Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

| | | | inspection | | | | |
|---|--|--|---|--|--|--|--|
| Part I Annual Report Ide | ntification Information | | | | | | |
| For calendar plan year 2017 or fiscal | plan year beginning 01/01/2017 | and ending 12/31/20 | 17 | | | | |
| A This return/report is for: | a multiemployer plan | a multiple-employer plan (Filers checking the participating employer information in according to the participating employer plan (Filers checking the participating employer empl | | | | | |
| | x a single-employer plan | a DFE (specify) | 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 | 2 months) | | | | |
| C If the plan is a collectively-bargain | ned plan, check here | | | | | | |
| D Check box if filing under: | Form 5558 | automatic extension | the DFVC program | | | | |
| | special extension (enter description) | | | | | | |
| Part II Basic Plan Informa | ation—enter all requested informatio | on . | | | | | |
| 1a Name of plan MECHANICAL DYNAMICS AND ANALYSIS, LTD WELFARE PLAN | | | 1b Three-digit plan number (PN) ▶ 504 | | | | |
| | | | 1c Effective date of plan 01/01/2014 | | | | |
| 2a Plan sponsor's name (employer, Mailing address (include room, a City or town, state or province, c | 2b Employer Identification Number (EIN) 20-3400458 | | | | | | |
| MECHANICAL DYNAMICS AND ANALYSIS, LTD | | | 2c Plan Sponsor's telephone number 518-399-3616 | | | | |
| 19 BRITISH AMERICAN BLVD LATHAM, NY 12110 | 19 BRITISH LATHAM, N | H AMERICAN BLVD NY 12110 | 2d Business code (see instructions) 811310 | | | | |
| Caution: A penalty for the late or in | ncomplete filing of this return/renor | t will be assessed unless reasonable cause is | s 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. Signature of plan administrator | 10/11/2018 Date | JILL FELDMAN Enter name of individual signing as plan administrator |
|--------------|---|--------------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. Signature of employer/plan sponsor | 10/09/2018 Date | HENRY WARE 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

| | | _ | |
|--------|---|--|-------------------------------------|
| 20 | Form 5500 (2017) | Page 2 | 3b Administrator's EIN |
| Ja | Plan administrator's name and address X Same as Plan Sponsor | | SD Administrator's EIN |
| | | | 3c Administrator's telephone number |
| | | | |
| 4 | If the name and/or EIN of the plan sponsor or the plan name has changed si enter the plan sponsor's name, EIN, the plan name and the plan number from | | 4b EIN |
| a C | Sponsor's name Plan Name | | 4d PN |
| 5 | Total number of participants at the beginning of the plan year | | 5 520 |
| 6 | Number of participants as of the end of the plan year unless otherwise state 6a(2), 6b, 6c, and 6d) . | d (welfare plans complete only lines 6a(1), | |
| a(| 1) Total number of active participants at the beginning of the plan year | | 6a(1) 520 |
| a(| 2) Total number of active participants at the end of the plan year | | 6a(2) 520 |
| b | Retired or separated participants receiving benefits | | 6b 0 |
| С | Other retired or separated participants entitled to future benefits | | 6c 0 |
| d | Subtotal. Add lines 6a(2), 6b, and 6c | | 6d 520 |
| е | Deceased participants whose beneficiaries are receiving or are entitled to re | ceive benefits | 6e 0 |
| f | Total. Add lines 6d and 6e | | 6f 520 |
| g | Number of participants with account balances as of the end of the plan year complete this item) | | 6g |
| h | Number of participants who terminated employment during the plan year wit less than 100% vested | | 6h |
| 7 | Enter the total number of employers obligated to contribute to the plan (only | multiemployer plans complete this item) | 7 |
| 8a | If the plan provides pension benefits, enter the applicable pension feature co | odes from the List of Plan Characteristics Cod | les in the instructions: |
| b | If the plan provides welfare benefits, enter the applicable welfare feature coo | des from the List of Plan Characteristics Code | s in the instructions: |
| | 4A 4B 4D 4F 4H 4L | | |
| 9a | Plan funding arrangement (check all that apply) (1) X Insurance | 9b Plan benefit arrangement (check all the (1) X Insurance | at apply) |
| | (2) Code section 412(e)(3) insurance contracts | (2) Code section 412(e)(3) | insurance contracts |
| | (3) Trust | (3) Trust | |
| 10 | (4) X General assets of the sponsor | (4) X General assets of the s | |
| | Check all applicable boxes in 10a and 10b to indicate which schedules are a | | per attached. (See instructions) |
| а | Pension Schedules (1) R (Retirement Plan Information) | b General Schedules (1) H (Financial Information) | mation) |
| | (i) K (Netherhelik Flan Infolliation) | Harrier Harrison | mation – Small Plan) |
| | (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan | (3) X _7 A (Insurance Info | |

(4)

(5)

(6)

C (Service Provider Information)D (DFE/Participating Plan Information)

G (Financial Transaction Schedules)

actuary

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

(3)

| Part III | Form M-1 Compliance Information (to be completed by welfare benefit plans) | | | | |
|---|--|--|--|--|--|
| 11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) | | | | | |
| 11b Is the | plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) | | | | |
| Recei | 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 pt 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 pt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.) | | | | |
| Rece | ipt Confirmation Code | | | | |

Form 5500 (2017)

Page 3

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

| | · | | ERISA section 103(a)(2) | | uon | This For | m is Open to Public Inspection |
|--|------------------|--|-------------------------------------|---------------|---------------------------|--------------|-----------------------------------|
| For calendar plan year 20 | 17 or fiscal pla | an year beginning 01/01/2017 | | and en | nding 12/31/2 | 2017 | |
| A Name of plan MECHANICAL DYNAMIC | S AND ANAL | YSIS, LTD WELFARE PLAN | | | ee-digit n number (PN) | , | 504 |
| C Plan sponsor's name as shown on line 2a of Form 5500 MECHANICAL DYNAMICS AND ANALYSIS, LTD D Employer Identification Number (E 20-3400458) | | | | | | | |
| | | erning Insurance Contract A. Individual contracts grouped | | | | | |
| 1 Coverage Information: | | | | | | | |
| (a) Name of insurance ca | | YORK | | | | | |
| (L) FINI | (c) NAIC | (d) Contract or | (e) Approximate nu | | | Policy or c | ontract year |
| (b) EIN | code | identification number | persons covered a policy or contrac | | (f) Fr | rom | (g) To |
| 13-2556568 | 64548 | FLY960381 | 392 | 2 | 02/01/2016 | | 02/01/2017 |
| 2 Insurance fee and com descending order of the | | nation. Enter the total fees and to | otal commissions paid. L | ist in line 3 | the agents, bro | okers, and o | ther persons in |
| (a) Total a | amount of con | nmissions paid | | (b) To | otal amount of | fees paid | |
| | | 4080 | | | | - | 0 |
| 3 Persons receiving com | missions and | fees. (Complete as many entrie | es as needed to report all | persons). | | | |
| | (a) Name | and address of the agent, broke | er, or other person to who | m commiss | sions or fees we | ere paid | |
| AON CONSULTING | | | 0 NETWORK PL AGO, IL 60673 | | | | |
| (b) Amount of sales ar | nd base | F | ees and other commission | ns paid | | | |
| commissions pa | | (c) Amount | | (d) Purpose | e | | (e) Organization code |
| | 4080 0 | | | | 3 | | |
| | (a) Name | and address of the agent, broke | er, or other person to who | m commiss | sions or fees we | ere paid | |
| | | | | | | | |
| (b) Amount of sales ar | nd base | F | ees and other commission | ns paid | | | |
| commissions pa | | (c) Amount | | (d) Purpose | e | | (e) Organization code |
| | | | | | | | |

| Schedule A (Form 5500) | 2017 | Page 2 – [| 1 | |
|--|-------------------------------------|-------------------------------|--|-------------------|
| (a) No. | | | aminaiana ar fana wara naid | |
| (a) Nai | me and address of the agent, broker | , or other person to whom con | nimissions or lees were paid | |
| | | | | |
| 4.1. | | Fees and other commissions | paid | (e) |
| (b) Amount of sales and base commissions paid | (c) Amount | (0 | d) Purpose | Organization code |
| | | | | |
| | | | | |
| (a) Na | me and address of the agent, broker | or other person to whom con | nmissions or fees were paid | |
| (-) | | , | | |
| | | | | |
| | | | | |
| (b) Amount of sales and base | | Fees and other commissions p | paid | (e) Organization |
| commissions paid | (c) Amount | ((| d) Purpose | code |
| | | | | |
| | | | | |
| (a) Nai | me and address of the agent, broker | , or other person to whom con | nmissions or fees were paid | |
| | | | | |
| | | | | |
| | <u> </u> | | | |
| (b) Amount of sales and base | | Fees and other commissions p | | (e) Organization |
| commissions paid | (c) Amount | (1 | d) Purpose | code |
| | | | | |
| | | | | |
| (a) Nai | me and address of the agent, broker | , or other person to whom con | nmissions or fees were paid | |
| | | | | |
| | | | | |
| | | Fees and other commissions p | naid | (e) |
| (b) Amount of sales and base commissions paid | (c) Amount | | d) Purpose | Organization code |
| commissions paid | | , | <u>, </u> | code |
| | | | | |
| (1) | | | | |
| (a) Nai | me and address of the agent, broker | , or other person to whom con | nmissions or fees were paid | |
| | | | | |
| | | | | |
| Fees and other commissions paid | | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (0 | d) Purpose | Organization code |
| | | | | |
| | | | | |

