ▶ CANCER, CRITICAL ILL | _NESS | | | _ |
| | | | | |
| Experience-rated contracts: | _ | | | |
| a Premiums: (1) Amount received | | 9a(1) | | |
| (2) Increase (decrease) in amount due but ur | ıpaid | 9a(2) | | |
| (3) Increase (decrease) in unearned premium | ı reserve | 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) | |
| c Remainder of premium: (1) Retention charge | es (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 | Harmon Marian | 9c(1)(D) | | |
| (E) Taxes | Harmon Marian | 9c(1)(E) | | |

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

14422

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:

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)(F)

(F) Charges for risks or other contingencies

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

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

Total premiums or subscription charges paid to carrier

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

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

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

OMB No. 1210-0110

2015

| | | pursuant to EF | RISA section 103(a)(2). | | Inspection | | | |
|--|---|--------------------------------------|---|---------------------------|-------------------------|--|--|--|
| For calendar plan year 20° | 15 or fiscal plan | year beginning 01/01/2015 | and e | ending 12/31/2015 | | | | |
| A Name of plan MECHANICAL DYNAMIC | S AND ANALY | SIS, LTD WELFARE PLAN | | ee-digit n number (PN) | 504 | | | |
| | | | | | | | | |
| C Plan sponsor's name as shown on line 2a of Form 5500 MECHANICAL DYNAMICS AND ANALYSIS, LTD D Employer Identification Number 20-3400458 | | | | | lumber (EIN) | | | |
| | Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. | | | | | | | |
| 1 Coverage Information: | | | | | | | | |
| (a) Name of insurance car AFLAC | rrier | | | | | | | |
| # N = N . | (c) NAIC | (d) Contract or | (e) Approximate number of | Po | licy or contract year | | | |
| (b) EIN | code | identification number | persons covered at end of policy or contract year | (f) From | (g) To | | | |
| 58-0663085 | 60380 | 580663085 | 63 | 01/01/2015 | 12/31/2015 | | | |
| 2 Insurance fee and communication descending order of the | | tion. Enter the total fees and total | commissions paid. List in line | 3 the agents, broker | s, and other persons in | | | |
| (a) Total a | amount of comm | • | (b) ⁻ | Total amount of fees | | | | |
| | | 13550 | | | 1996 | | | |
| 3 Persons receiving com | missions and fe | es. (Complete as many entries a | s needed to report all persons). | | | | | |
| | (a) Name a | nd address of the agent, broker, o | or other person to whom commis | sions or fees were p | paid | | | |
| JOAN M BUTLER | | STE 3 # | ESTERN AVE 162 ′, NY 12203 | | | | | |
| (b) Amount of sales ar | nd base | Fees | and other commissions paid | | | | | |
| commissions pai | | (c) Amount | (d) Purpose | | (e) Organization code | | | |
| 3633 6 | | 629 | | | 3 | | | |
| | (a) Name a | nd address of the agent, broker, o | or other person to whom commis | sions or fees were p | paid | | | |
| SHAWN E TORRES | | 619 TRE | ESIDE LANE AKE, OH 44012 | | | | | |
| (b) Amount of sales ar | nd hase | Fees | and other commissions paid | | | | | |
| commissions pai | | (c) Amount | (d) Purpo | se | (e) Organization code | | | |
| · | 3084 | 0 | | | 3 | | | |
| For Denominant Deduction | n Act Notice a | nd OMP Control Numbers and | the instructions for Earn FEO | n | 1 | | | |

| (a) Na | me and address of the agent, br | roker, or c | other person to whom commissions or fees were paid | |
|---|---------------------------------|----------------------------------|--|-----------------------|
| JEREMY C ALFORD | | 1628 NW GAINESVII | 9TH LN LLE, FL 32606 | |
| | | Faas | and other commissions paid | |
| (b) Amount of sales and base commissions paid | (c) Amount | 1 665 | (d) Purpose | (e) Organization code |
| 937 | | 235 | | 3 |
| (a) Na | me and address of the agent, br | roker, or o | other person to whom commissions or fees were paid | |
| BETH A SERFILIPPI | | HILLSTO ALLSTON | NE CT I LAKE, NY 12019 | |
| (b) Amount of sales and base commissions paid | (c) Amount | Fees | and other commissions paid (d) Purpose | (e) Organization code |
| 908 | | 70 | (a) i dipose | 3 |
| (a) Na | me and address of the agent, br | roker, or o | other person to whom commissions or fees were paid | |
| DANIEL GARRETT HARDWICK | 52 | 22 BENNI | NGTON DRIVE D, OH 44904 | |
| (b) Amount of sales and base | (a) Amount | Fees | and other commissions paid | (e) Organization |
| commissions paid 733 | (c) Amount | 108 | (d) Purpose | code 3 |
| (a) Na | me and address of the agent, br | roker, or c | other person to whom commissions or fees were paid | 1 |
| CATHERINE HALLIGAN | Al | 6550 CHE .PT 5503 .VON, OH | STER RD 44011 | |
| (b) Amount of sales and base | (c) Amount | Fees | and other commissions paid (d) Purpose | (e) Organization |
| commissions paid 519 | | 160 | (d) i dipose | code 3 |
| (a) Na | me and address of the agent, br | roker, or o | other person to whom commissions or fees were paid | |
| HENSLEY AND ASSOCIATES LLC | 11 S | 103 SCHF TE 201 | | |
| (b) Amount of sales and base | | Fees | and other commissions paid | (e) Organization |
| commissions paid 474 | (c) Amount | 19 | (d) Purpose | code 3 |
| | | | | |

