

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
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.) ☒ 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:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>LABORATORY CORPORATION OF AMERICA HOLDINGS CASH BALANCE RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1992</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1992</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/1992</u>					
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) <u>LABORATORY CORPORATION OF AMERICA HOLDINGS</u> <u>531 SOUTH SPRING STREET</u> <u>BURLINGTON, NC 27215</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>13-3757370</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>336-222-7566</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621510</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>13-3757370</u>	2c Plan Sponsor's telephone number <u>336-222-7566</u>	2d Business code (see instructions) <u>621510</u>	
2b Employer Identification Number (EIN) <u>13-3757370</u>					
2c Plan Sponsor's telephone number <u>336-222-7566</u>					
2d Business code (see instructions) <u>621510</u>					

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.	10/10/2018	INNA TEYF
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 17657
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) 10773
a(2) Total number of active participants at the end of the plan year	6a(2) 10036
b Retired or separated participants receiving benefits	6b 1413
c Other retired or separated participants entitled to future benefits	6c 5204
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 16653
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 189
f Total. Add lines 6d and 6e	6f 16842
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 10
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:

1A 1C

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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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)** ☒ **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)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 0 **A** (Insurance Information)
- (4)** ☒ **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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>LABORATORY CORPORATION OF AMERICA HOLDINGS CASH BALANCE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>LABORATORY CORPORATION OF AMERICA HOLDINGS</u>	D Employer Identification Number (EIN) <u>13-3757370</u>

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
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Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>			
2 Assets:			
a Market value	2a	<u>253903616</u>	
b Actuarial value	2b	<u>259530652</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>1486</u>	<u>67088832</u>	<u>67088832</u>
b For terminated vested participants	<u>5399</u>	<u>55110884</u>	<u>55110884</u>
c For active participants	<u>10773</u>	<u>151759568</u>	<u>151759568</u>
d Total	<u>17658</u>	<u>273959284</u>	<u>273959284</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.79 %</u>	
6 Target normal cost	6	<u>5455879</u>	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		
Signature of actuary	<u>10/03/2018</u>	Date
<u>THOMAS E. PALMER</u>	<u>17-05892</u>	Most recent enrollment number
Type or print name of actuary	<u>704-620-6542</u>	Telephone number (including area code)
<u>TOWERS WATSON DELAWARE INC.</u>		
Firm name		
<u>1 BANK OF AMERICA CENTER 150 N. COLLEGE ST. - SUITE 3050 CHARLOTTE, NC 28202</u>		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>7.77</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		548009
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.99</u> %		32826
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		580835
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	94.73%
15 Adjusted funding target attainment percentage	15	94.73%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	95.77%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2017	3150000	0			
07/15/2017	3150000	0			
10/13/2017	3150000	0			
04/13/2018	641790	0			
07/13/2018	641790	0			
09/14/2018	25270000	0			
Totals ▶			18(b)	36003580	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	33315997

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age.....				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	5455879	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	14428632		1776820
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	7232699	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	7232699	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	33315997	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	26083298	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years	☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☐ 2010 ☐ 2011
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan LABORATORY CORPORATION OF AMERICA HOLDINGS CASH BALANCE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 LABORATORY CORPORATION OF AMERICA HOLDINGS	D Employer Identification Number (EIN) 13-3757370	

Part I	Service Provider Information (see instructions)
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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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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)

TOWERS WATSON DELAWARE INC.

53-0181291

(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?
11 16 38 50	ACTUARY	1389344	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAPTRUST FINANCIAL ADVISORS

26-0058143

(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?
27 50	INVESTMENT ADVISOR	163650	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS

04-1867445

(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?
28 51	INVESTMENT MANAGER	123117	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

WELLS FARGO, N.A.

150 FAYETTVILLE STREET MALL
RALEIGH, NC 27601

(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?
21 50 99	TRUSTEE	62793	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MELLON CAPITAL MANAGMENT

25-6078093

(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?
28 51	INVESTMENT MANAGER	35050	Yes ☒ No ☐	Yes ☒ No ☐	0	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
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(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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2017</div> This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>LABORATORY CORPORATION OF AMERICA HOLDINGS CASH BALANCE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LABORATORY CORPORATION OF AMERICA HOLDINGS</u>	D Employer Identification Number (EIN) <u>13-3757370</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)	

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DL NON SL STOCK INDEX FUND</u>			
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>			
c EIN-PN <u>25-6078093-083</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>53623306</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>S & P 500 FLAGSHIP INDEX FUND</u>			
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST COMPANY</u>			
c EIN-PN <u>04-0025081-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>59949961</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DAILY MSCI ACWI EX-US INDEX SL FUND</u>			
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST COMPANY</u>			
c EIN-PN <u>04-0025081-609</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>39052098</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DV NON-SL AGG BOND INDEX FUND</u>			
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>			
c EIN-PN <u>25-6078093-214</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7739312</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DOW JONES UBS COMMODITY INDEX (SM)</u>			
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST COMPANY</u>			
c EIN-PN <u>90-0337987-088</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US TIPS INDEX NL FUND CMTF</u>			
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST COMPANY</u>			
c EIN-PN <u>04-0025081-152</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6232253</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>S & P MIDCAP INDEX FUND</u>			
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST COMPANY</u>			
c EIN-PN <u>90-0337987-035</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23564085</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury 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
		2017
		This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>LABORATORY CORPORATION OF AMERICA HOLDINGS CASH BALANCE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LABORATORY CORPORATION OF AMERICA HOLDINGS</u>	D Employer Identification Number (EIN) <u>13-3757370</u>	

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	<u>67776</u>	<u>0</u>
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	<u>6512000</u>	<u>26553580</u>
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	<u>1361</u>	<u>7525</u>
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	<u>6719155</u>	<u>7390960</u>
(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)		
(9) Value of interest in common/collective trusts.....	1c(9)	<u>189802795</u>	<u>190161013</u>
(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)	<u>50968168</u>	<u>66125648</u>
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(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	254071255 290238726
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	168006 433240
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	168006 433240
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	253903249 289805486

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	36003580
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	36003580
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	30825
	(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)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	30825
(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)	1104761
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1104761
(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)		27082136
(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)		843666
c Other income	2c		16465
d Total income. Add all income amounts in column (b) and enter total.....	2d		65081433

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	23719448	
(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)		23719448
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	1838571	
(2) Contract administrator fees	2i(2)	63745	
(3) Investment advisory and management fees	2i(3)	139197	
(4) Other	2i(4)	3418235	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		5459748
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		29179196

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		35902237
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: HUGHES, PITTMAN & GUPTON, LLP

(2) EIN: 56-1415202

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:

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.).....

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.)

	Yes	No	Amount
4a		X	
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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)	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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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

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 4062177. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan LABORATORY CORPORATION OF AMERICA HOLDINGS CASH BALANCE RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 LABORATORY CORPORATION OF AMERICA HOLDINGS		D Employer Identification Number (EIN) 13-3757370
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 0
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): 56-6414714 41-6257133		
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		3 769
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

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: 56.1% Investment-Grade Debt: 41.2% High-Yield Debt: 0.0% Real Estate: 0.0% Other: 2.7%

- 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):

**LABORATORY CORPORATION OF
AMERICA HOLDINGS CASH
BALANCE RETIREMENT PLAN**

Financial Statements

December 31, 2017 and 2016

**LABORATORY CORPORATION OF AMERICA HOLDINGS
CASH BALANCE RETIREMENT PLAN**

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December 31, 2017 and 2016

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**Hughes Pittman & Gupton, LLP**

1500 Sunday Drive, Suite 300

Raleigh, North Carolina 27607

919.232.5900 919.232.5901 fax

www.hpg.com**Independent Auditors' Report**

The Investment Committee
Laboratory Corporation of America Holdings Cash Balance Retirement Plan
Burlington, North Carolina

We were engaged to audit the accompanying financial statements of the Laboratory Corporation of America Holdings Cash Balance Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements 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

Plan 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.

Auditors' 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 5, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2017 and 2016, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

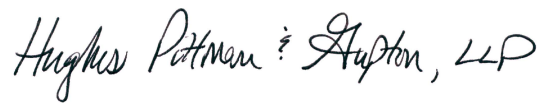
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules, as listed in the accompanying table of contents, as of or for the year ended December 31, 2017, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are 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 the supplemental schedules referred to above.

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 schedules, other than that derived from the information certified by the trustee, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in cursive script that reads "Hughes Postman & Apton, LLP".