| F | Part | II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual this report. | dual contrac | cts with each carrier may | be treated | I as a unit for purposes of |
|---|------|---|-----------------------------------|---------------------------|------------|-----------------------------|
| 4 | Curr | ent value of plan's interest under this contract in the general account at year | end | | 4 | |
| | | ent value of plan's interest under this contract in separate accounts at year er | | | 5 | |
| | | tracts With Allocated Funds: | | | | |
| - | а | State the basis of premium rates | | | | |
| | _ | otato dio sado di promini ratos | | | | |
| | b | Premiums paid to carrier | | | 6b | |
| | C | Premiums due but unpaid at the end of the year | | | 6c | |
| | d | If the carrier, service, or other organization incurred any specific costs in cor | | | | |
| | u | retention of the contract or policy, enter amount | | | 6d | |
| | | Specify nature of costs | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred (3) other (specify) | d annuity | | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | ating plan, c | heck here | | |
| 7 | Con | tracts With Unallocated Funds (Do not include portions of these contracts ma | intained in s | eparate accounts) | | |
| | а | Type of contract: (1) deposit administration (2) immedia | te participat | ion guarantee | | |
| | | (3) guaranteed investment (4) other | | - | | |
| | | (5) U guaranteed investment (4) U other 7 | | | | |
| | | | | | | |
| | | | | ı | | |
| | b | Balance at the end of the previous year | | | 7b | |
| | С | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | | (2) Dividends and credits | 7c(2) | | | |
| | | (3) Interest credited during the year | 7c(3) | | | |
| | | (4) Transferred from separate account | 7c(4) | | | |
| | | (5) Other (specify below) | . 7c(5) | | | |
| | |) | | | | |
| | | | | | | |
| | | | | | | |
| | | (6)Total additions | | | 7c(6) | |
| | d | Total of balance and additions (add lines 7b and 7c(6)). | | İ | 7d | |
| | | Deductions: | Γ | | | |
| | • | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | | (2) Administration charge made by carrier | 7e(2) | | | |
| | | (3) Transferred to separate account | 7e(3) | | | |
| | | (4) Other (specify below) | 7e(3) | | | |
| | | (4) Outer (specify below) | . / C (+) | | | |
| | | • | | | | |
| | | | | | | |
| | | | | | | |
| | | (5) Total deductions | | | 7e(5) | |
| | f | Balance at the end of the current year (subtract line 7e(5) from line 7d) | | i | 7f | |

| ı | Page | 4 |
|---|------|---|
| | | |

| P | art | Welfare Benefit Contract Informa If more than one contract covers the same g the information may be combined for reporti employees, the entire group of such individu | roup of employees of the | acts are ex | perience-rated as a | a unit. Where co | ntracts cover individual | |
|----|--------|---|--------------------------|----------------|---------------------|------------------|---------------------------|----|
| 8 | Ben | efit and contract type (check all applicable boxes) | | | | | | |
| | а | Health (other than dental or vision) | b Dental | С | Vision | | d X Life insurance | |
| | е | Temporary disability (accident and sickness) | f Long-term disabilit | v a | Supplemental ui | nemplovment | h Prescription drug | |
| | i | Stop loss (large deductible) | j HMO contract | , s k | | | I Indemnity contract | |
| | | | , I invo contract | • | | | I I Indominity contract | |
| | m | Other (specify) | | | | | | |
| 0 | | | | | | | | |
| J | | erience-rated contracts: Premiums: (1) Amount received | Ī | 02/1) | | | | |
| | а | (2) Increase (decrease) in amount due but unpaid | ŀ | 9a(1) 9a(2) | | | _ | |
| | | (3) Increase (decrease) in unearned premium rese | | 9a(2) | | | _ | |
| | | (4) Earned ((1) + (2) - (3)) | | | | 9a(4) | | - |
| | b | Benefit charges (1) Claims paid | | 9b(1) | | Ju(+) | | Т |
| | - | (2) Increase (decrease) in claim reserves | ľ | 9b(2) | | | | |
| | | (3) Incurred claims (add (1) and (2)) | | | | 9b(3) | | _ |
| | | (4) Claims charged | | | | | | _ |
| | С | Remainder of premium: (1) Retention charges (or | | | | | | |
| | | (A) Commissions | i | 9c(1)(A) | | | | |
| | | (B) Administrative service or other fees | ľ | 9c(1)(B) | | | | |
| | | (C) Other specific acquisition costs | | 9c(1)(C) | | | | |
| | | (D) Other expenses | | 9c(1)(D) | | | | |
| | | (E) Taxes | | 9c(1)(E) | | | | |
| | | (F) Charges for risks or other contingencies | | 9c(1)(F) | | | | |
| | | (G) Other retention charges | | 9c(1)(G) | | | | |
| | | (H) Total retention | | | | | | |
| | | (2) Dividends or retroactive rate refunds. (These | amounts were paid in | cash, or | credited.) | 9c(2) | | |
| | d | Status of policyholder reserves at end of year: (1) | Amount held to provide | benefits afte | er retirement | 9d(1) | | |
| | | (2) Claim reserves | | | | 9d(2) | | |
| | | (3) Other reserves | | | | 9d(3) | | |
| | е | Dividends or retroactive rate refunds due. (Do no | t include amount entered | l in line 9c(2 | 2) .) | 9e | | _ |
| 10 |) No | enexperience-rated contracts: | | | | | | |
| | а | Total premiums or subscription charges paid to ca | arrier | | | 10a | 11599 | 92 |
| | b | If the carrier, service, or other organization incurred retention of the contract or policy, other than repo | | | | | | |
| | | ecify nature of costs. | | | | | | |
| P | art | IV Provision of Information | | | | | <u></u> | |
| 11 | Die | d the insurance company fail to provide any informa | ation necessary to compl | ete Schedu | le A? | Yes | X No | |
| 12 | 2 If t | he answer to line 11 is "Yes," specify the information | on not provided. | | | | | |

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

| | | pursuant to E | RISA section 103(a)(2) | | | | Inspection | |
|--|---|--------------------------------------|--------------------------------------|------------------------------------|--------------|-----------------|-------------------------|--|
| For calendar plan year 20° | 17 or fiscal plar | n year beginning 01/01/2017 | | and en | ding 12/3 | 1/2017 | | |
| A Name of plan MECHANICAL DYNAMIC | S AND ANALY | SIS, LTD WELFARE PLAN | | B Three-digit plan number (PN) 504 | | | 504 | |
| | | | | | | | | |
| C Plan sponsor's name as shown on line 2a of Form 5500 MECHANICAL DYNAMICS AND ANALYSIS, LTD D Employer Identification Number (EIN) 20-3400458 | | | | | | EIN) | | |
| | Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. | | | | | | | |
| 1 Coverage Information: | | | | | | | | |
| (a) Name of insurance ca CIGNA LIFE INSURANCE | | ORK | | | | | | |
| (b) EIN | (c) NAIC | (d) Contract or | (e) Approximate nu persons covered a | | | Policy or co | ntract year | |
| (b) EIN | code | identification number | policy or contrac | | (f) | From | (g) To | |
| 13-2556568 | 64548 | YOK960382 | 392 | 2 | 02/01/2010 | 6 | 02/01/2017 | |
| 2 Insurance fee and compute descending order of the | | ation. Enter the total fees and tota | ıl commissions paid. L | ist in line 3 | the agents, | brokers, and ot | her persons in | |
| (a) Total a | amount of comr | | | (b) To | otal amount | of fees paid | | |
| | | 947 | | | | | 0 | |
| 3 Persons receiving com | missions and fe | ees. (Complete as many entries a | as needed to report all | persons). | | | | |
| | (a) Name a | nd address of the agent, broker, | • | m commiss | ions or fees | were paid | | |
| AON CONSULTING | | | NETWORK PL GO, IL 60673 | | | | | |
| (b) Amount of sales ar | nd base | Fee | s and other commission | ns paid | | | | |
| commissions pai | id | (c) Amount | | (d) Purpos | е | | (e) Organization code | |
| | 947 | 0 | | | | | 3 | |
| | (a) Name a | nd address of the agent, broker, | or other person to who | m commiss | ions or fees | were paid | | |
| | | | | | | | | |
| (b) Amount of sales ar | nd base | Fee | s and other commission | ns paid | | | | |
| commissions pai | | (c) Amount | | (d) Purpose | | | (e) Organization code | |
| | | | | | | | | |
| Fan Damamuanlı Danluştia | . Ast Nation | see the Instructions for Form F | F00 | | | Calaaa | I.I. A (Farm FEOO) 2017 | |

| Schedule A (Form 5500) | 2017 | Page 2 – [| 1 | |
|--|-------------------------------------|-------------------------------|--|-------------------|
| (a) No. | | | aminaiana ar fana wara naid | |
| (a) Nai | me and address of the agent, broker | , or other person to whom con | nimissions or lees were paid | |
| | | | | |
| 4.1. | | Fees and other commissions | paid | (e) |
| (b) Amount of sales and base commissions paid | (c) Amount | (0 | d) Purpose | Organization code |
| | | | | |
| | | | | |
| (a) Na | me and address of the agent, broker | or other person to whom con | nmissions or fees were paid | |
| (-) | | , | | |
| | | | | |
| | | | | |
| (b) Amount of sales and base | | Fees and other commissions p | paid | (e) Organization |
| commissions paid | (c) Amount | ((| d) Purpose | code |
| | | | | |
| | | | | |
| (a) Nai | me and address of the agent, broker | , or other person to whom con | nmissions or fees were paid | |
| | | | | |
| | | | | |
| | <u> </u> | | | |
| (b) Amount of sales and base | | Fees and other commissions p | | (e) Organization |
| commissions paid | (c) Amount | (1 | d) Purpose | code |
| | | | | |
| | | | | |
| (a) Nai | me and address of the agent, broker | , or other person to whom con | nmissions or fees were paid | |
| | | | | |
| | | | | |
| | | Fees and other commissions p | naid | (e) |
| (b) Amount of sales and base commissions paid | (c) Amount | | d) Purpose | Organization code |
| commissions paid | | , | <u>, </u> | code |
| | | | | |
| (1) | | | | |
| (a) Nai | me and address of the agent, broker | , or other person to whom con | nmissions or fees were paid | |
| | | | | |
| | | | | |
| Fees and other commissions paid | | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (0 | d) Purpose | Organization code |
| | | | | |
| | | | | |