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Schedule A (Form 5500) 2015

| (a) Na | ume and address of the agent, broker | r, or other person to whom commissions or fees were paid | d |
|---|--------------------------------------|--|-----------------------|
| JOSEPH E KING | | MISSOURI AVENUE WOOD, MO 63122 | |
| (b) Amount of sales and base commissions paid | (c) Amount | Fees and other commissions paid (d) Purpose | (e) Organization code |
| 461 | 105 | (a) i dipose | 3 |
| (a) Na | ume and address of the agent, broken | r, or other person to whom commissions or fees were paid | b |
| JACKEY WAYNE MCBRAYER | | MIMOSA SPRING DR BALL, TX 77377 | |
| (b) Amount of sales and base commissions paid | (c) Amount | Fees and other commissions paid (d) Purpose | (e) Organization code |
| 410 | 74 | | 3 |
| | | r, or other person to whom commissions or fees were paid | j |
| ANGEL E HILL | STE A | E FORT KING ST \ A, FL 34471 | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid 327 | (c) Amount 47 | (d) Purpose | code 3 |
| (a) Na | ime and address of the agent, broker | r, or other person to whom commissions or fees were paid | b |
| DARRYL J YOUNG | 4522 S BOWL | SHADY PLACE COURT LING GREEN, KY 42104 | |
| (b) Amount of sales and base | ſ | Fees and other commissions paid | (e) Organization |
| commissions paid 285 | (c) Amount 79 | (d) Purpose | code 3 |
| (a) Na | ime and address of the agent, broker | r, or other person to whom commissions or fees were paid | <u> </u> |
| JANINE FOX | | HARMONY MILLS WEST DES, NY 12047 | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid 281 | (c) Amount 29 | (d) Purpose | code 3 |
| | <u> </u> | | |

| Schedule A (Form 5500) | 2015 | Page 2 - 3 | |
|----------------------------|---|--|------------------|
| (a) Na | me and address of the agent, broker, or | other person to whom commissions or fees w | vere paid |
| ART K SCHNIRMAN | | MORE RD EUCLID, OH 44121 | |
|) Amount of sales and base | Fees | s and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| 218 | 35 | | 3 |
| (a) Na | me and address of the agent broker or | other person to whom commissions or fees w | vere paid |
| I M DICKERT | 258 SEAV | VIEW AVE A BEACH, FL 32118 | 1010 paid |

| (b) Amount of sales and base | | (e) Organization | |
|------------------------------|------------|------------------|------|
| commissions paid | (c) Amount | (d) Purpose | code |
| 182 | 47 | | 3 |
| | | | |
| | | | |
| | | | |

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

WILLIAM J BALL III

9 STOUTENBURG DR NORWALK, OH 44857

| (b) Amount of sales and base | I | (e) Organization | |
|------------------------------|------------|------------------|------|
| commissions paid | (c) Amount | (d) Purpose | code |
| 145 | 22 | | 3 |
| | | | |
| | | | |

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

BRADLEY S JONES

19 BRITISH AMERICAN BLVD WEST LATHAM, NY 12110

| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
|------------------------------|------------|---------------------------------|------------------|
| commissions paid | (c) Amount | (d) Purpose | code |
| 143 | 79 | | 3 |
| | | | |
| | | | |

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

MICHAEL J ELLIS

532 GARRICK PL O FALLON, MO 63368

| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | |
|------------------------------|------------|---------------------------------|------------------|--|
| commissions paid | (c) Amount | (d) Purpose | code | |
| 126 | 21 | | 3 | |
| | | | | |
| | | | | |

| Schedule A (Form 5500) | 2015 | Page 2 - 4 | |
|------------------------------|-------------------------------------|---|------------------|
| (a) Na | me and address of the agent, broker | , or other person to whom commissions or fees were paid | <u> </u> |
| CRP BENEFIT SERVICES INC | 6000 L STE 1 | OMBARDO CENTER | |
| (b) Amount of sales and base | F | ees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| 116 | 35 | | 3 |
| (a) Na | me and address of the agent, broker | , or other person to whom commissions or fees were paid | j |
| BETH LUANNE KIMROUGH | STE 2 | N ANDREWS AVE 00 UDERDALE, FL 33309 | |
| (b) Amount of sales and base | F | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| 105 | 47 | | 3 |
| (a) Na | me and address of the agent, broker | , or other person to whom commissions or fees were paid | 1 |
| MARYANN MCBRAYER | 12811 | MIMOSA SPRING DR ALL, TX 77377 | |
| (b) Amount of sales and base | F | ees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| 89 | 20 | | 3 |
| (a) Na | me and address of the agent, broker | , or other person to whom commissions or fees were paid | <u> </u> |
| VANDEGRIFFE INC | STE 3 | CLARKSON RD 01 TERFIELD, MO 63017 | |
| (b) Amount of sales and base | F | ees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| 86 | 21 | | 3 |