Raleigh, North Carolina
October 8, 2018

LABORATORY CORPORATION OF AMERICA HOLDINGS
CASH BALANCE RETIREMENT PLAN

Statements of Net Assets Available for Benefits

December 31, 2017 and 2016

(Dollars in Thousands)

	<u>2017</u>	<u>2016</u>
Assets		
Investments at fair value:		
Collective trust funds	\$ 190,161	\$ 189,803
Mutual funds	66,126	50,968
Money market fund	7,391	6,719
	<u>263,678</u>	<u>247,490</u>
Total investments at fair value		
Receivables:		
Employer contribution receivable	26,554	6,512
Other receivable	8	1
	<u>26,562</u>	<u>6,513</u>
Total receivables		
Cash	<u>-</u>	<u>68</u>
Total assets	<u>290,240</u>	<u>254,071</u>
Liabilities		
Accrued expenses	<u>434</u>	<u>168</u>
Net assets available for benefits	<u>\$ 289,806</u>	<u>\$ 253,903</u>

See accompanying notes to financial statements

LABORATORY CORPORATION OF AMERICA HOLDINGS
CASH BALANCE RETIREMENT PLAN

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31, 2017 and 2016

(Dollars in Thousands)

	<u>2017</u>	<u>2016</u>
Additions		
Additions to net assets attributed to:		
Investment activity:		
Net appreciation in fair value of investments	\$ 27,926	\$ 17,468
Interest and dividends	1,136	1,014
Employer contributions	36,004	13,898
Other income	16	-
Total additions	<u>65,082</u>	<u>32,380</u>
Deductions		
Deductions from net assets attributed to:		
Benefits paid to participants	23,719	22,032
Administrative expenses	5,460	5,427
Total deductions	<u>29,179</u>	<u>27,459</u>
Net increase	35,903	4,921
Net assets available for benefits as of beginning of year	<u>253,903</u>	<u>248,982</u>
Net assets available for benefits as of end of year	<u><u>\$ 289,806</u></u>	<u><u>\$ 253,903</u></u>

See accompanying notes to financial statements

LABORATORY CORPORATION OF AMERICA HOLDINGS

CASH BALANCE RETIREMENT PLAN

Notes to Financial Statements

December 31, 2017 and 2016

(Dollars in Thousands)

NOTE 1: DESCRIPTION OF PLAN

The following description of the Laboratory Corporation of America Holdings (the “Company”) Cash Balance Retirement Plan (the “Plan”) provides only general information. Participants should refer to the plan document for a more complete description of the Plan’s provisions.

General

The Plan was formed on January 1, 1995. The Plan is a cash balance defined benefit pension plan which provides certain retirement and death benefits on a noncontributory basis to all non-union employees of the Company who have completed at least one year of service, are 21 years of age or older, and are not a nonresident alien. Wells Fargo Bank, N.A. serves as the Plan’s trustee (the “Trustee”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The Plan is administered by the Company’s Investment Committee (the “Committee”). The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan’s investments and monitors investment performance.

Participation in the Plan was closed to new entrants as of December 31, 2009, and participants in the Plan have not accrued any additional benefits after that date.

Payment of Benefits

Non-union employees with three or more years of service are entitled to monthly pension benefits beginning at normal retirement age of 65 based on the balance of the participant’s account. The Plan allows for early retirement at ages 55 to 64 for participants with ten or more years of service.

Participants may elect to receive their pension benefits in various forms as provided in the plan document. If participants leave the Company before rendering three years of service, they forfeit the right to receive their accumulated Plan benefits.

Death Benefits

If a participant who has a vested retirement pension dies before his or her pension commencement date, a death benefit will be paid to his or her surviving spouse in accordance with the Plan’s provisions.

LABORATORY CORPORATION OF AMERICA HOLDINGS

CASH BALANCE RETIREMENT PLAN

Notes to Financial Statements

December 31, 2017 and 2016

(Dollars in Thousands)

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Benefit payments to participants are recorded when paid.

Use of Estimates

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits as of January 1, 2017, and changes therein. Actual results could differ from those estimates and assumptions.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The Laboratory Corporation of America Retirement Plan Master Trust ("Master Trust") was created under the terms of a trust agreement between the Trustee and National Health Laboratories, Inc. During 1995, the assets of the Roche Biomedical Laboratories Retirement Plan were transferred to the National Health Laboratories, Inc. Master Trust pursuant to a merger between Roche Biomedical Laboratories, Inc. and National Health Laboratories, Inc. The Plan and the Master Trust were renamed the Laboratory Corporation of America Holdings Cash Balance Retirement Plan and the Laboratory Corporation of America Retirement Plan Master Trust. The assets of the Master Trust are wholly owned by the Plan. Under this current trust agreement, the Trustee manages trust funds on behalf of the Plan. The Trustee and other investment managers have discretionary authority over investment transactions of the Master Trust assigned to their specific management. The Plan is currently the only plan in the Master Trust, thus single plan reporting requirements apply.

LABORATORY CORPORATION OF AMERICA HOLDINGS
CASH BALANCE RETIREMENT PLAN

Notes to Financial Statements

December 31, 2017 and 2016

(Dollars in Thousands)

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided in the plan document. Expenses of maintaining the Plan that are paid directly by the Company are excluded from these financial statements. Trustee's fees, consulting fees, investment manager fees, and Pension Benefit Guaranty Corporation ("PBGC") fees paid by the Plan are included in administrative expenses in these financial statements. Certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Risks and Uncertainties

The Plan invests in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit rates. 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 the amounts reported in the Plan's financial statements and supplemental schedules.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

Financial Instruments

The carrying amounts of certain of the Plan's financial instruments, including contributions receivable and accrued expenses, approximate fair value due to their short maturities.

LABORATORY CORPORATION OF AMERICA HOLDINGS
CASH BALANCE RETIREMENT PLAN

Notes to Financial Statements

December 31, 2017 and 2016

(Dollars in Thousands)

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the services that employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by Willis Towers Watson, an independent consulting actuary, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts of interest) and the probability of payment (by means of decrements such as for death, disability withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used as of January 1, 2017, are summarized as follows:

Discount rate on obligations - 6.75%

Rate of return - 6.75%

Mortality table - Prescribed mortality under Section 430(h)(3)(A) of the Internal Revenue Code (the "IRC") using static tables with separate mortality for annuitants and non-annuitants.

Retirement age - A probability of retirement assumption was used as follows: 2% for ages 55 - 61, 10% for age 62, 5% for age 63, 5% for age 64, 30% for ages 65 - 69, 50% for ages 70 - 74, and 100% for age 75 and over.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

LABORATORY CORPORATION OF AMERICA HOLDINGS
CASH BALANCE RETIREMENT PLAN

Notes to Financial Statements

December 31, 2017 and 2016

(Dollars in Thousands)

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (concluded)

As of January 1, 2017, the accumulated plan benefits were as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments	\$ 63,280
Other participants	<u>196,576</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 259,856</u>

Changes in accumulated plan benefits for the year ending January 1, 2017, are summarized as follows:

Actuarial present value of accumulated plan benefits as of beginning of year	<u>\$ 261,656</u>
Changes during the year attributable to:	
Actuarial gains	(2,199)
Decrease in the discount period	17,544
Actual benefits paid	(22,032)
Change in actuarial assumptions	<u>4,887</u>
Net decrease	<u>(1,800)</u>
Actuarial present value of accumulated plan benefits as of end of year	<u>\$ 259,856</u>

The change in actuarial assumptions of \$4,887 for the year ending January 1, 2017, is a result of a change in the discount rate from 7.00% to 6.75%, a change in the lump sum conversion rate from 5.50% to 4.50%, and a change from the RP-2014 mortality table projected generationally from 2006 using Scale MP-2015 to the RP-2014 mortality table projected generationally from 2006 using Scale MP-2016.

NOTE 3: FUNDING POLICY

The Company's policy is to fund at least the actuarially computed minimum funding requirements of ERISA each year. The Plan met the minimum funding requirements for 2017 and 2016.

LABORATORY CORPORATION OF AMERICA HOLDINGS
CASH BALANCE RETIREMENT PLAN

Notes to Financial Statements

December 31, 2017 and 2016

(Dollars in Thousands)

NOTE 4: PLAN TERMINATION

Although the Company has not expressed intent to terminate the Plan, it reserves that right as provided in the plan document. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
3. Other vested benefits insured by PBGC up to the applicable limitations.
4. All other vested benefits (that is, vested benefits not insured by PBGC).
5. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit projections is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2017, that ceiling is \$5,369 (not in thousands) per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

LABORATORY CORPORATION OF AMERICA HOLDINGS
CASH BALANCE RETIREMENT PLAN

Notes to Financial Statements

December 31, 2017 and 2016

(Dollars in Thousands)

NOTE 4: PLAN TERMINATION (concluded)

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

NOTE 5: INFORMATION PREPARED AND CERTIFIED TO BY TRUSTEE

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held as of December 31, 2017 and 2016, net appreciation in fair value of investments, and interest and dividends for 2017 and 2016 was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee.