| F | Part | II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual this report. | dual contrac | cts with each carrier may | be treated | I as a unit for purposes of |
|---|------|---|-----------------------------------|---------------------------|------------|-----------------------------|
| 4 | Curr | ent value of plan's interest under this contract in the general account at year | end | | 4 | |
| | | ent value of plan's interest under this contract in separate accounts at year er | | | 5 | |
| | | tracts With Allocated Funds: | | | | |
| - | а | State the basis of premium rates | | | | |
| | _ | otato dio suoio di promini rutos | | | | |
| | b | Premiums paid to carrier | | | 6b | |
| | C | Premiums due but unpaid at the end of the year | | | 6c | |
| | d | If the carrier, service, or other organization incurred any specific costs in cor | | | | |
| | u | retention of the contract or policy, enter amount | | | 6d | |
| | | Specify nature of costs | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred (3) other (specify) | d annuity | | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | ating plan, c | heck here | | |
| 7 | Con | tracts With Unallocated Funds (Do not include portions of these contracts ma | intained in s | eparate accounts) | | |
| | а | Type of contract: (1) deposit administration (2) immedia | te participat | ion guarantee | | |
| | | (3) guaranteed investment (4) other | | - | | |
| | | (5) U guaranteed investment (4) U other 7 | | | | |
| | | | | | | |
| | | | | ı | | |
| | b | Balance at the end of the previous year | | | 7b | |
| | С | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | | (2) Dividends and credits | 7c(2) | | | |
| | | (3) Interest credited during the year | 7c(3) | | | |
| | | (4) Transferred from separate account | 7c(4) | | | |
| | | (5) Other (specify below) | . 7c(5) | | | |
| | |) | | | | |
| | | | | | | |
| | | | | | | |
| | | (6)Total additions | | | 7c(6) | |
| | d | Total of balance and additions (add lines 7b and 7c(6)). | | İ | 7d | |
| | | Deductions: | Γ | | | |
| | • | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | | (2) Administration charge made by carrier | 7e(2) | | | |
| | | (3) Transferred to separate account | 7e(3) | | | |
| | | (4) Other (specify below) | 7e(3) | | | |
| | | (4) Outer (specify below) | . / C (+) | | | |
| | | • | | | | |
| | | | | | | |
| | | | | | | |
| | | (5) Total deductions | | | 7e(5) | |
| | f | Balance at the end of the current year (subtract line 7e(5) from line 7d) | | i | 7f | |

| ı | Page | 4 |
|---|------|---|
| | | |

| Р | art | Welfare Benefit Contract Informat If more than one contract covers the same gr the information may be combined for reportin employees, the entire group of such individua | roup of employees of the ig purposes if such contr | racts are expe | erience-rated as a un | it. Where co | ontracts cover individual | |
|----|-----|---|---|--------------------------|-----------------------|----------------|---------------------------|-----|
| 8 | Ren | nefit and contract type (check all applicable boxes) | | | • | <u> </u> | ' | |
| Ŭ | a [| | b Dental | с | Vision | | d Life insurance | |
| | | | <u>=</u> | <u> </u> | <u>.</u> | | | |
| | е | Temporary disability (accident and sickness) | f Long-term disabilit | y g | Supplemental unem | nployment | h Prescription drug | |
| | i | Stop loss (large deductible) | j HMO contract | k | PPO contract | | I Indemnity contract | |
| | m | X Other (specify) ▶ACCIDENTAL DEATH | | | | | | |
| | ı | | | | | | | |
| 9 | Ехр | perience-rated contracts: | | | | | | |
| | а | Premiums: (1) Amount received | | 9a(1) | | | | |
| | | (2) Increase (decrease) in amount due but unpaid. | | 9a(2) | | | | |
| | | (3) Increase (decrease) in unearned premium rese | rve | 9a(3) | | | | |
| | | (4) Earned ((1) + (2) - (3)) | | | | 9a(4) | | |
| | b | Benefit charges (1) Claims paid | | 9b(1) | | | | |
| | | (2) Increase (decrease) in claim reserves | | 9b(2) | | | | |
| | | (3) Incurred claims (add (1) and (2)) | | | | 9b(3) | | |
| | | (4) Claims charged | | | | 9b(4) | | |
| | С | Remainder of premium: (1) Retention charges (on | an accrual basis) | | | | | |
| | | (A) Commissions | | 9c(1)(A) | | | | |
| | | (B) Administrative service or other fees | | 9c(1)(B) | | | | |
| | | (C) Other specific acquisition costs | | 9c(1)(C) | | | | |
| | | (D) Other expenses | | 9c(1)(D) | | | | |
| | | (E) Taxes | • | 9c(1)(E) | | | | |
| | | (F) Charges for risks or other contingencies | | 9c(1)(F) | | | _ | |
| | | (G) Other retention charges | | | | 1 | | |
| | | (H) Total retention | | | | <u>9c(1)(H</u> |) | |
| | | (2) Dividends or retroactive rate refunds. (These a | mounts were paid in | cash, or | credited.) | ·· 9c(2) | | |
| | d | Status of policyholder reserves at end of year: (1) | Amount held to provide ! | benefits after | retirement | _ ` ` | | |
| | | (2) Claim reserves | | | | 9d(2) | | |
| | | (3) Other reserves | | | | 9d(3) | | |
| | е | | include amount entered | l in line 9c(2) . | .) | 9e | | |
| 10 | No | onexperience-rated contracts: | | | | | | |
| | а | Total premiums or subscription charges paid to ca | rrier | | | <u>10a</u> | 6 | 314 |
| | b | retention of the contract or policy, other than repor | | | | 10b | | |
| | Spe | ecify nature of costs. | | , op | | | | |
| Р | art | IV Provision of Information | | | | | | |
| | | id the insurance company fail to provide any informa | tion necessary to compl | ete Schedule | Α? | Yes | X No | |
| | | | | oto Goriedule | /X: | | | |
| 12 | ırt | the answer to line 11 is "Yes," specify the information | i not provided. 🔻 | | | | | |

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

| For calendar pla | an year 2017 | 7 or fiscal plan | year beginning 01/01/2017 | | and en | ding 12/31/2017 | | |
|---|--------------|------------------|--|--------------------------------------|------------------|--------------------------------------|------------------------|--|
| A Name of pla MECHANICAL | | S AND ANALY: | SIS, LTD WELFARE PLAN | | B Three | | 504 | |
| | | | | | | | | |
| C Plan sponso MECHANICAL | | | 2a of Form 5500 SIS, LTD | | | yer Identification Number 3400458 | (EIN) | |
| | | | ning Insurance Contrac Individual contracts grouped a | | | | | |
| 1 Coverage Inf | formation: | | | | | | | |
| (a) Name of ins | surance carr | rier | | | | | | |
| (b) EIN | J. | (c) NAIC | (d) Contract or | (e) Approximate no persons covered a | | Policy or contract year | | |
| (6) [1 | ` | code | identification number | policy or contrac | | (f) From | (g) To | |
| 58-0663085 | | 60380 | 52-0807803 | 16 | 6 | 01/01/2017 | 12/31/2017 | |
| 2 Insurance fee descending o | | | tion. Enter the total fees and to | tal commissions paid. L | ist in line 3 | the agents, brokers, and | other persons in | |
| | (a) Total ar | mount of comm | | | (b) To | otal amount of fees paid | | |
| | | | 1377 | | | | 71 | |
| 3 Persons rece | eiving comm | nissions and fe | es. (Complete as many entries | as needed to report all | persons). | | | |
| | | (a) Name ar | nd address of the agent, broker | • | | ions or fees were paid | | |
| JOAN BUTLER | | | | WESTERN AVE STE 3 # NY, NY 12203 | [‡] 162 | | | |
| (b) Amount | of sales and | d base | Fe | es and other commission | ns paid | | | |
| comm | issions paid | | (c) Amount | (d) Purpose | | e | (e) Organization code | |
| | | 708 | 50 | | | | 3 | |
| | | (a) Name ar | nd address of the agent, broker | or other person to who | m commiss | ions or fees were paid | • | |
| BETH SERFILIF | PPI | (,) | 8 HILL | STONE CT STON LAKE, NY 12019 | | | | |
| | | | | | | | T | |
| (b) Amount | | | | es and other commission | • | | (a) Organization as to | |
| comm | issions paid | 325 | (c) Amount | | (d) Purpose | ₹ | (e) Organization code | |
| | | | | | | | | |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Schedule A (Form 5500) 2017 v. 170203 | | | | | | | | |

| Schedule A (Form 5500) 201 | 7 | Page 2 – 1 | |
|---|------------------------------------|---|-----------------------|
| (-) No | ad address of the annual backers | | |
| DARRYL J YOUNG | 3820 G0 | or other person to whom commissions or fees were paid DLD CITY RD LIN, KY 42134 | |
| (b) Amount of sales and base | | ees and other commissions paid | (e) Organization |
| commissions paid 136 | (c) Amount | (d) Purpose | code 3 |
| (a) Name at MARY R COLEMAN | 44 RIDG | | |
| | RENSS | ELAER, NY 12144 | |
| (b) Amount of sales and base commissions paid | (c) Amount | ees and other commissions paid (d) Purpose | (e) Organization code |
| 45 | 9 | | 3 |
| (a) Nama a | ad address of the agent broker of | or other person to whom commissions or fees were paid | |
| BRAD JONES AND ASSOCIATES INC | 19 BRIT LATHAN | ISH AMERICAN BLVD //, NY 12110 | |
| (b) Amount of sales and base | Fe | ees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| 39 | 0 | | 3 |
| (a) Name a | nd address of the agent, broker, o | or other person to whom commissions or fees were paid | |
| JANINE M FOX | 18 HAVI | LAND DR ECTADY, NY 12302 | |
| | Fe | ees and other commissions paid | (e) |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | Organization code |
| 31 | 9 | | 3 |
| (a) Name a | nd address of the agent, broker of | or other person to whom commissions or fees were paid | |
| BENITO A ROTONDI II INC | 23 PINE | RIDGE RD DGA SPRINGS, NY 12866 | |

