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 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

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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.)
- [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 year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ADENA HEALTH SYSTEM TAX DEFERRED ANNUITY/MATCHED SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/01/1998

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)
ADENA HEALTH SYSTEM, INC.

272 HOSPITAL ROAD
CHILLICOTHE, OH 45601

2b Employer Identification Number (EIN) 31-4379443

2c Plan Sponsor's telephone number 740-779-7313

2d Business code (see instructions) 622000

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 accompanying schedules, statements and attachments, 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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2017	LISA CARLSON
	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 sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN 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:	**4b** EIN	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	4109
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	3142
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3141
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	1145
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	4286
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	4286
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	4013
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2F 2G 2L 2M

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[X]	2	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[ ]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

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.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
ADENA HEALTH SYSTEM TAX DEFERRED ANNUITY/MATCHED SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
ADENA HEALTH SYSTEM, INC.

D Employer Identification Number (EIN)
31-4379443

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
VARIABLE ANNUITY LIFE INS CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	45251	1336	01/01/2016	12/31/2016

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
1666	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

ROESCH, MARTIN J
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1474			3

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

HYNEMAN, ROBERT A.
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
100			3

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

KOLLER, DEAN T
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
56			3

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

TITUS, RYAN W
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
24			3

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

OSBORNE, TRACY
2929 ALLEN PARKWAY
HOSUTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
12			3

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	7411286
c	Additions: (1) Contributions deposited during the year	**7c(1)**	0		
	(2) Dividends and credits	**7c(2)**	0		
	(3) Interest credited during the year	**7c(3)**	193568		
	(4) Transferred from separate account	**7c(4)**	355475		
	(5) Other (specify below)	**7c(5)**	3152		
	▶ GROSS UP TO GUARANTEED RATE				
	(6)Total additions			**7c(6)**	552195
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	7963481
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	521978		
	(2) Administration charge made by carrier	**7e(2)**	0		
	(3) Transferred to separate account	**7e(3)**	14295		
	(4) Other (specify below)	**7e(4)**	0		
	▶ CONTRACT SURRENDER CHARGES				
	(5) Total deductions			**7e(5)**	536273
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	7427208

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 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	**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)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b 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.			**10b**	

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 ☒ No

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

SCHEDULE A (Form 5500)

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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
ADENA HEALTH SYSTEM TAX DEFERRED ANNUITY/MATCHED SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
ADENA HEALTH SYSTEM, INC.

D Employer Identification Number (EIN)
31-4379443

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
VARIABLE ANNUITY LIFE INS CO.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
74-1625348	70238	45251	3656	01/01/2016	12/31/2016

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	9045421
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	7912024
c	Additions: (1) Contributions deposited during the year	7c(1)	1170813		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	176098		
	(4) Transferred from separate account	7c(4)	448009		
	(5) Other (specify below) ▶	7c(5)	0		
	(6) Total additions			7c(6)	1794920
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	9706944
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	557887		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	97573		
	(4) Other (specify below) ▶ CONTRACT SURRENDER CHARGES	7e(4)	6063		
	(5) Total deductions			7e(5)	661523
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	9045421

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 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	**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)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b 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.			**10b**	

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 ☒ No

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
ADENA HEALTH SYSTEM TAX DEFERRED ANNUITY/MATCHED SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
ADENA HEALTH SYSTEM, INC.

D Employer Identification Number (EIN)
31-4379443

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions). . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

VALIC RETIREMENT SERVICES CO.

51-0396365

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
65 26 37 19 28 29 33 49 52 59 60 61 63 64 72 99	NO RELATIONSHIP	134866	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

VARIABLE ANNUITY LIFE INS CO.

74-1625348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 37 66 28 52 19 29 33 49 59 64 72 99 60 63	NO RELATIONSHIP	21033	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
ADENA HEALTH SYSTEM TAX DEFERRED ANNUITY/MATCHED SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
ADENA HEALTH SYSTEM, INC.