	<u>2017</u>	<u>2016</u>
Investments at fair value:		
Collective trust funds	\$ 190,161	\$ 189,803
Mutual funds	66,126	50,968
Money market fund	7,391	6,719
	<u>\$ 263,678</u>	<u>\$ 247,490</u>
Cash	<u>\$ -</u>	<u>\$ 68</u>
Total investment income	<u>\$ 29,062</u>	<u>\$ 18,482</u>

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information included in the financial statements and supplemental schedules.

LABORATORY CORPORATION OF AMERICA HOLDINGS
CASH BALANCE RETIREMENT PLAN

Notes to Financial Statements

December 31, 2017 and 2016

(Dollars in Thousands)

NOTE 6: FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used as of December 31, 2017 and 2016.

Money market fund and mutual funds - Valued at the daily closing price as reported by the funds. The mutual funds held by the Plan are an open-end mutual funds that are registered with the Securities and Exchange Commission. The money market fund and mutual funds are required to publish their daily net asset value and to transact at that price. These funds held by the Plan are deemed to be actively traded.

LABORATORY CORPORATION OF AMERICA HOLDINGS
CASH BALANCE RETIREMENT PLAN

Notes to Financial Statements

December 31, 2017 and 2016

(Dollars in Thousands)

NOTE 6: FAIR VALUE MEASUREMENTS (concluded)

Collective trust funds - Valued based on the underlying unit value as provided by the Trustee. Valuation of the funds' units is published daily and is the basis for current transactions. Unit values are determined by dividing the value of each fund's net assets by the total number of units outstanding on the valuation date. Transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust funds, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities' liquidations will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31:

		2017			
		Investments at Fair Value			
		Level 1	Level 2	Level 3	Total
Collective trust funds	\$	-	\$ 190,161	\$ -	\$ 190,161
Mutual funds		66,126	-	-	66,126
Money market fund		7,391	-	-	7,391
Total investments at fair value		\$ 73,517	\$ 190,161	\$ -	\$ 263,678

		2016			
		Investments at Fair Value			
		Level 1	Level 2	Level 3	Total
Collective trust funds	\$	-	\$ 189,803	\$ -	\$ 189,803
Mutual fund		50,968	-	-	50,968
Money market fund		6,719	-	-	6,719
Total investments at fair value		\$ 57,687	\$ 189,803	\$ -	\$ 247,490

LABORATORY CORPORATION OF AMERICA HOLDINGS
CASH BALANCE RETIREMENT PLAN

Notes to Financial Statements

December 31, 2017 and 2016

(Dollars in Thousands)

NOTE 7: RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are shares of collective trust funds managed by the Trustee as defined by the Plan and, therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for investment management services are included in net appreciation in fair value of the investments, as they are paid through revenue sharing, rather than a direct payment. During 2017, the Plan made direct payments to the Trustee of \$64, PBGC of \$3,418, investment manager fees of \$139, and consulting fees of \$1,839, which were not covered by revenue sharing. During 2016, the Plan made direct payments to the Trustee of \$62, PBGC of \$3,492, investment manager fees of \$134, and consulting fees of \$1,739, which were not covered by revenue sharing. The Company pays directly any other fees related to the Plan's operations.

NOTE 8: INCOME TAX STATUS

The Plan obtained its latest determination letter on November 20, 2012, in which the Internal Revenue Service stated that the Plan and its underlying trust qualify, in form, under the applicable provisions of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by federal and state tax authorities.

NOTE 9: SUBSEQUENT EVENTS

The plan administrator has evaluated subsequent events through October 8, 2018, the date these financial statements were available for issuance, and determined that there were no events which have occurred that would require adjustment to or disclosure in these financial statements.

LABORATORY CORPORATION OF AMERICA HOLDINGS
CASH BALANCE RETIREMENT PLAN

EIN: 13-3757370

Plan Number: 002

Schedule H, Line 4i - Schedule of Assets Held as of End of Year

December 31, 2017

(a)	(b)(c)	(d)	(e)
Par Value, Shares, or Units	Identity of Issue, Borrower, Lessor, or Similar Party and Description of Investment	Cost	Current Value
<hr/>			
*	Wells Fargo Bank, N.A.		
	Collective trust funds:		
	SSGA S&P 500 Flagship Securities		
93,044	Lending Fund	\$ 19,110,667	\$ 59,949,960
	Mellon EB DV Non SL Agg Bond		
375,419	Index Fund	41,424,455	53,623,306
	SSGA Daily MSCI ACWI Ex-US Index		
1,577,926	Non Lending Fund	32,933,231	39,052,098
	SSGA S&P 400 MidCap 400R Index		
87,910	NL Fund	8,359,130	23,564,085
245,036	US TIPS Index NL Fund CMTP Fund	5,271,782	6,232,253
4,327	Mellon EB DV Small Cap STK IDX Fund	2,498,441	7,739,312
		<hr/>	<hr/>
	Total collective trust funds	109,597,706	190,161,014
	Mutual funds:		
	Metropolitan West Total Return Bond Fund		
4,998,576	Class I	53,947,975	53,284,817
705,928	Vanguard REIT Index Fund Institutional		
	Shares	12,629,052	12,840,830
		<hr/>	<hr/>
	Total mutual funds	66,577,027	66,125,647
	Money market fund:		
	Wells Fargo Government Money Market		
7,390,890	Fund Select Class	7,390,890	7,390,890
		<hr/>	<hr/>
	Total investments	\$183,565,623	\$263,677,551
		<hr/>	<hr/>

* Denotes party in interest

Note: Information in this schedule as reported by Wells Fargo Bank, N.A.

LABORATORY CORPORATION OF AMERICA HOLDINGS
CASH BALANCE RETIREMENT PLAN

EIN: 13-3757370

Plan Number: 002

Schedule H, Line 4j - Schedule of Reportable Transactions (1)(2)

For the Year Ended December 31, 2017

(a) (b) Identity of Party and Description of Asset	(c) Purchase Price (3)(4)	(d) Selling Price or Proceeds (3)(4)	(g) Cost of Assets	(h) Current Value of Asset Transaction Date	(i) Net Gain (Loss)
Category (iii) - Series of transactions in excess of 5% of Plan assets:					
Collective trust funds:					
* SSGA Bloomberg Commodities Index					
Non Lending Fund	\$ -	\$ 17,661,894	\$ 12,789,052	\$ 17,661,894	\$ 4,872,842
* Wells Fargo Government Money Market Fund					
Select Class	41,648,179	-	41,648,179	41,648,179	-
* Wells Fargo Government Money Market Fund					
Select Class	-	40,976,307	40,976,307	40,976,307	-

(1) This schedule presents the aggregate transactions in any security where the transactions in that security exceed 5% of Plan assets as of January 1, 2017, as certified by the trustee.

(2) The information in this schedule has been certified as complete and accurate by the trustee.

(3) The value of securities at the time of purchase or sale is the fair value.

(4) Brokerage commissions are included in purchase prices and deducted from sales proceeds.

* Denotes a party in interest

Plan Name	Laboratory Corporation Of America Holdings Cash Balance Retirement Plan
Plan Sponsor EIN	13-3757370
ERISA Plan #	002
Plan Year Ending	December 31, 2017

The required attachment marked with an "X" in the Attachment column is included within the "Signed Schedule MB or Schedule SB" attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

Form / Schedule	Line#	Description	Attachment Title (if different from Description)	Attach- ment
5500 Sch. SB	None	Statement by Enrolled Actuary		x
5500 Sch. SB	Line 27	Actuarial Information Based on Pre-PPA Funding Rules		
5500 Sch. SB	Line E	Information for Each Individual Employer		
5500 Sch. SB	Line 4	Additional Information for Plans in At-Risk Status		
5500 Sch. SB	Line 7	Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding		
5500 Sch. SB	Line 8	Late Election to Apply Balances to Quarterly Installments		
5500 Sch. SB	Line 9	Explanation of Credit Balance Discrepancy		
5500 Sch. SB	Line 18	Contributions Made to the Plan for the Plan Year		
5500 Sch. SB	Line 19	Discounted Employer Contributions		
5500 Sch. SB	Line 20c	Liquidity Requirement Certification		
5500 Sch. SB	Line 22	Description of Weighted Average Retirement Age		x
5500 Sch. SB	Line 23	Information on Use of Multiple Mortality Tables		
5500 Sch. SB	Line 23	Information on Use of Substitute Mortality Tables		
5500 Sch. SB	Line 23	Statement of Actuarial Assumptions/Methods		x
5500 Sch. SB	Part V	Summary of Plan Provisions		x
5500 Sch. SB	Line 24	Change in Actuarial Assumptions		
5500 Sch. SB	Line 25	Change in Method		
5500 Sch. SB	Line 26	Schedule of Active Participant Data		x
5500 Sch. SB	Line 27	Balances Subject to Binding Agreement with PBGC		
5500 Sch. SB	Line 27	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	Line 32	Schedule of Amortization Bases		x
5500 Sch. SB		Other Attachment [Enter Description]		