Fees and other commissions paid

(d) Purpose

(c) Amount

0

(b) Amount of sales and base commissions paid

15

(e) Organization code

| Page | 2 – | 2 | l |
|------|-----|---|---|
| | | | |

| Schedule A (Form 5500) | 2017 | raye Z — Z | |
|--|-------------------------------------|--|-------------------|
| (a) Nar | ne and address of the agent, broker | r, or other person to whom commissions or fees were paid | |
| DEBORAH M TALLMAN | 316A | GULF RD | |
| | COHC | DES, NY 12047 | |
| | | | |
| (b) Amount of sales and base | | Fees and other commissions paid I | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| 14 | 2 | | 3 |
| | | | |
| (a) Nar | ne and address of the agent, broker | , or other person to whom commissions or fees were paid | |
| KEVIN MURPHY | 11 WI CLIFT | LLOWBROOK TERRACE ON PARK, NY 12065 | |
| | | | |
| | | Face and other commissions noid | (0) |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code 3 |
| | · · | | |
| | | | |
| | | r, or other person to whom commissions or fees were paid | |
| KELLY A IRVINE | 20620 ESTE |) EAST GOLDEN ELM DR RO, FL 33928 | |
| | | | |
| | | Fees and other commissions paid | (e) |
| (b) Amount of sales and base | (c) Amount | (d) Purpose | Organization |
| commissions paid | 0 | (2), | code 3 |
| | | | |
| | | <u> </u> | |
| | | r, or other person to whom commissions or fees were paid E WEST PLZ STE 503 | |
| | ALBAI | NY, NY 12205 | |
| | | | |
| | | Fees and other commissions paid | (e) |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | Organization code |
| 9 | 2 | | 3 |
| | | | |
| (a) Nar | ne and address of the agent, broker | r, or other person to whom commissions or fees were paid | |
| SUSAN C BRIMHALL | 3921 (| CAPE SAN BLAS RD | |
| | PORT | SAINT JOE, FL 32456 | |
| | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |

| Page | 2 – | 3 |
|-------|-----|---|
| ı aye | _ | 3 |

| (a) Nai | me and address of the agent, broker | , or other person to whom commissions or fees were paid | | |
|---|-------------------------------------|---|-------------------|--|
| MERRIAM CHARLES W & SON INC | | DX 1038 NECTADY, NY 12301 | | |
| | JOHE | NEOTAD1, N1 12301 | | |
| | | | | |
| | | Fees and other commissions paid | (e) | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | Organization code | |
| 8 | 0 | | 3 | |
| | | | | |
| | | | | |
| | | , or other person to whom commissions or fees were paid | | |
| SCHERFF INSURANCE AGENCY IN | IC 15 KA GANS | DNORIDA DR SEVOORT, NY 12831 | | |
| | | | | |
| | | | | |
| Fees and other commissions paid | | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | Organization code | |
| 8 | 0 | | 3 | |
| | | | | |
| | | | | |
| ` , | • | , or other person to whom commissions or fees were paid | | |
| KELLY A IRVINE | GLEN | LEN STREET SUITE 201 S FALLS, NY 12801 | | |
| | | | | |
| | | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | |
| commissions paid | (c) Amount | (d) Purpose | code | |
| 5 | 0 | | 3 | |
| | | | | |
| (a) Na | me and address of the agent, broker | , or other person to whom commissions or fees were paid | | |
| RMA MATILDE WOODARD | 7684 \$ | STATE ROUTE 66 | | |
| | AVER | ILL PARK, NY 12018 | | |
| | | | | |
| | | Fees and other commissions paid | (e) | |
| (b) Amount of sales and base | (c) Amount | (d) Purpose | Organization | |
| commissions paid | 0 | (4) | code 3 | |
| | | | | |
| | | | | |
| (a) Nai | me and address of the agent, broker | , or other person to whom commissions or fees were paid | | |
| KEVIN MCCARTHY | | ANG DR TH KINGSTOWN, RI 02852 | | |
| | NORT | TI KINGS TOWN, KI 02032 | | |
| | | | | |
| | | Fees and other commissions paid | (e) | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | Organization code | |
| 1 | 0 | | 3 | |
| | | 1 | | |

| Schedule A (Form 5500) 201 | 7 | Page 2 – 4 | |
|---|----------------------------------|---|-----------------------|
| | nd address of the agent, broker, | , or other person to whom commissions or fees were paid | |
| TOMAS E FLORES | APT 16 | 15TH ST 6G LEE, NJ 07024 | |
| (b) Amount of sales and base commissions paid | (c) Amount | Fees and other commissions paid (d) Purpose | (e) Organization code |
| 1 | 0 | | 3 |
| (a) Name a | nd address of the agent, broker, | , or other person to whom commissions or fees were paid | |
| KRISTA ANNE ROTONDI | 5 PINE ALBAN | E WEST PLZ STE 503 NY, NY 12205 | |
| | F | Fees and other commissions paid | (e) |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | Organization code |
| 1 | 0 | | 3 |
| (a) Name a | nd address of the agent, broker, | , or other person to whom commissions or fees were paid | <u> </u> |
| | | | |
| | | | (1) |
| (b) Amount of sales and base commissions paid | (c) Amount | Fees and other commissions paid (d) Purpose | (e) Organization |
| (b) Amount of sales and base commissions paid | | • | |
| commissions paid | (c) Amount | • | Organization |
| commissions paid | (c) Amount | (d) Purpose | Organization |

| | | Organization |
|-------|-------------|--------------|
| mount | (d) Purpose | code |
| | | |
| | | |
| | | |

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

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

| F | Part | II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual this report. | dual contrac | cts with each carrier may | be treated | I as a unit for purposes of |
|---|------|---|-----------------------------------|---------------------------|------------|-----------------------------|
| 4 | Curr | ent value of plan's interest under this contract in the general account at year | end | | 4 | |
| | | ent value of plan's interest under this contract in separate accounts at year er | | | 5 | |
| | | tracts With Allocated Funds: | | | | |
| - | а | State the basis of premium rates | | | | |
| | _ | otato dio sado di promini ratos | | | | |
| | b | Premiums paid to carrier | | | 6b | |
| | C | Premiums due but unpaid at the end of the year | | | 6c | |
| | d | If the carrier, service, or other organization incurred any specific costs in cor | | | | |
| | u | retention of the contract or policy, enter amount | | | 6d | |
| | | Specify nature of costs | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred (3) other (specify) | d annuity | | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | ating plan, c | heck here | | |
| 7 | Con | tracts With Unallocated Funds (Do not include portions of these contracts ma | intained in s | eparate accounts) | | |
| | а | Type of contract: (1) deposit administration (2) immedia | te participat | ion guarantee | | |
| | | (3) guaranteed investment (4) other | | - | | |
| | | (5) U guaranteed investment (4) U other 7 | | | | |
| | | | | | | |
| | | | | ı | | |
| | b | Balance at the end of the previous year | | | 7b | |
| | С | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | | (2) Dividends and credits | 7c(2) | | | |
| | | (3) Interest credited during the year | 7c(3) | | | |
| | | (4) Transferred from separate account | 7c(4) | | | |
| | | (5) Other (specify below) | . 7c(5) | | | |
| | |) | | | | |
| | | | | | | |
| | | | | | | |
| | | (6)Total additions | | | 7c(6) | |
| | d | Total of balance and additions (add lines 7b and 7c(6)). | | İ | 7d | |
| | | Deductions: | Γ | | | |
| | • | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | | (2) Administration charge made by carrier | 7e(2) | | | |
| | | (3) Transferred to separate account | 7e(3) | | | |
| | | (4) Other (specify below) | 7e(3) | | | |
| | | (4) Outer (specify below) | . / C (+) | | | |
| | | • | | | | |
| | | | | | | |
| | | | | | | |
| | | (5) Total deductions | | | 7e(5) | |
| | f | Balance at the end of the current year (subtract line 7e(5) from line 7d) | | i | 7f | |

| ı | Page | 4 |
|---|------|---|
| | | |

| P | art l | III Welfare Benefit Contract Informa | ition | | | | | |
|-----|------------|--|--------------------------|----------------------|------------------------|----------------|-------------------------|--------|
| | | If more than one contract covers the same of the information may be combined for reportion employees, the entire group of such individual. | ng purposes if such cont | racts are exp | erience-rated as a uni | t. Where co | ontracts cover indivi | |
| 8 | Bene | efit and contract type (check all applicable boxes) | | - | | - | | |
| | аΓ | Health (other than dental or vision) | b Dental | сГ | Vision | | d Life insurance | e |
| | 느 | | | <u> </u> | <u></u> | | = | |
| | e) | X Temporary disability (accident and sickness) | f Long-term disabilit | · - = | Supplemental unem | pioyment | h Prescription | - |
| | ! <u>[</u> | Stop loss (large deductible) | j HMO contract | k_ | PPO contract | | I Indemnity co | ntract |
| | m | ✓ Other (specify) ► CANCER, CRITICAL ILLNES | SS | | | | | |
| | | | | | | | | |
| 9 | Expe | erience-rated contracts: | | | | | | |
| | a F | Premiums: (1) Amount received | | 9a(1) | | | | |
| | | (2) Increase (decrease) in amount due but unpaid | | 9a(2) | | | _ | |
| | | (3) Increase (decrease) in unearned premium res | | 9a(3) | | | | |
| | _ | (4) Earned ((1) + (2) - (3)) | | | | . 9a(4) | | |
| | b | Benefit charges (1) Claims paid | | | | | | |
| | | (2) Increase (decrease) in claim reserves | | | | T | | |
| | | (3) Incurred claims (add (1) and (2)) | | | | . 9b(3) | | |
| | | (4) Claims charged | | | | . 9b(4) | | |
| | С | Remainder of premium: (1) Retention charges (or | · | 0. (4)(4) | | | | |
| | | (A) Commissions | | 9c(1)(A) | | | _ | |
| | | (B) Administrative service or other fees | | 9c(1)(B) 9c(1)(C) | | | _ | |
| | | (C) Other specific acquisition costs | | 9c(1)(D) | | | _ | |
| | | (D) Other expenses | | | | | | |
| | | (E) Taxes(F) Charges for risks or other contingencies | | 9c(1)(E) | | | | |
| | | (G) Other retention charges | | 9c(1)(G) | | | | |
| | | (H) Total retention | | | | 9c(1)(H) | | |
| | | (2) Dividends or retroactive rate refunds. (These | | | | | ' | |
| | d | Status of policyholder reserves at end of year: (1) | _ | _ | | 90(2) 9d(1) | | |
| | u | (2) Claim reserves | · | | | 9d(1) | | |
| | | (3) Other reserves | | | | 9d(2) | | |
| | е | Dividends or retroactive rate refunds due. (Do no | | | | | | |
| 10 | | nexperience-rated contracts: | inolade amount entered | 7 II III III C 30(2) | ., | ., 00 | | |
| . • | | Total premiums or subscription charges paid to ca | arrier | | | . 10a | | 10636 |
| | | If the carrier, service, or other organization incurre | | | | 100 | | 10000 |
| | | retention of the contract or policy, other than repo | | | | . 10b | | |
| | Spe | cify nature of costs. | · | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Pa | art I | IV Provision of Information | | | | | | |
| 11 | Dic | d the insurance company fail to provide any inform | ation necessary to compl | ete Schedule | A? | Yes | X No | |
| | | he answer to line 11 is "Yes," specify the information | | | ·· L | | | |
| | | | p. 3714041 , | | | | | |