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

2041 WATERBURY RD

LAKEWOOD, OH 44107

35

(c) Amount

Fees and other commissions paid

(d) Purpose

(e) Organization

code

3

MERCEDES NOBLE REYES

(b) Amount of sales and base

commissions paid

54

| (a) Name and address of the agent, broker, or other person to whom commissions or fe | es were paid |
|--|-----------------------|
| MAKOWSKI INS AGCY INC 9404 WOODCHIP LN | • |
| BROADVIEW HTS, OH 44147 | |
| | |
| | |
| (b) Amount of sales and base Fees and other commissions paid | (e) Organization |
| commissions paid (c) Amount (d) Purpose | code |
| 45 35 | 3 |
| | |
| | |
| (a) Nigger and address of the anget had an extension and to the an agent had been a second as the second and the second as the s | |
| (a) Name and address of the agent, broker, or other person to whom commissions or fe | es were paid |
| HARE AND ASSOCIATES LLC 470 OLDE WORTHINGTON RD SUITE 250 | |
| WESTERVILLE, OH 43082 | |
| | |
| Food and other commissions noid | |
| (b) Amount of sales and base Fees and other commissions paid | (e) Organization |
| commissions paid (c) Amount (d) Purpose | code |
| 43 19 | 3 |
| | |
| | |
| (a) Name and address of the agent, broker, or other person to whom commissions or fe | es were paid |
| MICHAEL GRASS 21707 KINGSLAND BLVD | |
| STE 105 KATY, TX 77450 | |
| IXXII, IX 11400 | |
| | <u>_</u> |
| (b) Amount of sales and base Fees and other commissions paid | (e) Organization |
| commissions paid (c) Amount (d) Purpose | code |
| 40 20 | 3 |
| | |
| | |
| (a) Name and address of the agent, broker, or other person to whom commissions or fe | os woro paid |
| JOSEPH R GUNTHER 1120 S 6TH ST | es were paid |
| STE 110 | |
| SAINT LOUIS, MO 63104 | |
| | |
| (b) Amount of sales and base Fees and other commissions paid | |
| (b) Amount of sales and base commissions paid (c) Amount (d) Purpose | (e) Organization code |
| 27 0 | 3 |
| | 3 |
| | |
| | |
| (a) Name and address of the agent, broker, or other person to whom commissions or fe | es were paid |
| | oo woro para |
| NATHAN L HARRISON 16024 MANCHESTER RD | oo woro pala |
| NATHAN L HARRISON 16024 MANCHESTER RD 2ND FLOOR STE 200 ELLISVILLE, MO 63011 | |
| NATHAN L HARRISON 16024 MANCHESTER RD 2ND FLOOR STE 200 ELLISVILLE, MO 63011 | 50 Word Palia |
| 2ND FLOOR STE 200 ELLISVILLE, MO 63011 | I |
| 2ND FLOOR STE 200 ELLISVILLE, MO 63011 (b) Amount of sales and base Fees and other commissions paid | (e) Organization |
| 2ND FLOOR STE 200 ELLISVILLE, MO 63011 | |
| 2ND FLOOR STE 200 ELLISVILLE, MO 63011 (b) Amount of sales and base Fees and other commissions paid | (e) Organization |
| (b) Amount of sales and base commissions paid (c) Amount (d) Purpose | (e) Organization code |

Page **2 -** 6

| (a) Na | me and address of the agent, broke | er, or other person to whom commissions or fees were paid | |
|------------------------------|-------------------------------------|---|------------------|
| A C LONG & ASSOCIATES INC | | MEDINA RD 200 NA, OH 44256 | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| 22 | 3 | | 3 |
| (a) Na | me and address of the agent, broke | er, or other person to whom commissions or fees were paid | |
| HARE AND ASSOCIATES LLC | 470 C SUITI | OLDE WORTHINGTON RD | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| 14 | 3 | | 3 |
| (a) Na | me and address of the agent, broke | er, or other person to whom commissions or fees were paid | |
| KIMBERLY A HOOIE | 8807 | SW 137TH AVE HER, FL 32618 | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| 10 | 0 | | 3 |
| (a) Na | ime and address of the agent, broke | er, or other person to whom commissions or fees were paid | |
| KEVIN R MCINERNEY | 580 V SUITI | VHITE PLAINS RD | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| 9 | 2 | | 3 |
| (a) Na | me and address of the agent broke | er, or other person to whom commissions or fees were paid | |
| (a) ita | | n, or other person to whom commissions of feed 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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| P | art I | Where individual contracts are provided, the entire group of such indiv | idual contracts w | ith each carrier may be treated | d as a unit for purposes of |
|---|-------|--|---------------------|---------------------------------|-----------------------------|
| 1 | Cur | this report. Tent value of plan's interest under this contract in the general account at year | end | 4 | |
| | | rent value of plan's interest under this contract in the general accounts at year e | | | |
| _ | | tracts With Allocated Funds: | | | |
| | а | State the basis of premium rates | | | |
| | | | | | |
| | b | Premiums paid to carrier | | 6b | |
| | С | 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 | | · DO | |
| | | 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, check | k here | |
| 7 | Con | tracts With Unallocated Funds (Do not include portions of these contracts ma | intained in separ | ate accounts) | |
| | а | Type of contract: (1) deposit administration (2) immedia | ite participation g | juarantee | |
| | | (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 | | | |
| | | (4) Transferred from separate account | 7c(4) | | |
| | | (5) Other (specify below) | . 7c(5) | | |
| | | • | | | |
| | | | | | |
| | | | | | |
| | | (6)Total additions | | <u></u> | |
| | | 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) | - (4) | | |
| | | • Chief (Specify Below) | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | (5) Total deductions | | | |
| | f | Balance at the end of the current year (subtract line 7e(5) from line 7d) | | 7f | |