Plan Name	Laboratory Corporation Of America Holdings Cash Balance Retirement Plan
Plan Sponsor EIN	13-3757370
ERISA Plan #	002
Plan Year Ending	December 31, 2017

The required attachment marked with an “X” in the Attachment column is included within the “Signed Schedule MB or Schedule SB” attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

Form / Schedule	Line#	Description	Attachment Title (if different from Description)	Attach- ment
5500 Sch. SB	None	Statement by Enrolled Actuary		x
5500 Sch. SB	Line 27	Actuarial Information Based on Pre-PPA Funding Rules		
5500 Sch. SB	Line E	Information for Each Individual Employer		
5500 Sch. SB	Line 4	Additional Information for Plans in At-Risk Status		
5500 Sch. SB	Line 7	Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding		
5500 Sch. SB	Line 8	Late Election to Apply Balances to Quarterly Installments		
5500 Sch. SB	Line 9	Explanation of Credit Balance Discrepancy		
5500 Sch. SB	Line 18	Contributions Made to the Plan for the Plan Year		
5500 Sch. SB	Line 19	Discounted Employer Contributions		
5500 Sch. SB	Line 20c	Liquidity Requirement Certification		
5500 Sch. SB	Line 22	Description of Weighted Average Retirement Age		x
5500 Sch. SB	Line 23	Information on Use of Multiple Mortality Tables		
5500 Sch. SB	Line 23	Information on Use of Substitute Mortality Tables		
5500 Sch. SB	Line 23	Statement of Actuarial Assumptions/Methods		x
5500 Sch. SB	Part V	Summary of Plan Provisions		x
5500 Sch. SB	Line 24	Change in Actuarial Assumptions		
5500 Sch. SB	Line 25	Change in Method		
5500 Sch. SB	Line 26	Schedule of Active Participant Data		x
5500 Sch. SB	Line 27	Balances Subject to Binding Agreement with PBGC		
5500 Sch. SB	Line 27	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	Line 32	Schedule of Amortization Bases		x
5500 Sch. SB		Other Attachment [Enter Description]		

LABORATORY CORPORATION OF AMERICA HOLDINGS
CASH BALANCE RETIREMENT PLAN

EIN: 13-3757370

Plan Number: 002

Schedule H, Line 4j - Schedule of Reportable Transactions (1)(2)

For the Year Ended December 31, 2017

(a) (b) Identity of Party and Description of Asset	(c) Purchase Price (3)(4)	(d) Selling Price or Proceeds (3)(4)	(g) Cost of Assets	(h) Current Value of Asset Transaction Date	(i) Net Gain (Loss)
Category (iii) - Series of transactions in excess of 5% of Plan assets:					
Collective trust funds:					
* SSGA Bloomberg Commodities Index					
Non Lending Fund	\$ -	\$17,661,894	\$12,789,052	\$ 17,661,894	\$ 4,872,842
* Wells Fargo Government Money Market Fund					
Select Class	41,648,179	-	41,648,179	41,648,179	-
* Wells Fargo Government Money Market Fund					
Select Class	-	40,976,307	40,976,307	40,976,307	-

(1) This schedule presents the aggregate transactions in any security where the transactions in that security exceed 5% of Plan assets as of January 1, 2017, as certified by the trustee.

(2) The information in this schedule has been certified as complete and accurate by the trustee.

(3) The value of securities at the time of purchase or sale is the fair value.

(4) Brokerage commissions are included in purchase prices and deducted from sales proceeds.

* Denotes a party in interest

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan LABORATORY CORPORATION OF AMERICA HOLDINGS CASH BALANCE RETIREMENT PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">B Three-digit plan number (PN) ►</td> <td style="width: 30%; text-align: center;">002</td> </tr> </table>	B Three-digit plan number (PN) ►	002
B Three-digit plan number (PN) ►	002		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Laboratory Corporation of America Holdings	D Employer Identification Number (EIN) 13-3757370		
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B			
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500			

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>		
2	Assets:		
	a Market value	2a	253,903,616
	b Actuarial value	2b	259,530,652
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	1,486	67,088,832
	b For terminated vested participants	5,399	55,110,884
	c For active participants	10,773	151,759,568
	d Total	17,658	273,959,284
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.79%
6	Target normal cost	6	5,455,879

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<div style="text-align: center;"> Signature of actuary </div> <div style="text-align: center;"> Thomas E. Palmer Type or print name of actuary </div> <div style="text-align: center;"> Towers Watson Delaware Inc. Firm name </div> <div style="text-align: center;"> 1 Bank of America Center 150 N. College St. - Suite 3050 Charlotte NC 28202 Address of the firm </div>	<div style="text-align: center;"> Date </div> <div style="text-align: center;"> 1705892 Most recent enrollment number </div> <div style="text-align: center;"> 704-620-6542 Telephone number (including area code) </div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	5,455,879
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance Installment	
a Net shortfall amortization installment		14,428,632	1,776,820
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34	7,232,699
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)		36	7,232,699
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	33,315,997
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	26,083,298
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☐ 2 plus 7 years ☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42 Amount of acceleration adjustment		42	0
43 Excess installment acceleration amount to be carried over to future plan years		43	0

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Laboratory Corporation of America Holdings
EIN/PN	13-3757370 / 002
Plan Name	Laboratory Corporation of America Holdings Cash Balance Retirement Plan
Valuation Date	January 1, 2017
Enrolled Actuary	Thomas E. Palmer
Enrollment Number	17-05892

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2017

The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.02	1,000,000	1.000000	0.020000	1.100000
56	0.02	980,000	0.980000	0.019600	1.097600
57	0.02	960,400	0.960400	0.019208	1.094856
58	0.02	941,192	0.941192	0.018824	1.091783
59	0.02	922,368	0.922368	0.018447	1.088394
60	0.02	903,921	0.903921	0.018078	1.084705
61	0.02	885,842	0.885842	0.017717	1.080728
62	0.10	868,126	0.868126	0.086813	5.382378
63	0.05	781,313	0.781313	0.039066	2.461136
64	0.05	742,247	0.742247	0.037112	2.375191
65	0.30	705,135	0.705135	0.211540	13.750132
66	0.30	493,595	0.493595	0.148079	9.773190
67	0.30	345,517	0.345517	0.103655	6.944888
68	0.30	241,862	0.241862	0.072559	4.933980
69	0.30	169,303	0.169303	0.050791	3.504577
70	0.50	118,512	0.118512	0.059256	4.147930
71	0.50	59,256	0.059256	0.029628	2.103593
72	0.50	29,628	0.029628	0.014814	1.066610
73	0.50	14,814	0.014814	0.007407	0.540712
74	0.50	7,407	0.007407	0.003704	0.274060
75	1.00	3,704	0.003704	0.003704	0.277763

Average age at retirement 65.174208

Rounded for Schedule SB item 22

65 ==> SCHB_WARA

Plan Name: Laboratory Corporation of America Holdings Cash Balance Retirement Plan
 EIN / PN: 13-3757370 / 002
 Plan Sponsor: Laboratory Corporation of America Holdings
 Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

■ Applicable month	September
■ Interest rate basis	3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	4.16%	1.52%
■ Second segment rate	5.72%	3.88%
■ Third segment rate	6.48%	4.79%
■ Effective interest rate	5.79%	3.96%

Conversion of prior plan annuities to lump sums

The lump sum conversion rate is equal to the 3 segment rates used to determine the Funding Target Liability.

Plan Name:	Laboratory Corporation of America Holdings Cash Balance Retirement Plan
EIN / PN:	13-3757370 / 002
Plan Sponsor:	Laboratory Corporation of America Holdings
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee enters the plan. The plan was closed to new entrants on December 31, 2009.
New or rehired employees	It was assumed there will be no new or rehired employees.
Plan-related expenses	The amount included this year for plan-related expenses is \$5,455,879. This is the amount of actual administrative expenses paid for the prior year.
Covered pay	Not applicable. The plan was frozen on December 31, 2009.

Mortality

☐ Healthy	Prescribed mortality under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality for annuitants and non-annuitants.
☐ Disabled	Alternative disabled life mortality tables as defined under Rev. Ruling 96-7.