D Employer Identification Number (EIN)
31-4379443

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1278621	1202349
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	59533286	67029711
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	15323310	16472629
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	76135217	84704689
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	76135217	84704689

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	7988955	
	(C) Others (including rollovers)	2a(1)(C)	28470	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		8017425
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	47015	
	(F) Other	2b(1)(F)	369666	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		416681
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1713710	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1713710
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4657231
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		14805047
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5990208	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		5990208
f Corrective distributions (see instructions)	2f		4396
g Certain deemed distributions of participant loans (see instructions)	2g		87528
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	153443	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		153443
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6235575
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		8569472
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PLANTE MORAN, PLLC **(2)** EIN: 38-1357951

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
ADENA HEALTH SYSTEM TAX DEFERRED ANNUITY/MATCHED SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
ADENA HEALTH SYSTEM, INC.

D Employer Identification Number (EIN)
31-4379443

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 76-0519990

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

Adena Tax Deferred Annuity/ Match Savings Plan

Financial Report

December 31, 2016

Adena Tax Deferred Annuity/Match Savings Plan

Contents

Report Letter	1-2
Statement of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-10
Schedule of Assets Held at End of Year	11-13

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Independent Auditor's Report

To the Audit Committee
Adena Tax Deferred Annuity/Match Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Adena Tax Deferred Annuity/Match Savings Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2016 and 2015 and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by The Variable Annuity Life Insurance Company and AIG Federal Savings Bank (collectively, the "Trustees"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustees hold the Plan's investment assets and participant notes receivable and execute related transactions. The plan administrator has obtained certifications from the Trustees as of and for the years ended December 31, 2016 and 2015 that the information provided to the plan administrator is complete and accurate.

Praxity MEMBER GLOBAL ALLIANCE OF INDEPENDENT FIRMS

To the Audit Committee
Adena Tax Deferred Annuity/Match Savings Plan

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets held at end of year as of December 31, 2016 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Plante & Moran, PLLC

Columbus, Ohio
September 20, 2017

Adena Tax Deferred Annuity/Match Savings Plan

Statement of Net Assets Available for Benefits

	December 31, 2016	December 31, 2015
Assets		
Participant-directed investments at fair value:		
Mutual funds	$ 48,806,083	$ 41,865,042
Variable separate accounts	18,223,628	17,668,244
Total participant-directed investments at fair value	67,029,711	59,533,286
Participant-directed unallocated insurance contracts at contract value	17,581,549	16,522,121
Total participant-directed investments	84,611,260	76,055,407
Participant notes receivable	984,202	923,818
Net Assets Available for Benefits	**$ 85,595,462**	**$ 76,979,225**

See Notes to Financial Statements.

Adena Tax Deferred Annuity/Match Savings Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended December 31, 2016	Year Ended December 31, 2015
Additions to Net Assets		
Contributions:		
Employee	$ 7,988,955	$ 8,147,605
Rollovers	28,470	87,362
Total contributions	8,017,425	8,234,967
Investment income (loss):		
Interest and dividends	2,134,701	2,387,196
Net realized and unrealized gains (losses) on investments	4,651,073	(2,791,603)
Total investment income (loss)	6,785,774	(404,407)
Interest from participant notes receivable	37,988	24,634
Total additions	14,841,187	7,855,194
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	6,083,326	5,216,317
Administrative expenses	141,624	186,396
Total deductions	6,224,950	5,402,713
Net Increase	8,616,237	2,452,481
Net Assets Available for Benefits		
Beginning of year	76,979,225	74,526,744
End of year	**$ 85,595,462**	**$ 76,979,225**

See Notes to Financial Statements.

Note 1 - Plan Description

The following description of Adena Tax Deferred Annuity/Match Savings Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a contributory defined contribution plan established January 1, 1998 and restated as of July 1, 2004 covering all employees of the Plan's sponsor, Adena Health System (the "Hospital"). The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - The Plan provides for employee salary contributions subject to maximum tax-deferred limitations established by the Internal Revenue Code. Participants may also make contributions to the Plan in the form of a rollover of funds from another qualified plan. Contributions to the Plan are invested as directed by the participant in any one or more investment alternatives.

Participant Accounts - The Variable Annuity Life Insurance Company (VALIC) and AIG Federal Savings Bank (AIG) (collectively, the "Trustees") maintain individual accounts for each participant for the deposit of contributions and earnings thereon. Earnings and plan expenses on plan assets are distributed based upon the participant's pro-rata share of the total account balances.

Participant Notes Receivable - Participants may borrow from their accounts a minimum of $1,000 up to a maximum of $50,000 or 50 percent of their account balance, whichever is less, as prescribed in the Plan and in the Internal Revenue Code. Participant notes receivable are collateralized by the participant's account balance and bear interest at a market rate.