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

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OMB No. 1210-0110

2017

This Form is Open to Public Inspection

| | | | 21110A 300tion 103(a)(2) | • | | | Inspection |
|---|-------------------|------------------------------------|-------------------------------------|---------------|----------------------------|--------------|-----------------------|
| For calendar plan year 20 | 17 or fiscal plar | year beginning 01/01/2017 | | and en | ding 12/3 | 1/2017 | |
| A Name of plan MECHANICAL DYNAMIC | S AND ANALY | SIS, LTD WELFARE PLAN | | | e-digit number (PN | l) • | 504 |
| | | | | | | | |
| C Plan sponsor's name as shown on line 2a of Form 5500 MECHANICAL DYNAMICS AND ANALYSIS, LTD | | | | | oyer Identifica 3400458 | ation Number | (EIN) |
| Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. | | | | | | | |
| 1 Coverage Information: | | | | | | | |
| (a) Name of insurance ca CIGNA LIFE INSURANCE | | ORK | | | | | |
| /L) FINI | (c) NAIC | (d) Contract or | (e) Approximate nu | | | Policy or | contract year |
| (b) EIN | code | identification number | persons covered a policy or contrac | | (f) | From | (g) To |
| 13-2556568 | 64548 | NYD074665 | 77 | | 01/01/2017 | , | 01/01/2018 |
| 2 Insurance fee and communication descending order of the | | ation. Enter the total fees and to | al commissions paid. L | ist in line 3 | the agents, I | orokers, and | other persons in |
| (a) Total a | amount of comr | nissions paid | | (b) To | otal amount o | of fees paid | |
| | | 0 | | | | | 0 |
| 3 Persons receiving com | | ees. (Complete as many entries | | | | | |
| | (a) Name a | nd address of the agent, broker | or other person to who | m commiss | ions or fees | were paid | |
| | | | | | | | |
| (b) Amount of sales ar | nd base | Fe | es and other commission | ns paid | | | |
| commissions pai | | (c) Amount | | (d) Purpose | е | | (e) Organization code |
| | | | | | | | |
| | (a) Name a | nd address of the agent, broker | , or other person to who | m commiss | ions or fees | were paid | |
| | | | | | | | |
| (b) Amount of sales ar | nd hase | Fe | es and other commission | ns paid | | | |
| commissions pai | | (c) Amount | | (d) Purpose | e | | (e) Organization code |
| | | | | | | | |
| | | | | | | | |

| Schedule A (Form 5500) | 2017 | Page 2 – [| 1 | |
|--|-------------------------------------|-------------------------------|--|-------------------|
| (a) No. | | | aminaiana ar fana wara naid | |
| (a) Nai | me and address of the agent, broker | , or other person to whom con | nimissions or lees were paid | |
| | | | | |
| 4.1. | | Fees and other commissions | paid | (e) |
| (b) Amount of sales and base commissions paid | (c) Amount | (0 | d) Purpose | Organization code |
| | | | | |
| | | | | |
| (a) Na | me and address of the agent, broker | or other person to whom con | nmissions or fees were paid | |
| (-) | | , | | |
| | | | | |
| | | | | |
| (b) Amount of sales and base | | Fees and other commissions p | paid | (e) Organization |
| commissions paid | (c) Amount | ((| d) Purpose | code |
| | | | | |
| | | | | |
| (a) Nai | me and address of the agent, broker | , or other person to whom con | nmissions or fees were paid | |
| | | | | |
| | | | | |
| | <u> </u> | | | |
| (b) Amount of sales and base | | Fees and other commissions p | | (e) Organization |
| commissions paid | (c) Amount | (1 | d) Purpose | code |
| | | | | |
| | | | | |
| (a) Nai | me and address of the agent, broker | , or other person to whom con | nmissions or fees were paid | |
| | | | | |
| | | | | |
| | | Fees and other commissions p | naid | (e) |
| (b) Amount of sales and base commissions paid | (c) Amount | | d) Purpose | Organization code |
| commissions paid | | , | <u>, </u> | code |
| | | | | |
| (1) | | | | |
| (a) Nai | me and address of the agent, broker | , or other person to whom con | nmissions or fees were paid | |
| | | | | |
| | | | | |
| All American Control | | Fees and other commissions | paid | (e) |
| (b) Amount of sales and base commissions paid | (c) Amount | (0 | d) Purpose | Organization code |
| | | | | |
| | | | | |

| F | Part | II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual this report. | dual contrac | cts with each carrier may | be treated | I as a unit for purposes of |
|---|------|---|-----------------------------------|---------------------------|------------|-----------------------------|
| 4 | Curr | ent value of plan's interest under this contract in the general account at year | end | | 4 | |
| | | ent value of plan's interest under this contract in separate accounts at year er | | | 5 | |
| | | tracts With Allocated Funds: | | | | |
| - | а | State the basis of premium rates | | | | |
| | _ | otato dio sado di promini ratos | | | | |
| | b | Premiums paid to carrier | | | 6b | |
| | C | Premiums due but unpaid at the end of the year | | | 6c | |
| | d | If the carrier, service, or other organization incurred any specific costs in cor | | | | |
| | u | retention of the contract or policy, enter amount | | | 6d | |
| | | Specify nature of costs | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred (3) other (specify) | d annuity | | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | ating plan, c | heck here | | |
| 7 | Con | tracts With Unallocated Funds (Do not include portions of these contracts ma | intained in s | eparate accounts) | | |
| | а | Type of contract: (1) deposit administration (2) immedia | te participat | ion guarantee | | |
| | | (3) guaranteed investment (4) other | | - | | |
| | | (5) U guaranteed investment (4) U other 7 | | | | |
| | | | | | | |
| | | | | ı | | |
| | b | Balance at the end of the previous year | | | 7b | |
| | С | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | | (2) Dividends and credits | 7c(2) | | | |
| | | (3) Interest credited during the year | 7c(3) | | | |
| | | (4) Transferred from separate account | 7c(4) | | | |
| | | (5) Other (specify below) | . 7c(5) | | | |
| | |) | | | | |
| | | | | | | |
| | | | | | | |
| | | (6)Total additions | | | 7c(6) | |
| | d | Total of balance and additions (add lines 7b and 7c(6)). | | İ | 7d | |
| | | Deductions: | Γ | | | |
| | • | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | | (2) Administration charge made by carrier | 7e(2) | | | |
| | | (3) Transferred to separate account | 7e(3) | | | |
| | | (4) Other (specify below) | 7e(3) | | | |
| | | (4) Outer (specify below) | . / C (+) | | | |
| | | • | | | | |
| | | | | | | |
| | | | | | | |
| | | (5) Total deductions | | | 7e(5) | |
| | f | Balance at the end of the current year (subtract line 7e(5) from line 7d) | | i | 7f | |

| ı | Page | 4 |
|---|------|---|
| | | |

| P | art l | III Welfare Benefit Contract Informa | tion | | | | | |
|----|----------|--|----------------------------|----------------------|------------------------|-------------|-------------------------|-------|
| | | If more than one contract covers the same of the information may be combined for reportional employees, the entire group of such individual. | ng purposes if such cont | racts are exp | erience-rated as a uni | t. Where co | ontracts cover individ | |
| 8 | Bene | efit and contract type (check all applicable boxes) | | - | <u> </u> | - | - | |
| | аΓ | Health (other than dental or vision) | b Dental | с | Vision | | d Life insurance | |
| | 느 | Temporary disability (accident and sickness) | f Long-term disabilit | <u> </u> | Supplemental unem | nlaumant | h Prescription d | |
| | e) | | <u></u> | · - = | 1 | pioyinent | = | - |
| | ! [| Stop loss (large deductible) | j HMO contract | k_ | PPO contract | | I Indemnity con | tract |
| | m | Other (specify) | | | | | | |
| | | | | | | | | |
| 9 | Expe | erience-rated contracts: | 1 | | | | | |
| | | Premiums: (1) Amount received | | 9a(1) | | | _ | |
| | | (2) Increase (decrease) in amount due but unpaid | | 9a(2) | | | _ | |
| | | (3) Increase (decrease) in unearned premium reso | · · | 9a(3) | | 2 (0) | | |
| | _ | (4) Earned ((1) + (2) - (3)) | | | | . 9a(4) | | |
| | | Benefit charges (1) Claims paid | | (-) | | | | |
| | | (2) Increase (decrease) in claim reserves | · · | | | 01 (0) | | |
| | | (3) Incurred claims (add (1) and (2)) | | | | . 9b(3) | | |
| | | (4) Claims charged | | | | . 9b(4) | | |
| | С | Remainder of premium: (1) Retention charges (or | · | 00(4)(A) | | | _ | |
| | | (A) Commissions | | 9c(1)(A) 9c(1)(B) | | | | |
| | | (B) Administrative service or other fees | | 9c(1)(C) | | | | |
| | | (C) Other specific acquisition costs(D) Other expenses | | 9c(1)(D) | | | _ | |
| | | (E) Taxes | | | | | | |
| | | (F) Charges for risks or other contingencies | | 9c(1)(F) | | | | |
| | | (G) Other retention charges | | 9c(1)(G) | | | | |
| | | (H) Total retention | • | | | 9c(1)(H) |) | |
| | | (2) Dividends or retroactive rate refunds. (These | | | | | , | |
| | d | Status of policyholder reserves at end of year: (1) | _ | _ | | 9d(1) | | |
| | <u>.</u> | (2) Claim reserves | • | | | 9d(2) | | |
| | | (3) Other reserves | | | | 9d(3) | | |
| | е | Dividends or retroactive rate refunds due. (Do no | | | | | | |
| 10 | | onexperience-rated contracts: | | | , | | | |
| | | Total premiums or subscription charges paid to ca | arrier | | | . 10a | | 5731 |
| | b | If the carrier, service, or other organization incurre | ed any specific costs in c | onnection wit | th the acquisition or | | | |
| | | retention of the contract or policy, other than repo | , , | | • | . 10b | | |
| | Spe | cify nature of costs. | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| P | art I | IV Provision of Information | | | | | | |
| | | | | | | Vac | No. | |
| | | d the insurance company fail to provide any inform | | ete Schedule | e A? | Yes | X No | |
| 12 | If th | he answer to line 11 is "Yes," specify the information | on not provided. | | | | | |