Termination	Sample rates at which participants are assumed to leave the company by age and gender are shown below:
--------------------	--

Percentage assumed to leave during the year

	Years of Service			
	<3	3	4	5+
Attained Age				
<25	27%	23%	17%	15%
25 - 30	23%	20%	17%	15%
30 - 35	21%	17%	15%	12%
35 - 40	18%	16%	13%	9%
40 - 45	16%	15%	13%	8%
45 - 54	15%	15%	12%	7%
55+	18%	18%	14%	10%

Plan Name:	Laboratory Corporation of America Holdings Cash Balance Retirement Plan
EIN / PN:	13-3757370 / 002
Plan Sponsor:	Laboratory Corporation of America Holdings
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Disability

Rates varying by age and gender

Representative Disability Rates

Probability of becoming disabled during the year		
Age	Males	Females
25	0.00278	0.00417
30	0.00275	0.00413
35	0.00288	0.00432
40	0.00323	0.00485
45	0.00405	0.00608
50	0.00574	0.00861
55	0.00868	0.01302
60	0.01363	0.02045
64	0.01938	0.02907

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants are assumed to retire by age are shown below:

Age	Percentage Retiring
55-61	2%
62	10%
63	5%
64	5%
65-69	30%
70-74	50%
75	100%

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 65. For cash balance participants, immediate.
- Deferred vested benefit Upon termination of employment.
- Disability benefit The earlier of termination of employment or the date the participant attains age 65.
- Retirement benefit Upon termination of employment.

Plan Name: Laboratory Corporation of America Holdings Cash Balance Retirement Plan
EIN / PN: 13-3757370 / 002
Plan Sponsor: Laboratory Corporation of America Holdings
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Form of payment	All active participants are assumed to elect a lump sum distribution upon termination or retirement. Upon disability, current active participants are assumed to elect a lump sum distribution at age 65. Terminated vested participants are assumed to elect an annuity beginning at age 65.
Percent married	70% of eligible participants. Used to value pre-retirement surviving spouse benefits.
Spouse age	Wife three years younger than husband.
Cash flow timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement and beginning of year decrements are assumed for the valuation.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.

Plan Name:	Laboratory Corporation of America Holdings Cash Balance Retirement Plan
EIN / PN:	13-3757370 / 002
Plan Sponsor:	Laboratory Corporation of America Holdings
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Actuarial value of assets

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2016 plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with Laboratory Corporation of America and, based on that review, is not aware of any significant benefits required to be valued that were not.

Plan Name:	Laboratory Corporation of America Holdings Cash Balance Retirement Plan
EIN / PN:	13-3757370 / 002
Plan Sponsor:	Laboratory Corporation of America Holdings
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

Employee data was supplied by the plan sponsor on regular payroll feeds. Data on persons receiving benefits was supplied on a listing from the plan trustee. Data on other participants (terminated vested) is kept by Willis Towers Watson and updated each year to reflect new terminations provided by the client or terminated vested participants who have recently commenced payment. Information on assets, contributions and plan provisions was supplied by the plan sponsor.

Data was reviewed for reasonableness and consistency, but no audit was performed. Assumptions or estimates were made when data was not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Cash balance interest crediting rate	The plan credits interest to cash balance accounts using a fixed 4.00% rate.
Lump sum conversion rate	As required by IRC 430, lump sum benefits are valued using "annuity substitution," so that the interest rates assumed are effectively the same as described above for the discount rate.
Administrative "and investment" expenses	Plan-related expenses are estimated by determining the actual expenses paid from the trust the preceding year.

Assumptions Rationale - Significant Demographic Assumptions

Healthy and Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430.
Termination	Termination rates were based on an experience study conducted in 2014. The study reviewed termination rates between January 1, 2009 and January 1, 2014. Annual consideration will be given to whether any conditions have changed that would be expected to produce different results in the future.

Plan Name:	Laboratory Corporation of America Holdings Cash Balance Retirement Plan
EIN / PN:	13-3757370 / 002
Plan Sponsor:	Laboratory Corporation of America Holdings
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Retirement

Retirement rates were based on an experience study conducted in 2011. Annual consideration has been given to whether any conditions have changed that would be expected to produce different results in the future.

Benefit commencement for deferred benefits

Deferred vested participants who did not elect the lump sum form of payment at termination are assumed to begin benefits at age 65 (or current age if later). Deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at earlier ages is not expected to be significant.

Form of payment

The percentage of terminating/retiring active participants assumed to take lump sums is based on observed experience. Of the hundreds of active participants who separate from service each year, only a small handful choose the annuity payment form. In each of the past three years, less than 5 percent have chosen the annuity payment form.

Marital Assumptions

■ Percent married

The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age.

■ Spouse age

The assumed age difference for spouses is based on general population statistics on the age difference for married individuals of retirement age.

Plan Name:	Laboratory Corporation of America Holdings Cash Balance Retirement Plan
EIN / PN:	13-3757370 / 002
Plan Sponsor:	Laboratory Corporation of America Holdings
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods

The methods used for funding purposes, including the method of determining plan assets, are "prescribed methods set by law," as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2015 to September 2016 as required by IRC §430.
- The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements as required by IRC §430.
- The assumed plan-related expenses added to the target normal cost were updated from \$4,860,853 for 2016 to \$5,455,879 for 2017.

Change in methods since prior valuation

None.

Plan Name: Laboratory Corporation of America Holdings Cash Balance Retirement Plan
EIN / PN: 13-3757370 / 002
Plan Sponsor: Laboratory Corporation of America Holdings
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The plan was originally effective January 1, 1992, restated effective January 1, 2011 and subsequently amended by Amendment Number 1 (adopted December 2012) which addressed the requirement of Code 436, changes required by the Pension Protection Act.

Definitions

Plan year The twelve-month period ending December 31.

Covered employees All employees are eligible to participate under the plan on the Entry Date coincident with or next following the later of attaining age 21 and first anniversary of hire. For employees hired prior to January 1, 1995, Entry Date means the first day of the month. For employees hired on or after January 1, 1995, Entry Date means the first day of each January and July. "Employee" means any person on the payroll whose wages are subject to withholding for the purposes of federal income tax.

Note: If an employee meets the age requirement, but fails to complete 1,000 hours during the first year, participation will begin on the January 1 following the plan year in which 1,000 hours are completed.

Participation in the plan was closed to new entrants as of December 31, 2009, and participants in the plan will not accrue any additional benefits after that date.

Credited service The number of years and completed months of service from date of participation to date of termination, adjusted for certain periods of unpaid absence. Credited service stops accruing as of December 31, 2009.

Vesting service Total service from date of hire to date of termination, less any absence in excess of 12 months that is excluded from credited service, using elapsed time.

Plan Name: Laboratory Corporation of America Holdings Cash Balance Retirement Plan
EIN / PN: 13-3757370 / 002
Plan Sponsor: Laboratory Corporation of America Holdings
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Sample special service provisions

- a. Employees of Biomedical Reference Laboratories, Inc.
Service for the purposes of participation and vesting is measured from date of hire by BRL; Credited Service is measured from the later of January 1, 1983 or the date of employment.
- b. Former Participants in the CBL Plan as of June 30, 1983
Service for the purposes of determining participation and vesting is measured from the same date that such service commenced under the CBL Plan. Credited Service is measured from July 1, 1983.
- c. Former Participants in the RCL Plan as of December 31, 1983
Service for the purposes of determining participation and vesting shall take into account all service with Roche Clinical Laboratories, Inc. Credited Service is measured from the same date that such service commenced under the RCL Plan.
- d. Employees in the Roche Clinical Laboratories Division as of December 31, 1983 and other than those described in (c)
Service for the purposes of determining participation and vesting shall take into account all service with Roche Clinical Laboratories, Inc. Credited Service is measured from January 1, 1984.
- e. Former Participants in the Medlabs Plan as of February 28, 1989
Service for the purposes of determining participation and vesting shall take into account all service with Medical Laboratory Associates, Inc. and Affiliated Companies. Credited Service is measured from July 1, 1988.
- f. Former Employees of Allied Clinical Laboratories
Service for the purposes of participation and vesting service is measured from the later of June 23, 1994 or date of hire with date of participation not earlier than January 1, 1996. Credited service is measured from the later of January 1, 1996 or date of participation.
- g. Former Employees of Med Express
Service for the purposes of participation and vesting is measured from the later of July 14, 1995 or date of hire. Credited Service is measured from date of participation.

Plan Name:	Laboratory Corporation of America Holdings Cash Balance Retirement Plan
EIN / PN:	13-3757370 / 002
Plan Sponsor:	Laboratory Corporation of America Holdings
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

h. Former Employees of Nyack Hospital Laboratories

Service for purposes of participation and vesting is measured from date of hire with date of participation not earlier than May 1, 1995. Credited Service is measured from the later of May 1, 1995 or date of participation.

i. Former Eligible Employees of Dynacare Laboratories

Service for purposes of participation and vesting is measured from the later of July 25, 2002 or date of hire. Credited service is measured from the later of January 1, 2004 or date of participation.

j. Former Employees of Path Lab

Service for purposes of participation and vesting is measured from the later of May 1, 2001 or date of hire. Credited service is measured from the later of July 1, 2002 or date of participation.

k. Former Employees of Dianon Systems

Service for purposes of participation and vesting is measured from the later of January 17, 2003 or date of hire. Credited service is measured from the later of July 1, 2004 or date of participation.