Plan Loans - Participants may borrow a minimum of $1,000 up to a maximum of $50,000 or 50 percent of their account balance, whichever is less, from The Variable Annuity Life Insurance Company (VALIC), a trustee of the Plan, using invested funds as collateral for the loan. VALIC transfers an amount equal to the original principal of the loan into the loan collateral account and amounts equal to the first quarter of interest due and potential surrender charges into the loan escrow account. The loan collateral account and the loan escrow account are invested in the VALIC Fixed Account Plus investment option. The participant's account is not reduced; collateral is released to the participant-controlled investments as loan payments are made. Loans bear interest at market rates. The amount of these outstanding loans was $1,108,920 and $1,198,811 at December 31, 2016 and 2015, respectively. At December 31, 2016 and 2015, $890,773 and $844,008, respectively, of the plan loan balances were in default.

Vesting - An employee eligible to participate in the Plan is immediately vested in his or her contributions.

Note 1 - Plan Description (Continued)

Benefit Payments - Upon termination of employment, a participant, or in case of death, the beneficiary or surviving spouse, may elect to receive the participant's account balance in a single lump sum or in various installment annuities.

Termination - While it has not expressed any intent to do so, the Hospital has the right to terminate the Plan subject to the provisions set forth in the plan document and ERISA.

Administration - The Hospital is the sponsor of the Plan. The pension committee, as provided in the plan agreement, is the plan administrator and has responsibility for the administration of the Plan. VALIC and AIG function as the trustees and the investment managers. Investment management fees and trustees fees are paid by the Plan in accordance with the plan agreement.

Party-in-interest Transactions - Certain plan assets are in investment funds managed by VALIC, AIG, or their affiliates. VALIC and AIG are the trustees of the Plan; therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation - The Plan's investments are stated at fair value except as noted below. The fully benefit-responsive unallocated contracts are valued at contract value. Contract value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees. See Note 5 for additional information.

The variable separate accounts are valued at net asset value per share or its equivalent of the funds, which are based on the fair value of the funds' underlying assets. All other investments are valued based on quoted market prices. See Note 6 for additional information.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Benefit Payments - Benefits are recorded when paid.

Administrative Expenses - Certain administrative expenses, including the audit of the annual financial statements, are paid by the Hospital.

Note 2 - Summary of Significant Accounting Policies (Continued)

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties - The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including September 20, 2017, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Information

The Variable Annuity Life Insurance Company and AIG Federal Savings Bank (collectively, the "Trustees") hold the Plan's investments and participant notes receivable and execute all related transactions. The investment and participant notes receivable balances and related income and losses included in the accompanying financial statements and supplemental schedule of assets held at end of year are based solely on information certified by the Trustees.

Note 4 - Tax Status

The Internal Revenue Service (IRS) is not currently accepting applications for individual 403(b) plan determination letters. The plan administrator has indicated the Plan will apply for a determination letter when the IRS allows such applications to be made. The plan administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of Internal Revenue Code Section 403(b). Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 5 - Unallocated Insurance Contracts

The Plan has benefit-responsive insurance contracts with VALIC, a subsidiary of AIG. VALIC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The insurance contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. There are no reserves against contract value for credit risk of the contract issuers or otherwise.

Note 5 - Unallocated Insurance Contracts (Continued)

The crediting interest rate for the VALIC Fixed Interest and VALIC Fixed Account Plus contracts is based on a formula agreed upon with the contract issuers, but may not be less than 3 percent for participant accounts set up before December 1, 2003 and 2 percent for participant accounts set up on or after December 1, 2003. The minimum crediting rate for the VALIC Short Term Fixed Account is 1 percent. Crediting interest rates are reviewed on a periodic basis for resetting. When establishing interest credit rates for these products, VALIC considers many factors, including current economic and market conditions, the general interest rate environment, and both the expected and actual experience of a reference portfolio within the issuer's general account.

Certain events limit the ability of the Plan to transact at contract value with the insurance company. Such events include the following: (i) amendments to the plan documents (including complete or partial plan termination or merger with another plan); (ii) changes to the Plan's prohibition on competing investment options or deletion of equity wash provision; (iii) bankruptcy of the plan sponsor or other plan sponsor events (e.g., divestitures or spinoffs of a subsidiary) which cause a significant withdrawal from the Plan; or (iv) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator believes that the occurrence of any such events, which would limit the Plan's ability to transact at contract value with participants, is not probable of occurring. There are no events that allow the issuer to terminate the contracts and which require the plan sponsor to settle an amount different than contract value paid either within 90 days or over time.