| Schedule A (Form 5500) 2015 | Page 4 |
|---|---|
| information may be combined for reporting purpos | o of employees of the same employer(s) or members of the same employee organizations(s), the oses if such contracts are experience-rated as a unit. Where contracts cover individual employees each carrier may be treated as a unit for purposes of this report. |
| Benefit and contract type (check all applicable boxes) | |
| a Health (other than dental or vision) | □ Dental c □ Vision d □ Life insurance |
| e X Temporary disability (accident and sickness) f | Long-term disability g Supplemental unemployment h Prescription drug |
| i Stop loss (large deductible) j | HMO contract k PPO contract I Indemnity contract |
| m ✓ Other (specify) ► CANCER, CRITICAL ILLNESS | _ |
| Experience-rated contracts: | |
| a Premiums: (1) Amount received | 9a(1) |
| (2) Increase (decrease) in amount due but unpaid | 9a(2) |
| (3) Increase (decrease) in unearned premium reserve | |
| (4) Earned ((1) + (2) - (3)) | 9a(4) |
| b Benefit charges (1) Claims paid | |
| (2) Increase (decrease) in claim reserves | 9b(2) |
| (3) Incurred claims (add (1) and (2)) | |
| (4) Claims charged | 9b(4) |
| c Remainder of premium: (1) Retention charges (on an | n accrual basis) |
| (A) Commissions | 9c(1)(A) |
| (B) Administrative service or other fees | |
| (C) Other specific acquisition costs | |
| (D) Other expenses | |
| (E) Taxes | |

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

47407

9c(1)(F)

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

(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

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

10 Nonexperience-rated contracts:

Specify nature of costs

Part III

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

2015

This Form is Open to Public Inspection

| | | pursuant to | ERISA section 103(a)(2) | | | | Inspection |
|--|------------------|---|--------------------------------------|---------------------|-----------------------|----------------|-----------------------|
| For calendar plan year 20° | 15 or fiscal pla | n year beginning 01/01/2015 | | and en | ding 12/3 | 1/2015 | |
| A Name of plan MECHANICAL DYNAMIC | S AND ANALY | 'SIS, LTD WELFARE PLAN | | B Three plan | e-digit number (Pl | N) • | 504 |
| | | | | | | | |
| C Plan sponsor's name a MECHANICAL DYNAMIC | | | | | yer Identific | ation Number (| EIN) |
| MECHANICAL DYNAMIC | 5 AND ANALY | 515, LTD | | 20- | 3400436 | | |
| | | ing Insurance Contract Individual contracts grouped a | | | | | |
| 1 Coverage Information: | | | | | | | |
| (a) Name of insurance ca CIGNA LIFE INSURANCE | | /ORK | | | | | |
| | (c) NAIC | (d) Contract or | (e) Approximate nu | | | Policy or co | ontract year |
| (b) EIN | code | identification number | persons covered a policy or contract | | (f) | From | (g) To |
| 13-2556568 | 64548 | BNK960008 | 140 | , , , | | 5 | 12/31/2015 |
| 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. | | | | | her persons in | | |
| (a) Total amount of commissions paid (b) Total amount of fees paid | | | | | | | |
| | | 0 | | | | | 0 |
| 3 Persons receiving com | | ees. (Complete as many entrie | | | | | |
| | (a) Name a | and address of the agent, broke | r, or other person to who | m commiss | ions or fees | were paid | |
| | | | | | | | |
| (b) Amount of sales ar | nd base | Fe | ees and other commission | ns paid | | | |
| commissions pai | | (c) Amount | | (d) Purpose | Э | | (e) Organization code |
| | | | | | | | |
| | (a) Name a | and address of the agent, broke | r, or other person to who | m commiss | ions or fees | were paid | |
| | | | | | | | |
| (b) Amount of sales ar | nd base | | ees and other commission | ns paid | | | |
| commissions pai | d | (c) Amount | | (d) Purpose | 9 | | (e) Organization code |
| | | | | | | | |
| | | | | | | | I . |

| Page 2 - 1 | |
|-------------------|--|
|-------------------|--|

Schedule A (Form 5500) 2015 (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid Fees and other commissions paid (e) Organization (b) Amount of sales and base 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 Fees and other commissions paid (b) Amount of sales and base (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 Fees and other commissions paid (e) Organization (b) Amount of sales and base 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 Fees and other commissions paid (b) Amount of sales and base (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 Fees and other commissions paid (b) Amount of sales and base (e) Organization commissions paid (c) Amount (d) Purpose code

