## 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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Informatior	1				
For calenda	ar plan year 2017 or f	iscal plan year beginning 01/01/	2017	and ending 0	9/30/2017		
A This ret	turn/report is for:	X a single-employer plan		plan (not multiemployer) ( employer information in ac	_		
		a one-participant plan	a foreign plan				
<b>B</b> This retu	urn/report is	the first return/report	X the final return/repor	t			
		an amended return/report	X a short plan year ret	urn/report (less than 12 m	onths)		
C Check I	box if filing under:	Form 5558	automatic extension	n	DFVC progra	m	
		special extension (enter desc	cription)				
Part II	Basic Plan Info	ormation—enter all requested ir	nformation				
1a Name LIFE & HEA	of plan LTH UNDERWRITER	(S 401(K) PLAN			<b>1b</b> Three-dig plan numb (PN) ▶		
					1c Effective of	date of plan 01/01/2003	
		oyer, if for a single-employer plan)	O. Roy)			Identification Number	
	`	om, apt., suite no. and street, or P.0 ce, country, and ZIP or foreign pos	,	structions)	(EIN)	91-1488312 stelephone number	
LIFE & HEAL	_TH UNDERWRITER	S, INC.				)6-728-1314	
COA LINION S	ST., SUITE 2723		2d Business code (see instructions)				
SEATTLE, W						524210	
20 Disc	destricted and a second				2h Adamininta	stada FINI	
<b>Ja</b> Plan a	aministrator's name a	and address 🛛 Same as Plan Spo	onsor.		<b>3b</b> Administra	ator's EIN	
					3c Administra	ator's telephone number	
		ne plan sponsor or the plan name honsor's name, EIN, the plan name			4b EIN		
	or's name	onson's name, Lin, the plan hame	and the plan number nom	i tile last retuili/report.	4d PN		
C Plan N	lame						
<b>5a</b> Total i	number of participants	s at the beginning of the plan year.			5a	1	
_		s at the end of the plan year			5b	0	
<b>C</b> Numb	er of participants with	account balances as of the end of	the plan year (only define	ed contribution plans	5c	0	
	•	articipants at the beginning of the p			5d(1)	1	
		articipants at the end of the plan ye			5d(2)	0	
		o terminated employment during th			5e	0	
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assesse	ed unless reasonable car			
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, aplete.					
SIGN	Filed with authorized	d/valid electronic signature.	01/10/2018	GEORGE D. HOLLAN	ID		
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	an administrator	
SIGN							
HERE	Signature of empl	over/plan sponsor	Date	Enter name of individ	ual signing as en	nplover or plan sponsor	

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes No	
	If you answered "No" to either line 6a or line 6b, the plan cannel		,					N 100   110
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_		Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r		<u>–</u>	(See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	of Year
a	Total plan assets	7a		17002			(3) = 114	0
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	3	17002				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) -	Гotal
а	Contributions received or receivable from: (1) Employers	8a(1)		0				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		17683				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						17683
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	33	34685				
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions) 8f							
g	Other expenses							
<u>h</u>	h Total expenses (add lines 8d, 8e, 8f, and 8g)							334685
<u>   i                                 </u>	Net income (loss) (subtract line 8h from line 8c)							
j	Transfers to (from) the plan (see instructions)	8j						
Pai	Part IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Pla	an Cha	racteris	stic Co	des in the ins	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the instr	uctions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X		
С	Was the plan covered by a fidelity bond?			10c	Χ			25000
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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	er person e or all of	s by an insurance the benefits under	10e	X			981
f	Has the plan failed to provide any benefit when due under the plan	n? <u></u>		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	end.)	10g		Χ		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Χ		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i				

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Part '	/I Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	edule S	B 	Yes	No X
11a	Enter the 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 ERISA?	n 302 of	f 	Yes	x No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver.			of the letter ru Year	uling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
С	Enter the amount contributed by the employer to the plan for this plan year				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Yes	No	N/A		
Part \	/II Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Ye	s No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			C
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			X Yes I	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	) to			
1	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		<b>13c(3)</b> P	N(s)