As described in Note 2, because the contracts are fully benefit responsive, contract value is the relevant measurement attribute for that portion of the net assets attributable to the insurance contracts. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Note 6 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2016 and 2015.

Level 1 - Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Note 6 – Fair Value Measurements (Continued)

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances whereby inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Assets Measured at Fair Value on a Recurring Basis at December 31, 2016

	Investments (at Fair Value)	Level 1	Level 2	Level 3
Mutual funds	$ 48,806,083	$ 48,806,083	$ -	$ -
Variable separate accounts measured at NAV:				
Equity (1)	16,411,139			
Fixed income (2)	711,786			
Short term (3)	57,253			
Special interest (4)	1,043,450			
Total investments at fair value	$ 67,029,711			

Assets Measured at Fair Value on a Recurring Basis at December 31, 2015

	Investments (at Fair Value)	Level 1	Level 2	Level 3
Mutual funds	$ 41,865,042	$ 41,865,042	$ -	$ -
Variable separate accounts measured at NAV:				
Equity (1)	15,802,072			
Fixed income (2)	745,843			
Short term (3)	58,660			
Special interest (4)	1,061,669			
Total investments at fair value	$ 59,533,286			

Note 6 - Fair Value Measurements (Continued)

(1) This class represents investments in actively managed variable separate accounts that invest primarily in equity securities, which may include common stocks, options, and futures. There were no unfunded commitments or redemption restrictions.

(2) This class represents investments in actively managed variable separate accounts that invest in a variety of fixed-income investments, which may include corporate bonds, both U.S. and non-U.S. municipal securities, interest rate swaps, options, and futures. There were no unfunded commitments or redemption restrictions.

(3) This class represents investments in actively managed variable separate accounts that invest primarily in money market funds that seek high current income consistent with maintaining liquidity and preserving capital. There were no unfunded commitments or redemption restrictions.

(4) This class represents investments in actively managed variable separate accounts that invest primarily in debt and equity securities representing special interest objectives such as health sciences and social responsibilities. There were no unfunded commitments or redemption restrictions.

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no significant transfers between levels of the fair value hierarchy during 2016 and 2015.

Note 7 - Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2016 and 2015 to Form 5500:

	2016	2015
Net assets available for benefits per the financial statements	$ 85,595,462	$ 76,979,225
Adjustment for a difference in accounting for plan loans	(890,773)	(844,008)
Net assets available for benefits per Form 5500	$ 84,704,689	$ 76,135,217

The following is a reconciliation of the net increase per the financial statements for the years ended December 31, 2016 and 2015 to Form 5500:

	2016	2015
Net increase per the financial statements	$ 8,616,237	$ 2,452,481
Adjustment for a difference in accounting for plan loans	(46,765)	(48,478)
Net increase per Form 5500	$ 8,569,472	$ 2,404,003

Adena Tax Deferred Annuity/Match Savings Plan

Schedule of Assets Held at End of Year
Form 5500, Schedule H, Line 4i
EIN 31-4379443, Plan No. 004
December 31, 2016

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Unallocated insurance contracts:		
The Variable Annuity Life Insurance Company	VALIC Fixed Account Plus	*	$ 6,910,131
AIG Federal Savings Bank	VALIC Fixed Interest	*	9,045,421
The Variable Annuity Life Insurance Company	Short Term Fixed Account	*	1,625,997
The Variable Annuity Life Insurance Company	Variable separate accounts:		
	Vanguard Wellington Fund, Inc	*	3,586,723
	Mid Cap Index Fund	*	3,070,636
	Stock Index Fund	*	2,041,674
	Small Cap Value Fund	*	1,289,803
	Vanguard Windsor II	*	962,186
	Foreign Value	*	595,205
	International Equities Fund	*	303,953
	Large Capital Growth	*	357,477
	Mid Cap Value Fund	*	521,375
	Science & Technology Fund	*	432,485
	Global Strategy	*	283,744
	Growth Fund	*	360,292
	Emerging Economies	*	316,409
	Socially Responsible Fund	*	299,751
	Strategic Bond Fund	*	209,537
	Ariel Fund	*	292,471
	Mid Cap Strategic Growth Fund	*	202,959
	Blue Chip Growth Fund	*	309,339
	Small Cap Growth Fund	*	183,052
	INTL Opportunities	*	181,806
	Small Cap Index Fund	*	232,466
	International Growth Fund	*	111,630
	Dividend Value	*	238,856
	Core Bond Fund	*	141,125
	Global Real Estate Fund	*	118,261
	SM Cap Special Value	*	107,044
	Core Equity Fund	*	94,923
	High Yield Bond Fund	*	182,631
	Vanguard LifeStrategy CONSERVATIVE	*	12,324
	Moderate Growth Lifestyle	*	75,258
	NASDAQ-100(R) Index Fund	*	80,670
	Inflation Protection Fund	*	88,964
	SM Cap Aggressive Gwth	*	76,852
	Mid Cap Growth Fund	*	62,448
	Ariel Appreciation Fund	*	62,381
	Health Sciences Fund	*	103,989
	Vanguard Long-Term Treasury	*	85,892
	Value Fund	*	57,073