| _ | | |
|-----|---|---|
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| P | art I | Where individual contracts are provided, the entire group of such indiv | idual contracts w | ith each carrier may be treated | d as a unit for purposes of |
|---|-------|--|---------------------|---------------------------------|-----------------------------|
| 1 | Cur | this report. Tent value of plan's interest under this contract in the general account at year | end | 4 | |
| | | rent value of plan's interest under this contract in the general accounts at year e | | | |
| _ | | tracts With Allocated Funds: | | | |
| | а | State the basis of premium rates | | | |
| | | | | | |
| | b | Premiums paid to carrier | | 6b | |
| | С | 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 | | · DO | |
| | | 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, check | k here | |
| 7 | Con | tracts With Unallocated Funds (Do not include portions of these contracts ma | intained in separ | ate accounts) | |
| | а | Type of contract: (1) deposit administration (2) immedia | ite participation g | juarantee | |
| | | (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 | | | |
| | | (4) Transferred from separate account | 7c(4) | | |
| | | (5) Other (specify below) | . 7c(5) | | |
| | | • | | | |
| | | | | | |
| | | | | | |
| | | (6)Total additions | | <u></u> | |
| | | 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) | - (4) | | |
| | | • Chief (Specify Below) | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | (5) Total deductions | | | |
| | f | Balance at the end of the current year (subtract line 7e(5) from line 7d) | | 7f | |

| Schedule A (Form 5500) 2015 | | Pa | ge 4 | - | |
|---|--|--------------|--------------------------|----------------|----------------------|
| Welfare Benefit Contract Information If more than one contract covers the same goinformation may be combined for reporting pothe entire group of such individual contracts. | roup of employees of the sa urposes if such contracts a | re experienc | e-rated as a unit. Where | contracts | |
| efit and contract type (check all applicable boxes) | i | | | | |
| Health (other than dental or vision) | b Dental | c 🗌 | Vision | C | Life insurance |
| Temporary disability (accident and sickness) | f X Long-term disability | g | Supplemental unemploy | yment i | Prescription drug |
| Stop loss (large deductible) | j HMO contract | k | PPO contract | | I Indemnity contract |
| Other (specify) | | | | | _ |
| | | | | | |
| 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 res | serve | 9a(3) | | | |
| (4) Earned ((1) + (2) - (3)) | <u>.</u> | | | 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 (c | 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(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

92393

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:

Benefit and contract type (check all applicable boxes)

a Health (other than dental or vision)

Experience-rated contracts:

Part III

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

Remainder of premium: (1) Retention charges (on an accrual basis) --(A) Commissions (B) Administrative service or other fees (C) Other specific acquisition costs..... (D) Other expenses.....

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

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

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

Total premiums or subscription charges paid to carrier

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

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

| Part 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

OMB No. 1210-0110

2015

This Form is Open to Public

| | | pursuant to E | RISA section 103(a)(2). | | | 11110101 | Inspection |
|---|-------------------|---|---------------------------------------|---------------|---------------------------|----------------|-----------------------|
| For calendar plan year 20 | 15 or fiscal plar | year beginning 01/01/2015 | | and en | ding 12/3 | 1/2015 | |
| A Name of plan MECHANICAL DYNAMIC | S AND ANALY | SIS, LTD WELFARE PLAN | | B Three plan | e-digit number (PN | ۱) 🕨 | 504 |
| | | | | | | | |
| C Plan sponsor's name a MECHANICAL DYNAMIC | | | | | yer Identifica 3400458 | ation Number (| EIN) |
| | | ing Insurance Contract C Individual contracts grouped as a | | | | | |
| 1 Coverage Information: | | | | | | | |
| (a) Name of insurance ca | | ORK (| | | | | |
| | (c) NAIC | (d) Contract or | (e) Approximate nur | | | Policy or co | ontract year |
| (b) EIN | code | identification number | persons covered at policy or contract | | (f) | From | (g) To |
| 13-2556568 | 64548 | NYD074665 | 82 | | 01/01/2015 | 5 | 12/31/2015 |
| 2 Insurance fee and com descending order of the | | ation. Enter the total fees and tota | al commissions paid. Lis | st in line 3 | the agents, | brokers, and o | ther persons in |
| (a) Total a | amount of comr | | | (b) To | tal amount | of fees paid | |
| | | 0 | | | | | 0 |
| 3 Persons receiving com | missions and fe | ees. (Complete as many entries a | as needed to report all p | ersons). | | | |
| | (a) Name a | nd address of the agent, broker, | or other person to whom | commiss | ions or fees | were paid | |
| | | | | | | | |
| (b) Amount of sales ar | nd base | Fee | s and other commissions | s paid | | | |
| commissions pa | | (c) Amount | (0 | d) Purpose | Э | | (e) Organization code |
| | | | | | | | |
| | (a) Name a | nd address of the agent, broker, | or other person to whom | commiss | ions or fees | were paid | |
| | | 3 | | | | | |
| (b) Amount of sales ar | nd base | Fee | s and other commissions | s paid | | | |
| commissions pa | | (c) Amount | (0 | d) Purpose | Э | | (e) Organization code |
| | | | | | | | |
| | | 100000 4 100 1 | | | | | |

| Page 2 - 1 | |
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Schedule A (Form 5500) 2015 (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid Fees and other commissions paid (e) Organization (b) Amount of sales and base 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 Fees and other commissions paid (b) Amount of sales and base (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 Fees and other commissions paid (e) Organization (b) Amount of sales and base 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 Fees and other commissions paid (b) Amount of sales and base (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 Fees and other commissions paid (b) Amount of sales and base (e) Organization commissions paid (c) Amount (d) Purpose code

