## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

0040

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pa	art I Annual Report	t Identification Information									
For	calendar plan year 2016 or f	fiscal plan year beginning 01/01/2	2016 and ending 1	2/31/20	16						
Α -	This return/report is for:	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must list of participating employer information in accordance with the form instru									
	·	a one-participant plan	a foreign plan								
Вт	his return/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year return/report (less than 12 n	nonths)							
C	Check box if filing under:	X Form 5558	automatic extension	DF	VC program						
		special extension (enter descr	<u>'</u>								
Pa	rt II Basic Plan Info	ormation—enter all requested inf	formation								
	Name of plan IH SHORE LIFE AND HEAL		Three-digit plan number	001							
					(PN) •						
			10	Effective date of 01/01	plan /2005						
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LIFE AND HEALTH COVERAGE CORP					Employer Identification Number (EIN) 47-4195234						
					2c Sponsor's telephone number 516-248-0000						
				2d Business code (see instructions)							
	OCKAWAY AVENUE SUITE EY STREAM, NY 11580	≣ 101		524210							
VALLI	LT STREAM, NT 11360										
3a	Plan administrator's name a	and address X Same as Plan Spor	nsor.	3b /	<b>3b</b> Administrator's EIN						
				3c Administrator's telephone number							
4	name. FIN, and the plan nu	imber from the last return/report.	the last return/report filed for this plan, enter the	4b	EIN 11-29	09906					
а	Sponsor's name NORTH Sh	HORE LIFE AND HEALTH AGENCY	Y INC	4c	PN	001					
5a	Total number of participants	s at the beginning of the plan year		5a	l	;					
b	Total number of participants	s at the end of the plan year		5b	)	;					
С			the plan year (only defined contribution plans	5c	:	;					
d(	(1) Total number of active pa	articipants at the beginning of the pl	an year	5d(1)							
d(	(2) Total number of active page	articipants at the end of the plan yea	ar	5d(2)							
е	Number of participants tha	t terminated employment during the	plan year with accrued benefits that were less	5e	•						
Cau	ition: A penalty for the late	or incomplete filing of this return	n/report will be assessed unless reasonable ca	use is	established.						

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

belief, it is true, correct, and complete.									
0.0.4	Filed with authorized/valid electronic signature.	09/25/2017	MICHAEL ROSENFELD						
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator						
SIGN									
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan spons						
Preparer's	name (including firm name, if applicable) and address (include	er ) Preparer's telephone number							

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	ant (IQ	IQPA)											
С	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined													
	t III Financial Information						1	Ш						
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End o	f Year					
а	Total plan assets	7a		292875		287633								
b	Total plan liabilities	7b		0				0						
С	Net plan assets (subtract line 7b from line 7a)	7c		292875		287633								
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt		(b) Total								
а	Contributions received or receivable from:			1209										
	(1) Employers	8a(1)		1100										
	(2) Participants	8a(2)		0	_									
	(3) Others (including rollovers)	8a(3)		7848	_									
	Other income (loss)	8b							10157					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums	8c				10137								
	to provide benefits)	8d		15399										
e	Certain deemed and/or corrective distributions (see instructions).	8e	0											
f	Administrative service providers (salaries, fees, commissions)	8f		C										
g	Other expenses	8g		0										
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				15399								
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-5242					
j	Transfers to (from) the plan (see instructions)	8j	C											
Par	t IV Plan Characteristics													
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D													
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instruc	ctions:					
Par	t V Compliance Questions													
10	During the plan year:				Yes	No	N/A		Amount					
а	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 F	Fiduciary Correction	10a		X								
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X								
С	Was the plan covered by a fidelity bond?			10c		X								
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•	· ·	10d		X								
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X								
f	Has the plan failed to provide any benefit when due under the plan?					X								
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X								
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X								
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i										