**Final average
compensation**

The monthly average of the 5 consecutive calendar years' compensation out of the last 10 years that gives the highest average. For benefits accrued prior to July 1, 1995 under the Roche Biomedical Laboratories Retirement Plan (the "RBL Plan"), and for participants grandfathered under that plan formula, the monthly average is based on the highest 60 months out of the last 120 months that gives the highest average. No compensation shall be taken into account under the plan for any period after December 31, 2009.

Plan compensation

Compensation includes base pay plus any compensation deferred under a Section 125 or Section 401(k) plan, including shift differentials. Compensation is limited to \$200,000 (indexed beginning in 2002) as required.

Social Security benefit

This benefit is the estimated monthly amount of primary old age insurance payable at age 65. In the case of an early retirement for participants grandfathered under the National Health Laboratories Incorporated Retirement Plan (the "NHL Plan"), the estimate is based on no future earnings after retirement; otherwise, it is assumed that earnings remain level until age 65.

Plan Name:	Laboratory Corporation of America Holdings Cash Balance Retirement Plan
EIN / PN:	13-3757370 / 002
Plan Sponsor:	Laboratory Corporation of America Holdings
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Age 65 and five years of employment. For grandfathered participants under the RBL Plan, normal retirement date is age 65.
Late retirement	Retirement after NRD
Early retirement	Age 55 and 10 years of vesting service.
Disability	Total and permanent disability of participant prior to normal retirement date, 3 years of vesting service required (5 years if no Hours of Service have been worked since 1/1/2008).
Deferred vested termination	A participant is 100% vested upon completion of 3 years of vesting service (5 years if no Hours of Service have been worked since 1/1/2008). However, all participants become 100% vested upon reaching Normal Retirement Date.
Preretirement death	3 years of vesting service (5 years if no Hours of Service have been worked since 1/1/2008).

Plan Name:	Laboratory Corporation of America Holdings Cash Balance Retirement Plan
EIN / PN:	13-3757370 / 002
Plan Sponsor:	Laboratory Corporation of America Holdings
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement

Former Participants of the NHL Incorporated Employees' Retirement Plan

For benefits accrued prior to January 1, 1995 and for all grandfathered participants (age 50 and 15 Years of Vesting Service as of December 31, 1994), a monthly pension equal to the greater of (a) or (b) as follows:

- a. 52% of 1/12 of Final Average Compensation less 50% of Social Security benefit, reduced proportionately for credited service of less than 30 years. Up to 34/30 of the benefit formula can be earned based on service for employees of Revlon on October 31, 1976.
- b. The benefit determined from the minimum benefit schedule as follows:

Final Average Compensation	Monthly Minimum for Each Year of First 20 Years of Credited Service	Monthly Minimum for each Year of Credited Service From 20th to 30th Year*
\$18,000 and Over	\$24.00	\$19.50
\$17,000 - \$17,999	\$23.00	\$18.50
\$16,000 - \$16,999	\$22.00	\$17.50
\$15,000 - \$15,999	\$21.00	\$16.50
\$14,000 - \$14,999	\$20.00	\$15.50
\$13,000 - \$13,999	\$19.00	\$14.50
\$12,000 - \$12,999	\$18.00	\$13.50
\$11,000 - \$11,999	\$17.00	\$12.50
\$10,000 - \$10,999	\$16.00	\$11.50
\$9,000 - \$9,999	\$15.00	\$10.50
\$8,000 - \$8,999	\$14.00	\$9.50
\$7,000 - \$7,999	\$13.00	\$8.50
\$6,000 - \$6,999	\$12.00	\$7.50
\$5,999 and Below	\$11.00	\$6.50

*Up to the 34th year if employed by Revlon on October 31, 1976

Plan Name: Laboratory Corporation of America Holdings Cash Balance Retirement Plan
EIN / PN: 13-3757370 / 002
Plan Sponsor: Laboratory Corporation of America Holdings
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Former Participants of the Roche Biomedical Laboratories Retirement Plan

For benefits accrued prior to July 1, 1995 and for all grandfathered participants, (age 50 and 15 Years of Vesting Service as of June 30, 1995), a monthly pension benefit equal to the greater of (a) or (b) as follows:

- a. 1.83% of Final Average Compensation multiplied by credited service not in excess of 25 years, less 0.63% of Final Average Compensation limited to Covered Compensation multiplied by credited service not in excess of 25 years.
- b. The following benefit schedule frozen as of December 31, 1988: 2% of Final Average Compensation multiplied by credited service not in excess of 25 years, less 2% of Primary Social Security multiplied by credited service not in excess of 25 years.

Covered Compensation is the 35 year average of the Social Security Wage Bases ending with the year the employee attains Social Security Retirement Age.

Plan Name:	Laboratory Corporation of America Holdings Cash Balance Retirement Plan
EIN / PN:	13-3757370 / 002
Plan Sponsor:	Laboratory Corporation of America Holdings
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Former Participants in the CBL Plan

For benefits accrued prior to July 1, 1995 and for all grandfathered participants, (age 50 and 15 Years of Service as of June 30, 1995), former participants in the CBL Plan as of June 30, 1983 will receive the greater of (a) or (b)

- a. The sum of:
 - I. 1% of Basic Earnings Rate as of June 30, 1983 multiplied by service as of December 31, 1975.
 - II. 1.2% of Basic Earnings Rate as of June 30, 1983 multiplied by service earned from December 31, 1975 through June 30, 1983.
 - III. The RBL plan benefit based upon service measured from June 30, 1983, not in excess of 25 years.
- b. The sum of:
 - I. 1% of the greater of Earnings and Final Average Earnings multiplied by service as of December 31, 1975.
 - II. 1.2% of the greater of Earnings and Final Average Earnings multiplied by service earned from December 31, 1974 through June 30, 1983.
 - III. The RBL plan benefit based upon service measured from June 30, 1983 such that the sum of service considered under (i), (ii) and (iii) does not exceed 25 years.

In the CBL Plan, Basic Earnings Rate is defined as the highest five consecutive year average earnings rates for the participant at the date of determination, where earnings rate is defined as the participant's base salary rate on a preceding December 1st.

The foregoing CBL Pension Plan benefit was frozen effective December 31, 1988.

Plan Name:	Laboratory Corporation of America Holdings Cash Balance Retirement Plan
EIN / PN:	13-3757370 / 002
Plan Sponsor:	Laboratory Corporation of America Holdings
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Former Participants in the RCL Plan

For benefits accrued prior to July 1, 1995 and for all grandfathered participants, (age 50 and 15 Years of Service as of June 30, 1995), former participants in the RCL Plan as of December 31, 1983 who elected to continue making contributions after December 31, 1983 and whose retirement date is on or before June 30, 1992 will receive a benefit (the "RCL Plan Formula") computed as follows:

- For a participant with less than 15 years of Continuous Service, the benefit is 2% of earnings less \$18 for each year of Continuous Service.
- For a participant with at least 15 years of Continuous Service, the benefit is 2.4% of Final Average Earnings less \$57.60 times years of Continuous Service not in excess of 25 years.

Former participants in the RCL Plan as of December 31, 1983 who elected to make no contributions after December 31, 1983 or former participants in the RCL Plan as of December 31, 1983 who elected to continue making contributions after December 31, 1983 and whose retirement date is on or after July 1, 1992 will receive a benefit computed as follows:

- For Continuous Service prior to the date contributions were discontinued, the amount determined under (a) or (b) above (the RCL Plan Formula). In determining whether (a) or (b) is used, all years of Continuous Service as of the participant's retirement date shall be taken into account.
- For Continuous Service after the date contributions were discontinued but prior to the completion of 25 years of Continuous Service, the RBL Plan benefit.

Plan Name:	Laboratory Corporation of America Holdings Cash Balance Retirement Plan
EIN / PN:	13-3757370 / 002
Plan Sponsor:	Laboratory Corporation of America Holdings
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Former Participants in the Medlabs Plan

For benefits accrued prior to July 1, 1995 and for all grandfathered participants, (age 50 and 15 Years of Service as of June 30, 1995), former participants in the Medlabs Plan as of February 28, 1989 will receive the Medlabs Plan accrued benefit based on service and earnings to June 30, 1988 under that Plan plus the RBL plan benefit based on continuous service from July 1, 1988.