Adena Tax Deferred Annuity/Match Savings Plan

Schedule of Assets Held at End of Year (Continued)
Form 5500, Schedule H, Line 4i
EIN 31-4379443, Plan No. 004
December 31, 2016

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
The Variable Annuity Life Insurance Company	Variable separate accounts (continued):		
	Money Market I Fund	*	$ 50,906
	Large Cap Value Fund	*	78,036
	Vanguard LT INV-Grade Fund	*	70,680
	Small Cap Fund	*	46,598
	Capital Appreciation Fund	*	37,014
	Growth & Income Fund	*	32,047
	SM Mid Growth Fund	*	22,590
	Global Social Awareness Fund	*	28,621
	Vanguard LifeStrategy GROWTH	*	26,812
	Aggressive Growth Lifestyle	*	27,575
	International Government Bond	*	21,921
	Large Cap Core	*	27,606
	Capital Conservation Fund	*	844
	Am Beac Holland Large Cap	*	3,832
	Money Market II Fund	*	4,722
	Vanguard LifeStrategy MODERATE	*	3,244
	Broad Cap Value Inc	*	3,759
	Government Securities Fund	*	1,625
	Asset Allocation Fund	*	1,532
AIG Federal Savings Bank	Mutual funds:		
	Vanguard Wellington	*	11,179,025
	Vanguard Extended Market Index	*	4,337,086
	Vanguard 500 Index Signal	*	5,254,314
	J Hancock 3 Disciplined Value	*	2,008,480
	DFA US SMALL CAP I FUND	*	2,470,715
	Vanguard Total International Stock Index Admiral	*	2,585,233
	AMG Times Square Mid Cap Growth	*	800,129
	Vanguard Federal M Market	*	211,580
	T. Rowe Price RTMT 2040	*	2,069,670
	Mainstay Large Cap Growth	*	1,360,055
	Am Funds Europacific Growth	*	1,366,072
	T. Rowe Price RTMT 2035	*	1,309,035
	Ceredex Mid Cap Value Eq	*	2,408,202
	Western Asset Core Plus Bond IS	*	1,481,688
	T. Rowe Price RTMT 2030	*	1,363,547
	Oppenheimer Developing Markets	*	729,707
	T. Rowe Price RTMT 2025	*	1,159,239
	T. Rowe Price RTMT 2045	*	1,745,776
	Vanguard Total Bond Market Index Admiral	*	1,204,487
	Janus Triton T	*	647,759
	T. Rowe Price RTMT 2020	*	629,452
	T. Rowe Price RTMT 2050	*	982,471
	T. Rowe Price RTMT 2055	*	1,170,707

Adena Tax Deferred Annuity/Match Savings Plan

Schedule of Assets Held at End of Year (Continued)
Form 5500, Schedule H, Line 4i
EIN 31-4379443, Plan No. 004
December 31, 2016

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
AIG Federal Savings Bank	Mutual funds (continued):		
	T. Rowe Price RTMT Inc	*	$ 206,404
	T. Rowe Price RTMT 2010	*	7,979
	PIMCO Low Duration J	*	75,632
	T. Rowe Price RTMT 2015	*	27,585
	T. Rowe Price RET 2005	*	14,054
Participants	Participant notes receivable earning interest at a rate of 4.25-4.50 percent	-	984,202
	Total		**$ 85,595,462**