Form 5	500	-SF	201	6
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Part	VI P	ension Funding Compliance								
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and of 5500) and line 11a below)						Yes	X No	
11a	Enter t	he unpaid minimum required contributions 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 412 of t							[	Yes	X No	
а	If a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see ins		ns, and	_				ng	
	_	g the waiver			Day	/	Yea	ar		
					12b					
	Enter tr	e minimum required contribution for this plan year			12c					
<b>C</b> Enter the amount contributed by the employer to the plan for this plan year										
a		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the /e amount)			12d					
		e minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	L N	I/A	
Part	VII F	Plan Terminations and Transfers of Assets								
13a	Has a	resolution to terminate the plan been adopted in any plan year?				X Ye	s	No		
	If "Yes	," enter the amount of any plan assets that reverted to the employer this year			13a				0	
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?		er the			Yes	X No	)	
C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)										
	<b>13c(1)</b> N	ame of plan(s):		13c(2)	EIN(s)		13	<b>c(3)</b> PN	(s)	
Part		Trust Information			441.					
14a	Name o	f trust			146	Trust's I	EIN			
14c	Name o	f trustee or custodian			14d Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions								
15a	Is the p	lan a 401(k) plan? If "No," skip b		Yes	☐ No					
		the plan satisfy the nondiscrimination requirements for employee deferrals under section by for the plan year? Check all that apply:	IШ		sign-based "Prior year" ADP test					
	()(.	,		"Curre	rent year" N/A					
16a		esting method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage	st 🗌	N/A			
16b		plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No			
17a		an is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS		lette	r or advi	sory let	ter, ente	r the dat	e of	
17b	If the p	lan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the n	nost rec	ent dete	rminatio	n	
18	Were a	Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not sep ?		from	Ye	s	No			
19	Was ar	ly plan participant a 5% owner who had attained at least age 70 $^{\prime\prime}$ during the prior plan year?			Ye	s	No			

## OMB Nos. 1210-0110 Short Form Annual Return/Report of Small Employee 1210-0089 Form 5500-SF Benefit Plan 2016 Department of the Treasury Internal Rovenue Service This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of This Form is Open to Public Department of Labor the Internal Revenue Code (the Code). Inspection Employee Benefits Security Administration Complete all entries in accordance with the Instructions to the Form 5500-SF Pension Denefit Guaranty Corporation Rarti Annual Report Identification Information 12/31/2016 and ending 01/01/2016 For calendar plan year 2016 or fiscal plan year beginning a multiple-employer plan (not multiemployer) (Filers checking this box must attach x a single-employer plan a list of participating employer information in accordance with the form instructions.) A This return/report is for: a foreign plan e one-participant plan the final return/report the first return/report B This return/report is: a short plan year return/report (less than 12 months) an emended return/report DFVC program C Check box if filing under: special extension (enter description) Basic Plan Information -- enter all requested information Partil 1b Three-digit 1a Name of plan plan number Morth Shore Life and Health Agency, Inc./Life and Health Coverage (PN) 🌬 1c Effective date of plen Corp 401(k) Flan 01/01/2005 2b Employer Identification Number Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) (EIN) 47-4195234 2c Sponsor's telephone number Life and Health Coverage Corp (516) 248-0000 2d Business code (see instructions) 524210 241 Rocksway Avenue Suite 101 US Valley Stream SY 11580 3b Administrator's EIN 3a Pian administrator's name and address X Same as Pian Sponsor 3c Administrator's telephone number 4b EIN 11-2909906 If the name and/or EtN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. ODI 4c PN Sponsor's name North Shore Life and Health Agency Inc 3 5a Total number of participants at the beginning of the plan year 5b 3 Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (only defined contribution plans 5¢ 3 complete this item) ..... 1 5d(1) d(1) Total number of active participents at the beginning of the plan year 1 5d(2) d(2) Total number of active perticipants at the end of the plan year Number of participants that torminated employment during the plan year with accrued benefits that were 0 less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including. If applicable, a Schedule SB or Schedule MB completed and signed by an emplied actuary, as well as the electronic version of this return/report, and to the best of my knowledge and Plann belief, it is KOSEMPELD EVELUAT nael SIGN Enter name of individual signing as plan administrator HERE ROSENTELD OLECUTOR MICHAEL 17 Enter name of Individual signing as employer or plan sponsor SIGN Date 9/4/ Sigheture of employer/plan sponsor HERE Preparer's telephone number Preparer's name (including firm name, if applicable) and address (include room of suite number) Skip this question Skip this question

For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.