## 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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection** 

Part I	Annual Report	Identification Information		ou actions to the LOIN	3300-3F.					
	ndar plan year 2016 or fi	scal plan year beginning 01/01/201	17	and ending Os	0/00/0047	<del></del>				
		X a single-employer plan								
A This	return/report is for:	M a single-employer plan	list of participating	plan (not multiemployer	r) (Filers checking	this box must attach a				
	reserve por to tor.	a one-participant plan	a foreign plan	employer information in	ation in accordance with the form instruc					
			☐ a foreign plan							
B This re	eturn/report is	the first return/report	X the final return/repor	+						
_ ,,,,,•	- 1-11	=	=							
_		an amended return/report	X a snort plan year ret	urn/report (less than 12	months)					
C Chec	k box if filing under:	Form 5558	automatic extension	1	DFVC prog	ram				
		special extension (enter descri	_		☐ bi ve piog	Iaiii				
Part II	Basic Plan Info	rmation—enter all requested info								
1a Nam	e of plan	mation—enter all requested into	ormation							
	ALTH UNDERWRITERS	2 404 (K) DI AN			1b Three-di					
LII L WIIL	ALIII ONDLINVINI LING	HOTICAL PLAN			plan nun	nber   001				
					(PN)					
					1c Effective date of plan 01/01/2003					
2a Plan	sponsor's name (employ	ver, if for a single-employer plan)								
Mailir	Mailing address (include room, apt., suite no. and street, or P.O. Box)					r Identification Number				
City o	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)			tructions)		-1488312				
LIFE & HEA	ALTH UNDERWRITERS	, INC.			2C Sponsor	's telephone number				
					24 5	(206) 728-1314				
601 LINION	IST SHITE 2723					code (see instructions)				
001 0111011	801 UNION ST., SUITE 2723				524210					
SEATTLE, 1	WA 98101									
3a Plan a	administrator's name and	l address 🏿 Same as Plan Spons	SOT.		3b Administrator's EIN					
	Camb day land porison.				3D Administrator's EIN					
					3c Administrator's telephone number					
						ator o teleprione mumber				
4 If the	name and/or FIN of the r	Nan sponsor has shaped since the	a last value ( a contract		<u> </u>					
name	e. EIN. and the plan numb	plan sponsor has changed since the per from the last return/report.	e last return/report filed	for this plan, enter the	4b EIN					
	or's name	you would the fact folding topoli.			4c PN					
		the beginning of the state of t	······································							
		t the beginning of the plan year			. 5a	1				
<b>b</b> Total	number of participants at	the end of the plan year			5b	. 0				
C Numb	er of participants with ac	count balances as of the end of the	e plan year (only defined	contribution plans	5c					
					<del></del>	0				
		cipants at the beginning of the plan			5d(1)	1				
d(2) Tota	al number of active partic	cipants at the end of the plan year.		***************************************	5d(2)	0				
e Numb	er of participants that ter	rminated employment during the pl	an vear with accrued be	nefits that were less						
than '	100% vested	***************************************			5e	0				
Caution: A	penalty for the late or	incomplete filing of this return/re	eport will be assessed	unless reasonable car	use is establishe	ed.				
SB or Sche	dule MB completed and	r penalties set forth in the instruction signed by an enrolled actuary, as w	ons, i declare that i have well as the electronic ver	examined this return/reportsion of this return/report	port, including, if	applicable, a Schedule				
belief, it is t	rue, correct, and comple	te.		sion of this return repor	t, and to the best	of my knowledge and				
SIGN	x & S	. 141	111/2/2017	x George D	1/2/1/	7)				
HERE	Signature of plan adm	injetrote-		`\	101100	12				
	Orginature of plan auti	imstrator	Date	Enter name of individu	ual signing as pla	n administrator				
SIGN HERE	<del></del>									
	Signature of employer	r/plan sponsor	Date	Enter name of individu	ual signing as em	ployer or plan sponsor				
Preparer's r	name (including firm nam	e, if applicable) and address (inclu	ide room or suite numbe	er)	Preparer's telep	hone number				
	74									