Cash Balance Formula

For all non-grandfathered participants, subsequent to December 31, 1994 for former NHL Plan participants and June 30, 1995 for former RBL Plan participants, a cash balance plan benefit based on Pay-based Credit as follows:

Pay-based Credit:

Credited Service	Pay-based Credit
0-1.99 years	2.25%
2-4.99 years	2.50%
5-9.99 years	3.00%
10-14.99 years	4.00%
15-19.99 years	5.00%
20-33.99 years	6.00%
34+ years	0.00%

Interest Credit: 4.00%.

The monthly benefit is developed by projecting the cash balance as of the end of the year of determination to Normal Retirement Date based on the interest credit rate in effect at determination, then converting to a monthly benefit using actuarial equivalence based on the applicable mortality table and the applicable interest rate defined in the IRC Section 417(e) for the year of determination.

Plan Name:	Laboratory Corporation of America Holdings Cash Balance Retirement Plan
EIN / PN:	13-3757370 / 002
Plan Sponsor:	Laboratory Corporation of America Holdings
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Late retirement

If retirement occurs after the normal retirement date, the late retirement income will be the greater of:

- a. the benefit calculated using credited service and compensation as of the late retirement date; and
- b. the benefit accrued as of the normal retirement date, actuarially increased to the late retirement date.

Accrued benefit

The participant's accrued benefit at any given date is determined under the normal retirement formula(s) shown above, but is based on current credited service, final average monthly compensation, and social security benefit (subject to the plan freeze on 12/31/2009).

Former Participants in the RBL Plan

The pre-7/1/95 accrued benefit and grandfathered accrued benefit is computed in the same manner as the Normal Retirement Benefit except that Credited Service is projected to Normal Retirement Date (and then limited to 25 years). The resulting benefit is then multiplied by Credited Service at Termination divided by Credited Service projected to Normal Retirement Date.

Former Participants in the CBL Pension Plan

The deferred vested benefit for former participants in the CBL Pension Plan as of June 30, 1983 is the sum of the CBL Plan accrued benefit as of June 30, 1983 and the RBL Plan deferred vested benefit based on Continuous Service measured from July 1, 1983. The CBL Plan accrued benefit is subject to the reduction (if any) for early commencement that would have applied under the CBL Plan and the vesting percent under the CBL Plan, recognizing Service under this Plan as though it were under the CBL Plan.

Benefits may commence after the attainment of age 50.

The foregoing CBL Pension Plan benefit was frozen effective December 31, 1988.

Plan Name:	Laboratory Corporation of America Holdings Cash Balance Retirement Plan
EIN / PN:	13-3757370 / 002
Plan Sponsor:	Laboratory Corporation of America Holdings
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Former Participants in the RCL Plan

The portion of the accrued benefit attributable to Continuous Service prior to the earlier of the discontinuance of contributions or July 1, 1992 will be determined as follows:

- A participant who would have completed less than 15 years of Continuous Service of his Continuous Service had continued to his Normal Retirement Date will use part (a) of the RCL Plan Formula.
- A participant who would have completed 15 or more years of Continuous Service if his Continuous Service had continued to his Normal Retirement Date will use part (b) of the RCL Plan Formula.

Former Participants in the Medlabs Plan

The deferred vested benefit for former participants in the Medlabs Plan as of February 28, 1989 is the sum of the Medlabs Plan accrued benefit as of June 30, 1988 and the RBL Plan deferred vested benefit based on Continuous Service from July 1, 1988. The Medlabs Plan accrued benefit is subject to the reduction (if any) for early commencement that would have applied under the Medlabs Plan.

Plan Name:	Laboratory Corporation of America Holdings Cash Balance Retirement Plan
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Plan Sponsor:	Laboratory Corporation of America Holdings
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Early retirement benefit

Accrued monthly benefit as of early retirement date reduced ½% for each month benefits begin before age 65.

For former RBL Plan participants, grandfathered benefits and benefits accrued prior to July 1, 1995 are reduced 1/180th for each of the first sixty months benefits begin before Normal Retirement Date and 1/360th for each of the next sixty months.

For participants in the RCL Plan as of December 31, 1983, the portion of the Early Retirement Benefit attributable to Continuous Service prior to the earlier of the discontinuance of contributions or July 1, 1992 will be determined as follows:

- A participant with 15 or more year of Continuous Service at Early Retirement Date will use part (b) of the RCL Plan Formula.
- A participant with less than 15 years of Continuous Service at Early Retirement Date but who would have completed 15 or more years if his Continuous Service had continued to his Normal Retirement Date will use part (b) of the RCL Plan Formula.
- A participant with less than 15 years of Continuous Service at Early Retirement Date and who would have completed less than 15 years if his Continuous Service had continues to his Normal Retirement Date will use part (a) of the RCL Plan Formula.

Disability benefit

For pre-1995 accrued benefits and Grandfather formula: The accrued benefit is as of the date of disability. The amount of accrued benefit is reduced for each month benefits begin before age 65 as follows: ½% for each such month after age 55 and actuarially for each such month before age 55.

For former RBL Plan participants, grandfathered benefits and benefits accrued prior to July 1, 1995 are reduced in the same manner as for the Early Retirement Benefit described above.

Cash Balance Pension Plan Benefit: Distribution of 100% of the cash balance.

Plan Name:	Laboratory Corporation of America Holdings Cash Balance Retirement Plan
EIN / PN:	13-3757370 / 002
Plan Sponsor:	Laboratory Corporation of America Holdings
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

**Vested benefits upon
termination of service**

The termination benefit is equal to the vested accrued benefit, payable in the normal form, commencing at normal retirement date. Optionally, the participant may elect to receive an actuarially reduced benefit commencing prior to normal retirement date. For benefits earned under the Cash Balance Pension Plan formula, the participant may elect a distribution of their vested cash balance account.

**Death benefits for participants
in active service**

The participant's spouse will receive a monthly retirement income payable for life in an amount equal to 50% of the amount the participant would have received if he had survived and elected to commence receiving a retirement income at the earliest date allowed under the plan, payable under the qualified joint and 50% contingent option. For benefits earned under the Cash Balance Pension Plan formula, an immediate distribution of 50% of the account may be requested by the spouse. No benefits are payable in the event of death of an unmarried participant.

**Death benefits for former
participants in the RCL Plan**

A former participant in the RCL Plan as of December 31, 1983 will receive a death benefit calculated only upon that portion of his retirement benefit attributable to the RBL plan benefit.

Additionally, a participant who has completed the eligibility requirements for early retirement may elect, at any time before benefit commencement, a pre-retirement death benefit for only the portion of his retirement benefit attributable to Continuous Service prior to the earlier of the discontinuance of contributions or July 1, 1992. On the death of a participant who elected this option, his spouse will receive a monthly benefit equal to 50% of the RCL Plan Formula portion of the benefits the participant would have received had he retired on the day before his death. The RCL Plan Formula portion of the benefit that participant receives at actual retirement will be reduced by .5% for each year that the election is in effect to cover the cost of this option.

As a minimum, a participant's beneficiary will receive a refund of the participant's employee contributions with interest.

Plan Name:	Laboratory Corporation of America Holdings Cash Balance Retirement Plan
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Plan Sponsor:	Laboratory Corporation of America Holdings
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Death benefits for retired former RBL plan participants

Post-retirement coverage is available to all retired participants who have an eligible spouse for benefits accrued prior to July 1, 1995 and for grandfathered participants under the RBL Plan formula. The benefit is 50% of the participant's pension (before and without regard to any adjustment for any alternative payment forms).

Each eligible child receives 40% of the amount payable to the spouse subject to an overall maximum for all children of 100% of the spouse's benefit. Payments to a child cease once he attains age 21.

Other Plan Provisions

Normal form of retirement income

The normal form of benefit is 10 years certain and life. For benefits accrued under the RBL Plan, either prior to July 1, 1995 or as a grandfathered employee, the normal form of benefit is a life only benefit.