Form 5500-8F (2016) v.160205

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (	*···					******	X Yes	No		
b	Are you claiming a waiver of the ennual examination and report of a	n Independ nd conditio	dent qualified public accounts.)	*******	** *** * * * * * * * * * * * * * * * * *		*********		X Yes	_]No		
	is a summer "bla" to although the Se or line Sh, the plan canno	ture For	m 5500-95 and must inst	tead (	186	orm :	DUU.		Thin det	noninad		
G	If the plan is a defined benefit plan, is it covered under the PBQC in	aurance pi	ogram (see ERISA section	n 402	1)?				I Mochet	emmed		
10	Financial Information					,						
7	Plan Assets and Liabilities	25 Z 20	(a) Beginning of	Year		<b> </b>		b) End	of Year			
a	Total pian assets	78	29	2,87	5	<u> </u>	287,63					
	Yotal plan liabilities	7b			00	<u> </u>		0				
	Net plan assets (subtract line 7b from line 7s)	7c	29	2,87	/5			·····	287,6	33		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			<u></u>		(b)	Total	SERVICE COVERNAL		
а	Contributions received or receivable from:			1,20	19	1000		3.7				
	(1) Employers	8a(1)					( C )	2011 S	W 15 2 W 1	1640		
	(2) Participants	8a(2)	1,100									
	(3) Others (including rollovers)	8a(3)		7,84		67.60			9-6			
b	Other income (loss)	85				63,050,250	AND AND LINE	4.859.X, NS	10,1	E7		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			C. B. Carrie	2		or No Per		- 2039C		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	1	.5,3	99		280	14-12-10		T 2450		
	Certain deemed and/or corrective distributions (see instructions)	8e			0	31097				15021		
6	Administrative service providers (salaries, fees, commissions)	Bī			0	5-1	7,00	4,49	32322	Marie Sire		
<u>!</u>	Other expenses	8g			0	P622	<b>注意</b> 创		<b>企业金属</b> 0	941978 Francis		
9_	Total expenses (add lines 8d, 8e, 8f, and 8g)		J. 1945 T. 1945 S. 1945 S.	Z÷.	1.73 i				15,3	99		
n	Net income (loss) (subtract line 8h from line 8c)	81	34.25.35.30.40		y 211		(5,242)					
<u>.</u>	Transfers to (from) the plan (see Instructions)	8			0	3.4		說法導		i tyesia is		
			<u></u>			-J-404-1-1-1						
	Plan Characteristics If the plan provides pension benefits, enter the applicable pension f	annie car	tee from the List of Plan C	harac	teristi	e Coc	ies in th	e instru	gtions:			
<b>9</b> 8	If the plan provides pansion benefits, ettler the applicable pension in 2E 2J 3p	diffuse coc	ido itori ote azze of t the se									
b	If the plan provides welfare benefits, enter the applicable welfare fer	ature code	s from the List of Plan Ch	arack	eristic	Code	s in the	instruci	dons:			
13	If the bight broatcos would continue and alternation						-x					
æ.	nty Compliance Questions		WAR THE TAX TH			·····	1,,502.93	that Abdress my				
10	During the plan year:			,	Ye₽_	No	NIA		Amount			
ē	Was there a fallure to transmit to the plan any participant contribu-	utions with	in the time period							-		
	described in 29 CFR 2510.3-102? (See Instructions and DOL's Vi					x	200					
	Frogram)			10a		-	STANZE		A			
i	Were there any nonexampt transactions with any party-in-interest	17 (Do not	include transactions	106		x	5,88					
	reported on line 10a.)			100	, . <del></del>	ĸ						
	Was the plan covered by a fidelity band?					ļ ——	15.5		***************************************			
	by fraud or dishonesty?			10d	_	X						
E	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides son	her persor	is by an insurance the benefits under									
	the plan? (See instructions.)	****	++++++++++++++++++++++++++++++++++++++	10a 10f		×	\$2.00. 00.000	<u></u>	NIC			
1	f Has the plan falled to provide any benefit when due under the plan?					X	- 32 S					
	Did the plan have any participent loans? (If "Yes," enter amount a			100		X	127 248 26.034					
	If this is an individual account plan, was there a blackout period? 2520,101-3.)		## \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	10h	ļ	x		[80:17:41]	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(\$14,139.0°°°)		
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	101				i ali				