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| P | art I | Where individual contracts are provided, the entire group of such indiv | idual contracts w | ith each carrier may be treated | d as a unit for purposes of |
|---|-------|--|---------------------|---------------------------------|-----------------------------|
| 1 | Cur | this report. Tent value of plan's interest under this contract in the general account at year | end | 4 | |
| | | rent value of plan's interest under this contract in the general accounts at year e | | | |
| _ | | tracts With Allocated Funds: | | | |
| | а | State the basis of premium rates | | | |
| | | | | | |
| | b | Premiums paid to carrier | | 6b | |
| | С | 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 | | · DO | |
| | | 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, check | k here | |
| 7 | Con | tracts With Unallocated Funds (Do not include portions of these contracts ma | intained in separ | ate accounts) | |
| | а | Type of contract: (1) deposit administration (2) immedia | ite participation g | juarantee | |
| | | (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 | | | |
| | | (4) Transferred from separate account | 7c(4) | | |
| | | (5) Other (specify below) | . 7c(5) | | |
| | | • | | | |
| | | | | | |
| | | | | | |
| | | (6)Total additions | | <u></u> | |
| | | 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) | - (4) | | |
| | | • Chief (Specify Below) | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | (5) Total deductions | | | |
| | f | Balance at the end of the current year (subtract line 7e(5) from line 7d) | | 7f | |

| Schedule A (Form 5500) 2015 | | Page 4 | | |
|--|---|---------------------|------------------------------|-------------------------|
| Welfare Benefit Contract Inform If more than one contract covers the same information may be combined for reporting the entire group of such individual contract | group of employees of the s purposes if such contracts a | are experience-rate | ed as a unit. Where contract | |
| Benefit and contract type (check all applicable boxe | s) | | | |
| a Health (other than dental or vision) | b Dental | C Visio | n | d Life insurance |
| e X Temporary disability (accident and sickness) | f Long-term disabilit | y g Supp | olemental unemployment | h Prescription drug |
| Stop loss (large deductible) | i HMO contract | _ = | contract | I Indemnity contract |
| m ☐ Other (specify) ▶ | • 🗆 | Ш | | □ , |
| | | | | |
| Experience-rated contracts: | | | | |
| Premiums: (1) Amount received | | 9a(1) | | |
| (2) Increase (decrease) in amount due but unp | aid | 9a(2) | | |
| (3) Increase (decrease) in unearned premium i | eserve | 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) | |
| c 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(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

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:

Part III

(D) Other expenses.....

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

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

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

Total premiums or subscription charges paid to carrier If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

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

| Part 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)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

2015

This Form is Open to Public

| | | pursuant to b | =RISA section 103(a)(2) | | | | Inspection |
|--|-------------------|---|-------------------------------------|--------------|---------------------------|-----------------|-----------------------|
| For calendar plan year 20° | 15 or fiscal plar | year beginning 01/01/2015 | | and en | ding 12/3 | 31/2015 | |
| A Name of plan MECHANICAL DYNAMIC | S AND ANALY | SIS, LTD WELFARE PLAN | | | e-digit number (Pl | N) • | 504 |
| | | | | | | | |
| C Plan sponsor's name a MECHANICAL DYNAMIC | | | | | oyer Identific 3400458 | ation Number (| EIN) |
| | | ing Insurance Contract Individual contracts grouped as | | | | | |
| 1 Coverage Information: | | | | | | | |
| (a) Name of insurance ca UNITEDHEALTHCARE IN | | MPANY | | | | | |
| | (c) NAIC | (d) Contract or | (e) Approximate nu | | | Policy or co | entract year |
| (b) EIN | code | identification number | persons covered a policy or contrac | | (f) | From | (g) To |
| 36-2739571 | 79413 | 302446 | 408 | | 01/01/201 | 5 | 01/31/2015 |
| 2 Insurance fee and communication descending order of the | | ation. Enter the total fees and tot | al commissions paid. Li | st in line 3 | the agents, | brokers, and of | her persons in |
| (a) Total amount of commissions paid (b) Total amount of fees paid | | | | | | | |
| | 1875 | | | 0 | | | |
| 3 Persons receiving com | missions and fe | ees. (Complete as many entries | as needed to report all | persons). | | | |
| | (a) Name a | nd address of the agent, broker, | | m commiss | ions or fees | were paid | |
| AON CONSULTING | | | IPPANY RD # 220 ISTOWN, NJ 07960 | | | | |
| (b) Amount of sales ar | nd base | Fee | es and other commission | ns paid | | | |
| commissions pai | | (c) Amount | | (d) Purpose | | | (e) Organization code |
| | 1875 | 0 Bi | ROKER, ADMIN FEES | | | | 3 |
| | (a) Name a | nd address of the agent, broker, | or other person to who | m commiss | ions or fees | were paid | |
| | | | | | | | |
| (b) Amount of sales ar | nd base | Fee | es and other commission | ns paid | | | |
| commissions pai | | (c) Amount | ı | (d) Purpose | е | | (e) Organization code |
| | | | | | | | |
| For Panerwork Reduction | n Act Notice a | nd OMB Control Numbers, see | a the instructions for F | orm 5500 | | | |