* Cost information not required

Form 5500

Attachment

Schedule H, line 4i--Schedule of Assets (Held at End of Year)

Name of Plan	Three-digit ERISA plan number	004
Adena Health System Tax Deferred Annuity		
Name of plan sponsor as shown on line 2a of Form 5500	Employer Identification Number	**31-4379443**
Adena Health System, Inc.		
Contract Number: **45251** Plan Number: **003**		

(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	VALIC GENERAL ACCOUNT	FIXED ACCOUNT PLUS		5,801,211
	VALIC GENERAL ACCOUNT	SHORT TERM FIXED ACCOUNT		1,625,997
	VALIC GENERAL ACCOUNT	VALIC FIXED-INTEREST		9,045,421
	VALIC SEPARATE ACCOUNT A	AGGRESSIVE GROWTH LIFESTYLE		27,575
	VALIC SEPARATE ACCOUNT A	AM BEAC HOLLAND LG CAP GROWTH		3,832
	VALIC SEPARATE ACCOUNT A	ARIEL APPRECIATION FUND		62,382
	VALIC SEPARATE ACCOUNT A	ARIEL FUND		292,472
	VALIC SEPARATE ACCOUNT A	ASSET ALLOCATION FUND		1,533
	VALIC SEPARATE ACCOUNT A	BLUE CHIP GROWTH FUND		309,339
	VALIC SEPARATE ACCOUNT A	BROAD CAP VALUE INC		3,760
	VALIC SEPARATE ACCOUNT A	CAPITAL APPRECIATION FUND		37,015
	VALIC SEPARATE ACCOUNT A	CAPITAL CONSERVATION		844
	VALIC SEPARATE ACCOUNT A	CORE BOND FUND		141,125
	VALIC SEPARATE ACCOUNT A	CORE EQUITY FUND		94,923
	VALIC SEPARATE ACCOUNT A	DIVIDEND VALUE		238,856
	VALIC SEPARATE ACCOUNT A	EMERGING ECONOMIES		316,409
	VALIC SEPARATE ACCOUNT A	FOREIGN VALUE		595,205
	VALIC SEPARATE ACCOUNT A	GLOBAL REAL ESTATE FUND		118,261
	VALIC SEPARATE ACCOUNT A	GLOBAL SOCIAL AWARENESS FUND		28,621
	VALIC SEPARATE ACCOUNT A	GLOBAL STRATEGY		283,744
	VALIC SEPARATE ACCOUNT A	GOVERNMENT MONEY MARKET I		50,906
	VALIC SEPARATE ACCOUNT A	GOVERNMENT MONEY MARKET II		4,722
	VALIC SEPARATE ACCOUNT A	GOVERNMENT SECURITIES FUND		1,625
	VALIC SEPARATE ACCOUNT A	GROWTH & INCOME FUND		32,047
	VALIC SEPARATE ACCOUNT A	GROWTH FUND		360,292
	VALIC SEPARATE ACCOUNT A	HEALTH SCIENCES FUND		103,989
	VALIC SEPARATE ACCOUNT A	HIGH YIELD BOND FUND		182,631
	VALIC SEPARATE ACCOUNT A	INFLATION PROTECTED FUND		88,964
	VALIC SEPARATE ACCOUNT A	ITNERNATIONAL GOVERNMENT BOND		21,921
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL GROWTH FUND		111,630
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL EQUITIES INDEX FUND		303,953
	VALIC SEPARATE ACCOUNT A	INTL OPPORTUNITIES		181,806
	VALIC SEPARATE ACCOUNT A	LARGE CAP CORE		27,606
	VALIC SEPARATE ACCOUNT A	LARGE CAP VALUE FUND		78,036
	VALIC SEPARATE ACCOUNT A	LARGE CAPITAL GROWTH		357,477
	VALIC SEPARATE ACCOUNT A	MID CAP GROWTH FUND		62,448
	VALIC SEPARATE ACCOUNT A	MID CAP INDEX FUND		3,070,636
	VALIC SEPARATE ACCOUNT A	MID CAP STRATEGIC GWTH		202,959
	VALIC SEPARATE ACCOUNT A	MID CAP VALUE FUND		521,375
	VALIC SEPARATE ACCOUNT A	MODERATE GROWTH LIFESTYLE		75,258
	VALIC SEPARATE ACCOUNT A	NASDAQ-100® INDEX FUND		80,670
	VALIC SEPARATE ACCOUNT A	SCIENCE & TECHNOLOGY FUND		432,484
	VALIC SEPARATE ACCOUNT A	SM CAP AGGRESSIVE GWTH		76,852
	VALIC SEPARATE ACCOUNT A	SMALL CAP FUND		46,598
	VALIC SEPARATE ACCOUNT A	SMALL CAP GROWTH FUND		183,052
	VALIC SEPARATE ACCOUNT A	SMALL CAP INDEX FUND		232,466
	VALIC SEPARATE ACCOUNT A	SMALL CAP SPECIAL VALUE FUND		107,044
	VALIC SEPARATE ACCOUNT A	SMALL CAP VALUE FUND		1,289,803
	VALIC SEPARATE ACCOUNT A	SMALL MID GROWTH FUND		22,590
	VALIC SEPARATE ACCOUNT A	SOCIALLY RESPONSIBLE FUND		299,751
	VALIC SEPARATE ACCOUNT A	STOCK INDEX FUND		2,041,674
	VALIC SEPARATE ACCOUNT A	STRATEGIC BOND FUND		209,537
	VALIC SEPARATE ACCOUNT A	VALUE FUND		57,073
	VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY CONSER		12,324