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

2017

This Form is Open to Public

| | | pursuant to | EKI | isa section 103(a)(2) | • | | | Inspection |
|---|-------------------------|------------------------------------|--------|--|---------------|--------------------------|--------------|--------------------------|
| For calendar plan year 20 | 17 or fiscal plar | n year beginning 01/01/2017 | | | and en | ding 12/3 | 31/2017 | |
| A Name of plan MECHANICAL DYNAMIC | S AND ANALY | 'SIS, LTD WELFARE PLAN | | | | e-digit number (Pl | N) • | 504 |
| | | | | | | | | |
| C Plan sponsor's name a | | | | | • | yer Identific 3400458 | ation Number | er (EIN) |
| WECHANICAL DYNAMIC | S AND ANALY | 313, LTD | | | 20- | 3400436 | | |
| Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. | | | | | | | | |
| 1 Coverage Information: | 1 Coverage Information: | | | | | | | |
| (a) Name of insurance ca | | /ORK | | | | | | |
| (b) EIN | (c) NAIC | (d) Contract or | | (e) Approximate nu persons covered at | | | Policy or | contract year |
| (b) Liii | code | identification number | | policy or contract | | (f) | From | (g) To |
| 13-2556568 | 64548 | BNK960008 | | 333 | i | 01/01/201 | 7 | 01/01/2018 |
| 2 Insurance fee and come descending order of the | | ation. Enter the total fees and to | otal o | commissions paid. Li | st in line 3 | the agents, | brokers, and | other persons in |
| (a) Total a | amount of com | missions paid | | | (b) To | otal amount | of fees paid | |
| | | 0 | | | | | | 0 |
| 3 Persons receiving com | | ees. (Complete as many entries | | | | | | |
| | (a) Name a | and address of the agent, broker | r, or | other person to whor | n commiss | ions or fees | were paid | |
| | | | | | | | | |
| (b) Amount of sales ar | nd base | Fe | ees a | and other commissior | ns paid | | | |
| commissions pai | | (c) Amount | | | (d) Purpose | е | | (e) Organization code |
| | | | | | | | | |
| | (a) Name a | and address of the agent, broker | r, or | other person to whor | n commiss | ions or fees | were paid | |
| | | <u> </u> | | · | | | | |
| (b) Amount of sales ar | nd base | Fe | es a | and other commissior | ns paid | | | |
| commissions pai | | (c) Amount | | | (d) Purpos | e | | (e) Organization code |
| | | | | | | | | |
| F. B. B. B. B. B. B. B. B. | n Ast Nation | and the Instructions for Form | FFO | 10 | | | Cal | adula A (Form FEOO) 2017 |

| Schedule A (Form 5500) | 2017 | Page 2 – [| 1 | |
|--|-------------------------------------|-------------------------------|--|-------------------|
| (a) No. | | | aminaiana ar fana wara naid | |
| (a) Nai | me and address of the agent, broker | , or other person to whom con | nimissions or lees were paid | |
| | | | | |
| 4.1. | | Fees and other commissions | paid | (e) |
| (b) Amount of sales and base commissions paid | (c) Amount | (0 | d) Purpose | Organization code |
| | | | | |
| | | | | |
| (a) Na | me and address of the agent, broker | or other person to whom con | nmissions or fees were paid | |
| (-) | | , | | |
| | | | | |
| | | | | |
| (b) Amount of sales and base | | Fees and other commissions p | paid | (e) Organization |
| commissions paid | (c) Amount | ((| d) Purpose | code |
| | | | | |
| | | | | |
| (a) Nai | me and address of the agent, broker | , or other person to whom con | nmissions or fees were paid | |
| | | | | |
| | | | | |
| | <u> </u> | | | |
| (b) Amount of sales and base | | Fees and other commissions p | | (e) Organization |
| commissions paid | (c) Amount | (1 | d) Purpose | code |
| | | | | |
| | | | | |
| (a) Nai | me and address of the agent, broker | , or other person to whom con | nmissions or fees were paid | |
| | | | | |
| | | | | |
| | | Fees and other commissions p | naid | (e) |
| (b) Amount of sales and base commissions paid | (c) Amount | | d) Purpose | Organization code |
| commissions paid | | , | <u>, </u> | code |
| | | | | |
| (1) | | | | |
| (a) Nai | me and address of the agent, broker | , or other person to whom con | nmissions or fees were paid | |
| | | | | |
| | | | | |
| All American Control | | Fees and other commissions | paid | (e) |
| (b) Amount of sales and base commissions paid | (c) Amount | (0 | d) Purpose | Organization code |
| | | | | |
| | | | | |

| F | Part | II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual this report. | dual contrac | cts with each carrier may | be treated | I as a unit for purposes of |
|---|------|---|-----------------------------------|---------------------------|------------|-----------------------------|
| 4 | Curr | ent value of plan's interest under this contract in the general account at year | end | | 4 | |
| | | ent value of plan's interest under this contract in separate accounts at year er | | | 5 | |
| | | tracts With Allocated Funds: | | | | |
| - | а | State the basis of premium rates | | | | |
| | _ | otato dio sado di promini ratos | | | | |
| | b | Premiums paid to carrier | | | 6b | |
| | C | Premiums due but unpaid at the end of the year | | | 6c | |
| | d | If the carrier, service, or other organization incurred any specific costs in cor | | | | |
| | u | retention of the contract or policy, enter amount | | | 6d | |
| | | Specify nature of costs | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred (3) other (specify) | d annuity | | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | ating plan, c | heck here | | |
| 7 | Con | tracts With Unallocated Funds (Do not include portions of these contracts ma | intained in s | eparate accounts) | | |
| | а | Type of contract: (1) deposit administration (2) immedia | te participat | ion guarantee | | |
| | | (3) guaranteed investment (4) other | | - | | |
| | | (5) U guaranteed investment (4) U other 7 | | | | |
| | | | | | | |
| | | | | ı | | |
| | b | Balance at the end of the previous year | | | 7b | |
| | С | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | | (2) Dividends and credits | 7c(2) | | | |
| | | (3) Interest credited during the year | 7c(3) | | | |
| | | (4) Transferred from separate account | 7c(4) | | | |
| | | (5) Other (specify below) | . 7c(5) | | | |
| | |) | | | | |
| | | | | | | |
| | | | | | | |
| | | (6)Total additions | | | 7c(6) | |
| | d | Total of balance and additions (add lines 7b and 7c(6)). | | İ | 7d | |
| | | Deductions: | Γ | | | |
| | • | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | | (2) Administration charge made by carrier | 7e(2) | | | |
| | | (3) Transferred to separate account | 7e(3) | | | |
| | | (4) Other (specify below) | 7e(3) | | | |
| | | (4) Outer (specify below) | . / C (+) | | | |
| | | • | | | | |
| | | | | | | |
| | | | | | | |
| | | (5) Total deductions | | | 7e(5) | |
| | f | Balance at the end of the current year (subtract line 7e(5) from line 7d) | | i | 7f | |

| ı | Page | 4 |
|---|------|---|
| | | |

| F | art | III | Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individuals. | group of employees of the ting purposes if such conti | racts are expe | erience-rated as a unit | . Where co | ontracts cover individu | |
|----|---------|--------|---|---|--------------------------|---------------------------|--------------|-------------------------|-------|
| 8 | Rene | ofit a | nd contract type (check all applicable boxes) | | arrior may be t | ireated as a drift for pe | arposco or 1 | ино гороги | |
| Ü | г | _ | alth (other than dental or vision) | b Dental | с□ | Vision | | d Life insurance | |
| | a [| _ | · · | <u>.</u> | | ! | | _ | |
| | е | Te | mporary disability (accident and sickness) | f X Long-term disabilit | · ~ \ | Supplemental unemp | ployment | h Prescription di | • |
| | i | Sto | op loss (large deductible) | j HMO contract | k _ | PPO contract | | I Indemnity con | tract |
| | m | Ot | her (specify) | | | | | | |
| | _ | | | | | | | | |
| 9 | Ехре | eriend | ce-rated contracts: | | | | | | |
| | а | Prem | iums: (1) Amount received | | 9a(1) | | | | |
| | | (2) Ir | ncrease (decrease) in amount due but unpai | t | | | | | |
| | | | ncrease (decrease) in unearned premium res | | | | | | |
| | _ | | arned ((1) + (2) - (3)) | | | | 9a(4) | | |
| | | | efit charges (1) Claims paid | | | | | | |
| | | | ncrease (decrease) in claim reserves | | | | 01 (0) | | |
| | | | ncurred claims (add (1) and (2)) | | | | 9b(3) | | |
| | | ` ' | claims charged(1) Patentian sharges (| | ••••• | | 9b(4) | | |
| | С | | nainder of premium: (1) Retention charges (c | | 9c(1)(A) | | | | |
| | | | A) Commissions B) Administrative service or other fees | | | | | | |
| | | | C) Other specific acquisition costs | | 0 (4)(0) | | | | |
| | | | D) Other expenses | | 0 (4)(5) | | | | |
| | | | E) Taxes | | 0 (4)(=) | | | | |
| | | | (F) Charges for risks or other contingencies. | | | | | | |
| | | | G) Other retention charges | | 9c(1)(G) | | | | |
| | | | (H) Total retention | | | | 9c(1)(H |) | |
| | | (2) [| Dividends or retroactive rate refunds. (These | amounts were paid in | cash, or | credited.) | 9c(2) | | |
| | d | Stat | us of policyholder reserves at end of year: (1 |) Amount held to provide | benefits after | retirement | 9d(1) | | |
| | | (2) (| Claim reserves | | | | 9d(2) | | |
| | | (3) (| Other reserves | | | | 9d(3) | | |
| | | | dends or retroactive rate refunds due. (Do n | ot include amount entered | d in line 9c(2) . |) | . 9e | | |
| 10 |) No | nexp | erience-rated contracts: | | | | | | |
| | а | Tota | I premiums or subscription charges paid to o | arrier | | | 10a | | 98951 |
| | b | rete | e carrier, service, or other organization incurnation of the contract or policy, other than reporture of costs | | | | . 10b | | |
| P | Spe | | Provision of Information | | | | | | |
| | | | | | . 0.1 | | Voc | V No | |
| 11 | | | insurance company fail to provide any inforn | | ete Schedule | A? | Yes | X No | |
| 12 | 2 If th | he ar | swer to line 11 is "Yes," specify the informat | ion not provided. | | | | | |