| Page 2 - 1 | |
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Schedule A (Form 5500) 2015 (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid Fees and other commissions paid (e) Organization (b) Amount of sales and base 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 Fees and other commissions paid (b) Amount of sales and base (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 Fees and other commissions paid (e) Organization (b) Amount of sales and base 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 Fees and other commissions paid (b) Amount of sales and base (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 Fees and other commissions paid (b) Amount of sales and base (e) Organization commissions paid (c) Amount (d) Purpose code

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| P | art I | Where individual contracts are provided, the entire group of such indiv | idual contracts w | ith each carrier may be treated | d as a unit for purposes of |
|---|-------|--|---------------------|---------------------------------|-----------------------------|
| 1 | Cur | this report. Tent value of plan's interest under this contract in the general account at year | end | 4 | |
| | | rent value of plan's interest under this contract in the general accounts at year e | | | |
| _ | | tracts With Allocated Funds: | | | |
| | а | State the basis of premium rates | | | |
| | | | | | |
| | b | Premiums paid to carrier | | 6b | |
| | С | 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 | | · DO | |
| | | 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, check | k here | |
| 7 | Con | tracts With Unallocated Funds (Do not include portions of these contracts ma | intained in separ | ate accounts) | |
| | а | Type of contract: (1) deposit administration (2) immedia | ite participation g | juarantee | |
| | | (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 | | | |
| | | (4) Transferred from separate account | 7c(4) | | |
| | | (5) Other (specify below) | . 7c(5) | | |
| | | • | | | |
| | | | | | |
| | | | | | |
| | | (6)Total additions | | <u></u> | |
| | | 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) | - (4) | | |
| | | • Chief (Specify Below) | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | (5) Total deductions | | | |
| | f | Balance at the end of the current year (subtract line 7e(5) from line 7d) | | 7f | |

| Schedule A (Form 5500) 2015 | | Page 4 | | |
|---|--|----------------------------|--------------------|---|
| Welfare Benefit Contract Inform If more than one contract covers the same information may be combined for reporting the entire group of such individual contract. | e group of employees of the sa g purposes if such contracts are | e experience-rated as a ur | nit. Where contrac | |
| Benefit and contract type (check all applicable box | es) | | | |
| a Health (other than dental or vision) | b Dental | C Vision | | d X Life insurance |
| e Temporary disability (accident and sickness | s) f Long-term disability | g Supplemental | unemployment | h Prescription drug |
| i Stop loss (large deductible) | j HMO contract | k PPO contract | | I Indemnity contract |
| | , in this contides | R _ 11 0 communi | | i I I I I I I I I I I I I I I I I I I I |
| m ☐ Other (specify) ▶ | | | | |
| Experience-rated contracts: | | | | |
| Premiums: (1) Amount received | | 9a(1) | | 7 |
| (2) Increase (decrease) in amount due but un | | 9a(2) | | _ |
| (3) Increase (decrease) in unearned premium | · | 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) | |
| c Remainder of premium: (1) Retention charges | s (on an accrual basis) | | | |
| (A) Commissions | | 9c(1)(A) | | |
| (B) Administrative service or other fees | | 9c(1)(B) | | |
| (C) Other specific acquisition costs | Harrier Control of the Control of th | 9c(1)(C) | | |
| (D) Other expenses | | 9c(1)(D) | | |

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

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:

Part III

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

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

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

Total premiums or subscription charges paid to carrier If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

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

| Part 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)(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

2015

This Form is Open to Public Inspection

| For calendar plan year 20 | 15 or fiscal plan | year beginning 01/01/2015 | | and en | iding 12/31/2015 | | |
|--|-------------------|--|---------------------------------------|---|-----------------------------------|-------------------|------------------------|
| A Name of plan MECHANICAL DYNAMICS AND ANALYSIS, LTD WELFARE PLAN | | | | e-digit number (PN) | | 504 | |
| | | | | | | | |
| C Plan sponsor's name a MECHANICAL DYNAMIC | | | | | yer Identification Num 3400458 | ber (E | EIN) |
| | | ing Insurance Contract Individual contracts grouped as | | | | | |
| 1 Coverage Information: | | | | | | | |
| (a) Name of insurance ca SUN LIFE AND HEALTH II | | DMPANY | | | | | |
| (b) EIN | (c) NAIC | (d) Contract or | (e) Approximate nu persons covered at | | - | or co | ntract year |
| | code | identification number | policy or contract | | (f) From | | (g) To |
| 06-0893662 | 80926 | 823748 | 373 | | 01/01/2015 | | 12/31/2015 |
| 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 a | amount of comm | nissions paid 12995 | | (b) To | otal amount of fees pai | d | 0 |
| | | | | | | | 0 |
| 3 Persons receiving com | | es. (Complete as many entries | | | ione or food ware noid | | |
| AON CONSULTING INC | (a) Name a | | /VOLA RD STE 108 | n commiss | lons or rees were paid | <u></u> | |
| | | CHAR | LOTTE, NC 28217 | | | | |
| | | | on and other commission | as poid | | | |
| (b) Amount of sales ar commissions pai | | (c) Amount | es and other commissior | (d) Purpose | e | | (e) Organization code |
| | 12995 | 0 | | (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1 | | | 3 |
| | (a) Name a | nd address of the agent, broker | or other person to whor | m commiss | ions or fees were paid | | |
| | (a) Hamo a | na address of the agent, broker | , or other percent to when | 11 00111111100 | ione or root were para | | |
| | | | | | | | |
| (b) Amount of sales ar | nd base | Fe | es and other commission | ns paid | | | |
| commissions pai | | (c) Amount | | (d) Purpose | e | \longrightarrow | (e) Organization code |
| | | | | | | | |
| For Paperwork Reductio | n Act Notice a | nd OMB Control Numbers, se | e the instructions for F | orm 5500. | | chod | ulo A (Form 5500) 2015 |