Form 5500

Attachment

Schedule H, line 4i--Schedule of Assets (Held at End of Year)

Name of Plan	Three-digit
Adena Health System Tax Deferred Annuity	ERISA plan number **004**
Name of plan sponsor as shown on line 2a of Form 5500	Employer Identification
Adena Health System, Inc.	Number **31-4379443**
Contract Number: **45251** Plan Number: **003**	

(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY GROWTH		26,812
	VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY MODERA		3,244
	VALIC SEPARATE ACCOUNT A	VANGUARD LONG-TERM TREASURY		85,892
	VALIC SEPARATE ACCOUNT A	VANGUARD LT INV-GRADE FUND		70,680
	VALIC SEPARATE ACCOUNT A	VANGUARD WELLINGTON FUND, INC.		3,586,723
	VALIC SEPARATE ACCOUNT A	VANGUARD WINDSOR II		962,186
	MUTUAL FUNDS	AMFUNDS EUROPACIFIC GR R5		1,366,072
	MUTUAL FUNDS	AMG TIMESSQUARE MDCP GRTH PREM		800,129
	MUTUAL FUNDS	CEREDEX MID CAP VALUE EQUITY I		2,408,202
	MUTUAL FUNDS	DFA US SMALL CAP I		2,470,715
	MUTUAL FUNDS	JANUS TRITON T		647,759
	MUTUAL FUNDS	JHANCOCK3 DISCIPLINED VALUE I		2,008,480
	MUTUAL FUNDS	MAINSTAY LARGE CAP GROWTH R1		1,360,055
	MUTUAL FUNDS	OPPENHEIMER DEVELOPING MKTS Y		729,707
	MUTUAL FUNDS	PIMCO LOW DURATION INSTL J		75,632
	MUTUAL FUNDS	T ROWE PRICE RTMT 2055		1,170,707
	MUTUAL FUNDS	T ROWE PRICE RTMT 2010		7,979
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2015		27,585
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2020		629,452
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2025		1,159,239
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2030		1,363,547
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2035		1,309,035
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2040		2,069,670
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2045		1,745,776
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2050		982,471
	MUTUAL FUNDS	T. ROWE PRICE RTMT BALANCED		206,404
	MUTUAL FUNDS	T. ROWE PRICE RET 2005		14,054
	MUTUAL FUNDS	VANGUARD 500 IDX ADM		5,254,314
	MUTUAL FUNDS	VANGUARD EXTENDED MARKET IDX		4,337,086
	MUTUAL FUNDS	VANGUARD PRIME M MKT		211,579
	MUTUAL FUNDS	VANUARD TL BD MK IDX ADM		1,204,487
	MUTUAL FUNDS	VANGUARD TOT INTL STCK IDX ADM		2,585,233
	MUTUAL FUNDS	VANGUARD WELLINGTON ADM		11,179,022
	MUTUAL FUNDS	WESTERN ASSET CORE PLUS BND IS		1,481,688
	PARTICIPANT LOANS	3.00% - 7.50%		1,202,349