	Form 5500-SF 2016	P	ege 3 -	]							
							K				
Part	VI Pension Funding Compliance							<del></del>			
11	is this a defined benefit plan subject to minimum fundir (Form 5500 and line 11a below)	ng requirements? (If "Yes," see in	nstructio	ns and	complete	Schedule	: SB 		res X	No	
11a	Enter the unneid minimum required contributions for all	vears from Schedule SB (Form	5500) lir	1e 40	324	118		1			
12	Is this a defined contribution plan subject to the minim ERISA?	*************	tion 412 (	of the C	Code of se	ection 302			Yes X	Νo	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, an	d 12e below, as applicable.)	on Mar	oce la	etnetions	and entr	r the date	of the	letter ruli:	ng	
	If a waiver of the minimum funding standard for a prior granting the waiver	************	+,++++++	mess thic.	n ((1)	D:	ay	Yea	r <u> </u>	***	
if y	ou completed line 12a, complete lines 3, 9, and 10 o	f Schedule MB (Form 5500), ar	nd skip i	o iline	13.	1	Ι	<u> </u>			
d	Enter the minimum required contribution for this plan y	Gar				12b					
C	Enter the amount contributed by the employer to the pl					12c					-
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)					12d	<u></u>				
e	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						Yes _	No	N/A	<u> </u>	_
Fan	VII Plan Terminations and Transfers of	f Assets	<u> </u>								-
13a	Has a resolution to terminate the plan been adopted in	any plan year?	<b>\$1</b> *********				Yes		No		
	If "Yes," enter the amount of any plan assets that reve										!
	Were all the plan assets distributed to participants or to control of the PBGC?		*******					Yes	X No	<del>1081/44.</del>	-
С	if, during this plan year, any assets or liabilities were to which assets or liabilities were transferred. (See instru	ansferred from this plan to anoth	rer plan(:	s), iden	itify the pla	an(s) to					_
1:	3c(1) Name of plan(s):				13c(2)	EIN(s)		131	c(3) PN(s	}	-
727Ka			k. I n. 1981 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984	<u></u>		<u> </u>				······································	-
	Yill Trust Information - Skip These Qu	espons				145	Trust's E	IN			•
14a	Name of trust										_
140	: Name of trustee or custodian					140	Trustee telephon				_
54	IRS Compliance Questions - Skip	These Questions						<b>****</b>			_
***************************************	I is the plan a 401(k) plan? If "No," skip b.		) } }	**********		Yes			No		
	How did the plan satisfy the nondiscrimination requires 401(k)(3) for the plan year? Check all that apply:	ments for employee deferrals un	der sect	on		Design- safe har			"Prior ye test	ar" ADF	ŧ
	401(k)(s) for the plan year? Check an mar apply.	386491				"Çurren: ADP (es			N/A		
168	a What testing method was used to satisfy the coverage year? Check all that apply:	requirements under section 410	B(b) for the	ne plan		Ratio percent test	age 🔲	Avera benef		] N//	4
	Did the plan satisfy the coverage and nondiscrimination for the plan year by combining this plan with any other	plan under the permissive angre	egation	nies .		Yes		No.	No	·····	_
	If the plan is a master and prototype plan (M&P) or vo	lume submitter plan that received	d a frivor	able IR	RS opinion						_
	of the plan is an Individually-designed plan that receive letter		r from th	ie IRS,	enter the	date of the	ne most re	cent de	etemilnəti	ion	-4
18	Dofined Benefit Plan or Money Purchase Pension Plan Were any distributions made during the plan year to a service?	n employee who allained age 62	and had	d not se	eparated f	rom	Yes		Νσ		_
19	Was any plan participant a 5% owner who had attained	of at least age 70 % during the pr	rior plan	year?	********		Yes		No	**************************************	