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

| | | pursuant to E | RISA section 103(a)(2) | | | | Inspection |
|---|-------------------|---|--------------------------------------|------------------------------------|----------------------------|-----------------|-------------------------|
| For calendar plan year 20 | 17 or fiscal plan | year beginning 01/01/2017 | | and en | ding 12/3 | 1/2017 | |
| A Name of plan MECHANICAL DYNAMIC | S AND ANALY | SIS, LTD WELFARE PLAN | | B Three-digit plan number (PN) 504 | | 504 | |
| | | | | | | | |
| C Plan sponsor's name a MECHANICAL DYNAMIC | | | | - | oyer Identifica 3400458 | ation Number (| EIN) |
| | | ning Insurance Contract . Individual contracts grouped as | | | | | |
| 1 Coverage Information: | | | | | | | |
| (a) Name of insurance ca SUN LIFE AND HEALTH II | | OMPANY | | | | | |
| /LA FINI | (c) NAIC | (d) Contract or | (e) Approximate nu | | | Policy or co | ntract year |
| (b) EIN | code | identification number | persons covered a policy or contract | | (f) | From | (g) To |
| 06-0893662 | 80926 | 823748 | 365 | | 01/01/2017 | 7 | 12/31/2017 |
| 2 Insurance fee and composite descending order of the | | ation. Enter the total fees and total | al commissions paid. Li | st in line 3 | the agents, | brokers, and ot | her persons in |
| (a) Total a | amount of comr | · · · · · · · · · · · · · · · · · · · | | (b) To | otal amount | of fees paid | |
| | | 6744 | | | | | 0 |
| 3 Persons receiving com | missions and fe | ees. (Complete as many entries a | as needed to report all | persons). | | | |
| | (a) Name a | nd address of the agent, broker, | • | m commiss | ions or fees | were paid | |
| AON CONSULTING INC | | | NETWORK PL GO, IL 60673 | | | | |
| (b) Amount of sales ar | nd base | Fee | s and other commission | ns paid | | | |
| commissions pai | id | (c) Amount | | (d) Purpose | е | | (e) Organization code |
| | 6744 | 0 | | | | | 3 |
| | (a) Name a | nd address of the agent, broker, | or other person to whor | m commiss | ions or fees | were paid | |
| | | | | | | | |
| (b) Amount of sales ar | nd base | Fee | s and other commission | ns paid | | | |
| commissions pai | | (c) Amount | (d) Purpose | | | | (e) Organization code |
| | | | | | | | |
| Fan Damamuanlı Danlıyatla | n Act Notice | see the Instructions for Form F | F00 | | | Calaaa | I.I. A (Farm FEOO) 2017 |

| Schedule A (Form 5500) | 2017 | Page 2 – [| 1 | |
|--|-------------------------------------|-------------------------------|--|-------------------|
| (a) No. | | | aminaiana ar fana wara naid | |
| (a) Nai | me and address of the agent, broker | , or other person to whom con | nimissions or lees were paid | |
| | | | | |
| 4.1. | | Fees and other commissions | paid | (e) |
| (b) Amount of sales and base commissions paid | (c) Amount | (0 | d) Purpose | Organization code |
| | | | | |
| | | | | |
| (a) Na | me and address of the agent, broker | or other person to whom con | nmissions or fees were paid | |
| (-) | | , | | |
| | | | | |
| | | | | |
| (b) Amount of sales and base | | Fees and other commissions p | paid | (e) Organization |
| commissions paid | (c) Amount | ((| d) Purpose | code |
| | | | | |
| | | | | |
| (a) Nai | me and address of the agent, broker | , or other person to whom con | nmissions or fees were paid | |
| | | | | |
| | | | | |
| | <u> </u> | | | |
| (b) Amount of sales and base | | Fees and other commissions p | | (e) Organization |
| commissions paid | (c) Amount | (1 | d) Purpose | code |
| | | | | |
| | | | | |
| (a) Nai | me and address of the agent, broker | , or other person to whom con | nmissions or fees were paid | |
| | | | | |
| | | | | |
| | | Fees and other commissions p | naid | (e) |
| (b) Amount of sales and base commissions paid | (c) Amount | | d) Purpose | Organization code |
| commissions paid | | , | <u>, </u> | code |
| | | | | |
| (1) | | | | |
| (a) Nai | me and address of the agent, broker | , or other person to whom con | nmissions or fees were paid | |
| | | | | |
| | | | | |
| All American Control | | Fees and other commissions | paid | (e) |
| (b) Amount of sales and base commissions paid | (c) Amount | (0 | d) Purpose | Organization code |
| | | | | |
| | | | | |

| F | Part | II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual this report. | dual contrac | cts with each carrier may | be treated | I as a unit for purposes of |
|---|------|---|-----------------------------------|---------------------------|------------|-----------------------------|
| 4 | Curr | ent value of plan's interest under this contract in the general account at year | end | | 4 | |
| | | ent value of plan's interest under this contract in separate accounts at year er | | | 5 | |
| | | tracts With Allocated Funds: | | | | |
| - | а | State the basis of premium rates | | | | |
| | _ | otato dio suoio di promini rutos | | | | |
| | b | Premiums paid to carrier | | | 6b | |
| | C | Premiums due but unpaid at the end of the year | | | 6c | |
| | d | If the carrier, service, or other organization incurred any specific costs in cor | | | | |
| | u | retention of the contract or policy, enter amount | | | 6d | |
| | | Specify nature of costs | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred (3) other (specify) | d annuity | | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | ating plan, c | heck here | | |
| 7 | Con | tracts With Unallocated Funds (Do not include portions of these contracts ma | intained in s | eparate accounts) | | |
| | а | Type of contract: (1) deposit administration (2) immedia | te participat | ion guarantee | | |
| | | (3) ☐ guaranteed investment (4) ☐ other ▶ | | - | | |
| | | (5) U guaranteed investment (4) U other 7 | | | | |
| | | | | | | |
| | | | | ı | | |
| | b | Balance at the end of the previous year | | | 7b | |
| | С | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | | (2) Dividends and credits | 7c(2) | | | |
| | | (3) Interest credited during the year | 7c(3) | | | |
| | | (4) Transferred from separate account | 7c(4) | | | |
| | | (5) Other (specify below) | . 7c(5) | | | |
| | |) | | | | |
| | | | | | | |
| | | | | | | |
| | | (6)Total additions | | | 7c(6) | |
| | d | Total of balance and additions (add lines 7b and 7c(6)). | | İ | 7d | |
| | | Deductions: | Γ | | | |
| | • | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | | (2) Administration charge made by carrier | 7e(2) | | | |
| | | (3) Transferred to separate account | 7e(3) | | | |
| | | (4) Other (specify below) | 7e(3) | | | |
| | | (4) Outer (specify below) | . / C (+) | | | |
| | | • | | | | |
| | | | | | | |
| | | | | | | |
| | | (5) Total deductions | | | 7e(5) | |
| | f | Balance at the end of the current year (subtract line 7e(5) from line 7d) | | i | 7f | |

| ı | Page | 4 |
|---|------|---|
| | | |

| F | art | Welfare Benefit Contract Informa If more than one contract covers the same of the information may be combined for reporti employees, the entire group of such individu | roup of employees of the | acts are ex | perience-rated as a | a unit. Where co | intracts cover individual |
|----|--------|--|--------------------------|----------------|---------------------|------------------|---------------------------|
| 8 | Ben | efit and contract type (check all applicable boxes) | | | | | |
| | а | Health (other than dental or vision) | b Dental | С | Vision | | d Life insurance |
| | е | Temporary disability (accident and sickness) | f Long-term disabilit | v a | Supplemental ur | nemployment | h Prescription drug |
| | · [| Stop loss (large deductible) | j HMO contract | , s k | | nompleyment | I Indemnity contract |
| | ' | | I HIMO contract | ĸ | PPO contract | | i Indemnity contract |
| | m | Other (specify) | | | | | |
| _ | _ | | | | | | |
| 9 | | erience-rated contracts: | Ī | 0. (4) | | | |
| | а | Premiums: (1) Amount received | ŀ | 9a(1) | | | |
| | | (2) Increase (decrease) in amount due but unpaid | | 9a(2) | | | |
| | | (3) Increase (decrease) in unearned premium rese | | 9a(3) | | 02/4) | |
| | b | (4) Earned ((1) + (2) - (3)) | | 9b(1) | | 9a(4) | |
| | | (2) Increase (decrease) in claim reserves | l | 9b(1) 9b(2) | | | |
| | | (3) Incurred claims (add (1) and (2)) | | | | 9b(3) | |
| | | (4) Claims charged | | | | | |
| | С | Remainder of premium: (1) Retention charges (or | | | | | |
| | | (A) Commissions | · | 9c(1)(A) | | | |
| | | (B) Administrative service or other fees | ľ | 9c(1)(B) | | | |
| | | (C) Other specific acquisition costs | İ | 9c(1)(C) | | | |
| | | (D) Other expenses | | 9c(1)(D) | | | |
| | | (E) Taxes | | 9c(1)(E) | | | |
| | | (F) Charges for risks or other contingencies | | 9c(1)(F) | | | |
| | | (G) Other retention charges | | 9c(1)(G) | | | |
| | | (H) Total retention | | | | 9c(1)(H) | |
| | | (2) Dividends or retroactive rate refunds. (These | amounts were paid in | cash, or | credited.) | 9c(2) | |
| | d | Status of policyholder reserves at end of year: (1) | Amount held to provide | benefits afte | er retirement | 9d(1) | |
| | | (2) Claim reserves | | | | 9d(2) | |
| | | (3) Other reserves | | | | 9d(3) | |
| | е | Dividends or retroactive rate refunds due. (Do no | t include amount entered | l in line 9c(2 | 2) .) | 9e | |
| 10 |) No | nexperience-rated contracts: | | | | | |
| | а | Total premiums or subscription charges paid to ca | arrier | | | 10a | 49310 |
| | b | If the carrier, service, or other organization incurrer retention of the contract or policy, other than repo | | | | | |
| | | cify nature of costs. | | | | | |
| P | art | IV Provision of Information | | | | | _ |
| 11 | Die | the insurance company fail to provide any informa | ation necessary to compl | ete Schedu | le A? | Yes | X No |
| 12 | 2 If t | he answer to line 11 is "Yes," specify the information | on not provided. | | | | |