Optional forms of retirement income in lieu of normal form

The plan provides optional payment forms, including the qualified Joint and Contingent benefit for married employees and lump sum distributions, on an actuarially equivalent basis. Actuarial equivalence for this purpose is based on PPA assumptions for terminations after December 31, 2007.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name:	Laboratory Corporation of America Holdings Cash Balance Retirement Plan
EIN / PN:	13-3757370 / 002
Plan Sponsor:	Laboratory Corporation of America Holdings
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2017

Attained Age	Years of Credited Service													
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29	
	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.
Under 25	0		0		0		0		0		0		0	
25 - 29	6		17		0		0		0		0		0	
30 - 34	92	910	356	2,095	25	4,868	0		0		0		0	
35 - 39	111	1,327	559	2,778	335	8,047	36	13,482	0		0		0	
40 - 44	121	1,499	595	3,129	464	8,734	265	15,899	17		1		0	
45 - 49	101	1,571	567	3,463	512	9,532	340	17,742	163	28,180	55	40,866	1	
50 - 54	103	2,717	507	3,712	545	10,288	296	18,899	243	31,763	199	44,258	50	53,279
55 - 59	95	5,332	426	3,780	517	11,019	299	18,973	212	30,669	193	43,757	151	58,367
60 - 64	65	4,671	331	3,747	357	11,139	239	20,297	146	32,804	125	46,623	102	63,731
65 - 69	18		127	5,115	167	10,382	83	17,679	77	34,368	50	43,374	47	64,204
70 & Over	8		45	3,134	67	7,413	53	16,344	22	25,831	22	37,292	5	

Plan Name:

EIN / PN:

Plan Sponsor:

Valuation Date

Laboratory Corporation of America Holdings Cash Balance Retirement Plan

13-3757370 / 002

Laboratory Corporation of America Holdings

January 1, 2017

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32 Schedule of Amortization Bases as of January 1, 2017

	Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	01/01/2017	10,112,318	7	10,112,318	1,660,564
2	Shortfall	01/01/2016	10,557,998	6	9,373,619	1,744,429
3	Shortfall	01/01/2015	1,803,210	5	1,384,316	299,879
4	Shortfall	01/01/2014	(5,147,088)	4	(3,244,668)	(861,411)
5	Shortfall	01/01/2013	10,394,542	3	4,999,214	1,734,766
6	Shortfall	01/01/2012	(33,107,703)	2	(11,013,950)	(5,619,190)
7	Shortfall	01/01/2011	17,126,319	1	2,817,783	2,817,783
Total					14,428,632	1,776,820

Plan Name: Laboratory Corporation of America Holdings Cash Balance Retirement Plan
EIN / PN: 13-3757370 / 002
Plan Sponsor: Laboratory Corporation of America Holdings
Valuation Date: January 1, 2017

Plan Name	Laboratory Corporation Of America Holdings Cash Balance Retirement Plan
Plan Sponsor EIN	13-3757370
ERISA Plan #	002
Plan Year Ending	December 31, 2017

The required attachment marked with an “X” in the Attachment column is included within the “Signed Schedule MB or Schedule SB” attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

Form / Schedule	Line#	Description	Attachment Title (if different from Description)	Attach- ment
5500 Sch. SB	None	Statement by Enrolled Actuary		x
5500 Sch. SB	Line 27	Actuarial Information Based on Pre-PPA Funding Rules		
5500 Sch. SB	Line E	Information for Each Individual Employer		
5500 Sch. SB	Line 4	Additional Information for Plans in At-Risk Status		
5500 Sch. SB	Line 7	Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding		
5500 Sch. SB	Line 8	Late Election to Apply Balances to Quarterly Installments		
5500 Sch. SB	Line 9	Explanation of Credit Balance Discrepancy		
5500 Sch. SB	Line 18	Contributions Made to the Plan for the Plan Year		
5500 Sch. SB	Line 19	Discounted Employer Contributions		
5500 Sch. SB	Line 20c	Liquidity Requirement Certification		
5500 Sch. SB	Line 22	Description of Weighted Average Retirement Age		x
5500 Sch. SB	Line 23	Information on Use of Multiple Mortality Tables		
5500 Sch. SB	Line 23	Information on Use of Substitute Mortality Tables		
5500 Sch. SB	Line 23	Statement of Actuarial Assumptions/Methods		x
5500 Sch. SB	Part V	Summary of Plan Provisions		x
5500 Sch. SB	Line 24	Change in Actuarial Assumptions		
5500 Sch. SB	Line 25	Change in Method		
5500 Sch. SB	Line 26	Schedule of Active Participant Data		x
5500 Sch. SB	Line 27	Balances Subject to Binding Agreement with PBGC		
5500 Sch. SB	Line 27	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	Line 32	Schedule of Amortization Bases		x
5500 Sch. SB		Other Attachment [Enter Description]		

Plan Name	Laboratory Corporation Of America Holdings Cash Balance Retirement Plan
Plan Sponsor EIN	13-3757370
ERISA Plan #	002
Plan Year Ending	December 31, 2017

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5500 Sch. SB	Part V	Summary of Plan Provisions		x
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5500 Sch. SB	Line 32	Schedule of Amortization Bases		x
5500 Sch. SB		Other Attachment [Enter Description]		

Plan Name	Laboratory Corporation Of America Holdings Cash Balance Retirement Plan
Plan Sponsor EIN	13-3757370
ERISA Plan #	002
Plan Year Ending	December 31, 2017

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5500 Sch. SB	Line 27	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	Line 32	Schedule of Amortization Bases		x
5500 Sch. SB		Other Attachment [Enter Description]		

LABORATORY CORPORATION OF AMERICA HOLDINGS
CASH BALANCE RETIREMENT PLAN

EIN: 13-3757370

Plan Number: 002

Schedule H, Line 4i - Schedule of Assets Held as of End of Year

December 31, 2017

(a)	(b)(c)	(d)	(e)
Par Value, Shares, or Units	Identity of Issue, Borrower, Lessor, or Similar Party and Description of Investment	Cost	Current Value
<hr/>			
*	Wells Fargo Bank, N.A.		
	Collective trust funds:		
	SSGA S&P 500 Flagship Securities		
93,044	Lending Fund	\$ 19,110,667	\$ 59,949,960
	Mellon EB DV Non SL Agg Bond		
375,419	Index Fund	41,424,455	53,623,306
	SSGA Daily MSCI ACWI Ex-US Index		
1,577,926	Non Lending Fund	32,933,231	39,052,098
	SSGA S&P 400 MidCap 400R Index		
87,910	NL Fund	8,359,130	23,564,085
245,036	US TIPS Index NL Fund CMTP Fund	5,271,782	6,232,253
4,327	Mellon EB DV Small Cap STK IDX Fund	2,498,441	7,739,312
		<hr/>	<hr/>
	Total collective trust funds	109,597,706	190,161,014
	Mutual funds:		
	Metropolitan West Total Return Bond Fund		
4,998,576	Class I	53,947,975	53,284,817
705,928	Vanguard REIT Index Fund Institutional		
	Shares	12,629,052	12,840,830
		<hr/>	<hr/>
	Total mutual funds	66,577,027	66,125,647
	Money market fund:		
	Wells Fargo Government Money Market		
7,390,890	Fund Select Class	7,390,890	7,390,890
		<hr/>	<hr/>
	Total investments	\$183,565,623	\$263,677,551
		<hr/>	<hr/>

* Denotes party in interest

Note: Information in this schedule as reported by Wells Fargo Bank, N.A.

Plan Name	Laboratory Corporation Of America Holdings Cash Balance Retirement Plan
Plan Sponsor EIN	13-3757370
ERISA Plan #	002
Plan Year Ending	December 31, 2017

The required attachment marked with an “X” in the Attachment column is included within the “Signed Schedule MB or Schedule SB” attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

Form / Schedule	Line#	Description	Attachment Title (if different from Description)	Attach- ment
5500 Sch. SB	None	Statement by Enrolled Actuary		x
5500 Sch. SB	Line 27	Actuarial Information Based on Pre-PPA Funding Rules		
5500 Sch. SB	Line E	Information for Each Individual Employer		
5500 Sch. SB	Line 4	Additional Information for Plans in At-Risk Status		
5500 Sch. SB	Line 7	Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding		
5500 Sch. SB	Line 8	Late Election to Apply Balances to Quarterly Installments		
5500 Sch. SB	Line 9	Explanation of Credit Balance Discrepancy		
5500 Sch. SB	Line 18	Contributions Made to the Plan for the Plan Year		
5500 Sch. SB	Line 19	Discounted Employer Contributions		
5500 Sch. SB	Line 20c	Liquidity Requirement Certification		
5500 Sch. SB	Line 22	Description of Weighted Average Retirement Age		x
5500 Sch. SB	Line 23	Information on Use of Multiple Mortality Tables		
5500 Sch. SB	Line 23	Information on Use of Substitute Mortality Tables		
5500 Sch. SB	Line 23	Statement of Actuarial Assumptions/Methods		x
5500 Sch. SB	Part V	Summary of Plan Provisions		x
5500 Sch. SB	Line 24	Change in Actuarial Assumptions		
5500 Sch. SB	Line 25	Change in Method		
5500 Sch. SB	Line 26	Schedule of Active Participant Data		x
5500 Sch. SB	Line 27	Balances Subject to Binding Agreement with PBGC		
5500 Sch. SB	Line 27	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	Line 32	Schedule of Amortization Bases		x
5500 Sch. SB		Other Attachment [Enter Description]		