| Page 2 - 1 | |
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Schedule A (Form 5500) 2015 (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid Fees and other commissions paid (e) Organization (b) Amount of sales and base 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 Fees and other commissions paid (b) Amount of sales and base (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 Fees and other commissions paid (e) Organization (b) Amount of sales and base 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 Fees and other commissions paid (b) Amount of sales and base (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 Fees and other commissions paid (b) Amount of sales and base (e) Organization commissions paid (c) Amount (d) Purpose code

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| P | art I | Where individual contracts are provided, the entire group of such indiv | idual contracts w | ith each carrier may be treated | d as a unit for purposes of |
|---|-------|--|---------------------|---------------------------------|-----------------------------|
| 1 | Cur | this report. Tent value of plan's interest under this contract in the general account at year | end | 4 | |
| | | rent value of plan's interest under this contract in the general accounts at year e | | | |
| _ | | tracts With Allocated Funds: | | | |
| | а | State the basis of premium rates | | | |
| | | | | | |
| | b | Premiums paid to carrier | | 6b | |
| | С | 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 | | · DO | |
| | | 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, check | k here | |
| 7 | Con | tracts With Unallocated Funds (Do not include portions of these contracts ma | intained in separ | ate accounts) | |
| | а | Type of contract: (1) deposit administration (2) immedia | ite participation g | juarantee | |
| | | (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 | | | |
| | | (4) Transferred from separate account | 7c(4) | | |
| | | (5) Other (specify below) | . 7c(5) | | |
| | | • | | | |
| | | | | | |
| | | | | | |
| | | (6)Total additions | | <u></u> | |
| | | 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) | - (4) | | |
| | | • Chief (Specify Below) | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | (5) Total deductions | | | |
| | f | Balance at the end of the current year (subtract line 7e(5) from line 7d) | | 7f | |

| Page 4 | |
|--|---|
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| ees of the same employer(s) or members of the same employee of contracts are experience-rated as a unit. Where contracts cover r may be treated as a unit for purposes of this report. | |
| | |
| c ☐ Vision d ☐ Li | fe insurance |
| rm disability $oldsymbol{g}$ Supplemental unemployment $oldsymbol{h}$ Pi | rescription drug |
| ntract k PPO contract I n | demnity contract |
| | |
| | |
| | |
| 9a(1) | |
| 9a(2) | |
| 9a(3) | |
| 9a(4) | |
| | |
| 9b(2) | |
| | |
| 9b(4) | |
| asis) | |
| 9c(1)(A) | |
| 9c(1)(B) | |
| r . | es of the same employer(s) or members of the same employee of contracts are experience-rated as a unit. Where contracts cover r may be treated as a unit for purposes of this report. C Vision d Limit of this report. C Vision d I Limit of this report. PPO contract I I In |

Benefit and contract type (check all applicable boxes) a Health (other than dental or vision) **b** Dental Temporary disability (accident and sickness) Long-term disabilit Stop loss (large deductible) **HMO** contract Other (specify) Experience-rated contracts: a Premiums: (1) Amount received..... (2) Increase (decrease) in amount due but unpaid..... (3) Increase (decrease) in unearned premium reserve...... (4) Earned ((1) + (2) - (3)) Benefit charges (1) Claims paid (2) Increase (decrease) in claim reserves..... (3) Incurred claims (add (1) and (2)) (4) Claims charged..... Remainder of premium: (1) Retention charges (on an accrual basis) --(A) Commissions..... (B) Administrative service or other fees 9c(1)(C) (C) Other specific acquisition costs..... (D) Other expenses..... 9c(1)(D) 9c(1)(E) (E) Taxes..... (F) Charges for risks or other contingencies 9c(1)(F) (H) Total retention 9c(1)(H) (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) 9c(2) d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement...... 9d(1) (2) Claim reserves 9d(2) 9d(3) (3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)..... 9e **10** Nonexperience-rated contracts: 10a Total premiums or subscription charges paid to carrier 472977 If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or 10b retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... Specify nature of costs

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

Part III

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