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6a 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 our answered "No" to either line 6a or line 6b, the plan car	of an indepe Ty and cond Inot use Fe	endent qualified put itions.) prm 5500-SE and t	olic acco	ountant	(IQPA	A)		Yes
C If the plan is a defined benefit plan, is it covered under the PBGC	insurance	program (see ERIS	A section	n 4021	)?	760 mic		☐ Not determin
Part III Financial Information	<del></del>						2 □ 140 [	Not determine
7 Plan Assets and Liabilities	100	(a) Beginni	na of V	025	Т		(1) To 1	
a Total plan assets	7a	(u) Dogimi		7002	╁╌		(b) End o	
b Total plan liabilities	7b				+-			0
C Net plan assets (subtract line 7b from line 7a)	. 7c		31	7002	+			
8 Income, Expenses, and Transfers for this Plan Year	2 484 550	(a) Am			╁			0
Contributions received or receivable from:     (1) Employers	8a(1)	(a) Alli	Junt	0			(b) To	tal
(2) Participants				0				
(3) Others (including rollovers)	. 8a(3)							
b Other income (loss)	8b		17	683				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		231128		247540	07-5-190		17000
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		334685					17683
e Certain deemed and/or corrective distributions (see instructions)	8e						Tag (4-1)	
f Administrative service providers (salaries, fees, commissions)	8f				- 40			
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	STATE WHEN STATE			la de la constantia	Part Labour		334685
Net income (loss) (subtract line 8h from line 8c)	8i							-317002
Transfers to (from) the plan (see instructions)	8j			-	21/2	A-83.14	and the same	-317002
Part IV Plan Characteristics					100		1 - 11/2 (11/2)	
9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D								
b If the plan provides welfare benefits, enter the applicable welfare fe	ature code:	s from the List of Pl	an Chai	racteris	tic Co	des in ti	he instruction	ons:
Part V Compliance Questions								
O During the plan year:				Yes	No	N/A		
Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Von Program)	oluntary Fid	uciary Correction	. 10a		х		A	mount
b Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not in-	decal = 4	-		х			
C Was the plan covered by a fidelity bond?			400	x		LUTTO O		
Did the plan have a loss, whether or not reimbursed by the plan's fiby fraud or dishonesty?	delity bond	, that was caused	<u> </u>	<u> </u>	х			25000
Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	r persons b	y an insurance	10a	x				981
f Has the plan failed to provide any benefit when due under the plan?	>			<del>                                     </del>	Ţ	10 A-7		
g Did the plan have any participant loans? (If "Yes," enter amount as	of year-end	.)	10f 10g		X			
n If this is an individual account plan, was there a blackout period? (Si 2520.101-3.)	ee instruction	ons and 29 CFR	10h	+	х			
If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3			10i					
						- F	NAME OF TAXABLE PARTY.	

⊢orm	5500	·SF	2016

Page	3-	1

Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding consists at 0.000 to						
	/ / / / / / / / / / / / / / / / / / /				SB		Yes X N
11a 12	- 2.100 tripale minimum required continuous for all years from Schedule SD /Farm From the continuous				1		
12	to allo a domico contribution pian simper to the minimum funding as a linear to the second				of	T	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			· · · · · · · · · · · · · · · · · · ·	•	L	, ,
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see i		tions, a	nd enter	the da		
lf y	you completed the 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 13.		Da	у	Yea	r
b	Enter the minimum required contribution for this plan year			12b	Τ		
	Enter the amount contributed by the employer to the plan for this plan year			12c	-		
	negative amount)	e left o	of a		-		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		*************	+ -	Yes	I No	17
Part \	/II Plan Terminations and Transfers of Assets			<u>·</u>	168	∐ No	∐ N/A
13a	Has a resolution to terminate the plan been adopted in any plan year?				<u> </u>		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			+	X Ye	8	No
	vvere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ıght u	nder the	,		X Yes	0 ∏ No
	which assets or liabilities were transferred. (See instructions.)	tify the	∍ plan(s	) to			
13	c(1) Name of plan(s):		13c/2	) EIN(s)		40.4	
			100(2	) Eliv(S)		13c(	3) PN(s)
Part V	Trust Information						
	ame of trust						
110110	inte of aust			14b ⊤	ust's E	in	
14c N=	ame of trustee or custodian						
. 10 /10	and of trustee of custodian			14d Tr	lian's		
			}	te	lephon	e number	
Part I)	IRS Compliance Questions						<del></del>
15a le i							
	the plan a 401(k) plan? If "No," skip b	[⊔	Yes		L	No	
<b>15b</b> Ho 401	w did the plan satisfy the nondiscrimination requirements for employee deferrals under section (k)(3) for the plan year? Check all that apply:	0	Desigr safe ha	n-based arbor		"Prior ye test	ear" ADP
			"Currer ADP te	nt year"	П	N/A	
16a W	nat testing method was used to satisfy the coverage requirements under section 410(b) for the plan	╀	Ratio	:81			
	- Stock dir that apply.		percer	ntage [	] Ave	erage nefit test	∏ N/A
16b Did	the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)	1				<del></del> _	
		<u> L</u>	Yes		L	No	
the	te plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS calletter and the serial number	pinior	letter o	or advisor	y letter	, enter the	date of
17b If the	ee plan is an individually-designed plan that received a favorable determination letter from the IRS, enter er	ter the	date of	the mos	t recen	t determin	ation
4461	ned Benefit Plan or Money Purchase Pension Plan Only: re any distributions made during the plan year to an employee who attained age 62 and had not separ rice?	ated f	rom [	Yes		No	
19 Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	·		7.7			
			·····  L	Yes		No	