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

v. 170203

| For calendar plan year 20° | 17 or fiscal plan | year beginning 01/01/2017 | | and en | ding 12/31/2017 | • |
|---|-------------------|--|---|-----------------------|-----------------------------|-------------------------------------|
| A Name of plan | ' | , | | B Three-digit | | |
| | S AND ANALY | SIS, LTD WELFARE PLAN | | | number (PN) | 504 |
| | | | | plan manuscript (111) | | |
| C Plan sponsor's name a | s shown on line | 2a of Form 5500 | | D Emplo | yer Identification Number (| (EIN) |
| MECHANICAL DYNAMIC | | | | - | 3400458 | , |
| | | ning Insurance Contract Individual contracts grouped a | | | | |
| 1 Coverage Information: | | | | | | |
| (a) Name of insurance car AFLAC | rrier | | | | | |
| # N = 1 N | (c) NAIC | (d) Contract or | (e) Approximate nu | | Policy or co | ontract year |
| (b) EIN | code | identification number | persons covered a policy or contrac | | (f) From | (g) To |
| 58-0663085 | 60380 | 82-2723296 | 60 |) | 01/01/2017 | 12/31/2017 |
| 2 Insurance fee and communication descending order of the | | tion. Enter the total fees and to | tal commissions paid. L | ist in line 3 | the agents, brokers, and o | ther persons in |
| (a) Total a | amount of comn | nissions paid | | (b) To | otal amount of fees paid | |
| 10278 236 | | | | | | |
| 3 Persons receiving com | missions and fe | es. (Complete as many entries | s as needed to report all | persons). | | |
| | (a) Name a | nd address of the agent, broker | , or other person to who | m commiss | ions or fees were paid | |
| JOAN BUTLER | | | WESTERN AVE # 162 | | | |
| | | | NY, NY 12203 | | | |
| (b) Amount of sales an | nd hase | Fe | es and other commission | ns paid | | |
| commissions pai | | (c) Amount | | (d) Purpose | | |
| | 2750 | 73 | | | | 3 |
| | (a) Name a | nd address of the agent, broker | or other person to who | m commiss | ions or fees were paid | |
| SHERRY HALL | (0) | 410 N | JEFFERSON AVE 325 NT PLEASANT, TX 7545 | | | |
| | | WOOI | NI FLEAGAINI, IA 1545 | 5 | | |
| (b) Amount of sales an | nd hase | Fe | es and other commission | ns paid | | |
| commissions pai | | (c) Amount | | (d) Purpos | e | (e) Organization code |
| | 1663 | 0 | | | | 3 |
| For Panerwork Reduction | n Act Notice s | ee the Instructions for Form | 5500 | | School | dule A (Form 5500) 2017 |
| . J. I apolition incadello | | | | | Jones | / · · · · · · · · · · · · · · · · · |

| Schedule A (Form 5500) | 2017 | Page 2 – 1 | |
|--|-------------------------------------|---|---|
| | ne and address of the agent broker | , or other person to whom commissions or fees were paid | |
| JOSEPH KING | 2315 | SANDALWOOD CREEK CT ICOE, MO 63038 | |
| | | Fees and other commissions paid | (e) |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | Organization code |
| 941 | 36 | | 3 |
| (a) Nar | ne and address of the agent, broker | r, or other person to whom commissions or fees were paid | l e e e e e e e e e e e e e e e e e e e |
| LYNETTE DARK | | I ARETHUSA LN ER MARLBORO, MD 20772 | |
| | | Fees and other commissions paid | (e) |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | Organization code |
| 707 | 0 | | 3 |
| ()) | | r, or other person to whom commissions or fees were paid | |
| SHAWN TORRES | |) WESTOVER AVE (Y RIVER, OH 44116 | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid 484 | (c) Amount | (d) Purpose | code |
| 404 | 22 | | 3 |
| | | , or other person to whom commissions or fees were paid | |
| JOHN SHERELS | | OX 755 SFIELD, OH 44901 | |
| | | Fees and other commissions paid | (e) |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | Organization code |
| 450 | 55 | | 3 |
| (a) Nav | | | |
| BRENT WOOD | 6701 | r, or other person to whom commissions or fees were paid LAKERIDGE DR RKANA, TX 75503 | |
| | | Fees and other commissions paid | (e) |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | Organization code |
| 405 | 0 | | 3 |

| Page | 2 | _ | 2 |
|------|---|---|---|
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(e) Organization code

| Schedule A (Form 5500) | 2017 | Page 2 – 2 | | |
|---|-------------------------------------|---|-------------------|--|
| (a) Nar | ne and address of the agent, broker | , or other person to whom commissions or fees were paid | | |
| BETH SERFILIPPI | 8 HILL | STONE CT STON LAKE, NY 12019 | | |
| | | (e) | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | Organization code | |
| 318 | 0 | | 3 | |
| (a) Nar | ne and address of the agent, broker | , or other person to whom commissions or fees were paid | | |
| WILLIAM HURLEY | | CHILTON AVE R, TX 75701 | | |
| (1) A (| | Fees and other commissions paid | (e) | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | Organization code | |
| 261 | 0 | | 3 | |
| (a) Nar | ne and address of the agent, broker | , or other person to whom commissions or fees were paid | | |
| DANIEL HARDWICK | MANS | HANLEY RD W SFIELD, OH 44904 | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | |
| commissions paid | (c) Amount | (d) Purpose | code | |
| 233 | 0 | | 3 | |
| (a) Nar | ne and address of the agent, broker | , or other person to whom commissions or fees were paid | | |
| KRISTA ROTONDI | | E WEST PLZ STE 503 NY, NY 12205 | | |
| Fees and other commissions paid | | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | Organization code | |
| 233 | 0 | | 3 | |
| (a) Nar | ne and address of the agent, broker | , or other person to whom commissions or fees were paid | | |
| JOSEPH GUNTHER | 191 N TROY | LINCOLN DR , MO 63379 | | |

Fees and other commissions paid

(d) Purpose

(c) Amount

(b) Amount of sales and base commissions paid

| | Fees and other commissions paid | | | | |
|---|---------------------------------|-------------|-------------------|--|--|
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | Organization code | | |
| 143 | 0 | | 3 | | |
| | | | | | |
| | | | <u> </u> | | |

ALEXANDER MIRO

6005 HIDDEN VALLEY RD CARLSBAD, CA 92011

| | Fees and other commissions paid | | | |
|---|---------------------------------|-------------|-------------------|--|
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | Organization code | |
| 127 | 7 | | 3 | |
| | | | | |
| | | | | |

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

STUART SCHNIRMAN

1303 CHURCHILL RD CLEVELAND, OH 44124

| | | (e) | |
|---|------------|-------------|-------------------|
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | Organization code |
| 114 | 0 | | 3 |
| | | | |
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| | | Fees and other commissions paid | (e) |
|---|------------|---------------------------------|-------------------|
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | Organization code |
| 70 | 0 | | 3 |
| | | | |
| | | | |

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

SHELLY BALL

9 STOUTENBURG DR NORWALK, OH 44857

| | | Fees and other commissions paid | | | |
|---|------------|---------------------------------|-------------------|--|--|
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | Organization code | | |
| 57 | 0 | | 3 | | |
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44

| Page 2 - | 5 |
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|---|--------------------------------------|---|-------------------|
| | | - | |
| (a) Nam | ne and address of the agent, broker, | , or other person to whom commissions or fees were paid | |
| ANGELA FANKHAUSER | | MAPLE DRIVE N, OH 44139 | |
| | 0020 | 11, 511 11166 | |
| | | | |
| | | Fees and other commissions paid | (e) |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | Organization code |
| 56 | 0 | | 3 |
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| | | | |
| | | , or other person to whom commissions or fees were paid | |
| STEPHEN LOMBARDOZZI | | GARGASZ DR IN, OH 44053 | |
| | 20101 | , 6.1 1 1000 | |
| | | | |
| | | Fees and other commissions paid | (e) |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | Organization code |
| 55 | 0 | | 3 |
| | | | |
| | | | |
| (a) Nam | | , or other person to whom commissions or fees were paid | |
| CRP BENEFIT SERVICES INC | 6000 L SEVE | LOMBARDO CENTER STE 145 N HILLS, OH 44131 | |
| | OLVE | WT11220, 011 44 101 | |
| | | | |
| | | Fees and other commissions paid | (e) |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | Organization code |
| 54 | 0 | | 3 |
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| | | | |
| | | , or other person to whom commissions or fees were paid | |
| JANINE FOX | | VILAND DR NECTADY, NY 12302 | |
| | | | |
| | | | |
| (b) Amount of sales and base | <u> </u> | Fees and other commissions paid | (e) |
| commissions paid | (c) Amount | (d) Purpose | Organization code |
| 47 | 10 | | 3 |
| | | | |
| | | | |
| | | , or other person to whom commissions or fees were paid | |
| BRADLEY JONES | | ITISH AMERICAN BLVD WEST AM, NY 12110 | |
| | | | |
| | | | |
| (b) Amount of sales and base | <u> </u> | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |

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

Fees and other commissions paid

(d) Purpose

(e)

Organization

code

2041 WATERBURY RD LAKEWOOD, OH 44107

0

(c) Amount

MERCEDES NOBLE REYES

(b) Amount of sales and base

commissions paid

| Page | 2 – | 7 | |
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| i agc | _ | 1 | |

| (a) Nar | ne and address of the agent, broke | r, or other person to whom commissions or fees were paid | |
|---|------------------------------------|--|-------------------|
| KEVIN MURPHY | | ILLOWBROOK TERRACE | |
| | CLIF | TON PARK, NY 12065 | |
| | | | |
| | | | |
| (h) Amount of color and have | | Fees and other commissions paid | (e) |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | Organization code |
| 10 | 0 | | 3 |
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| / N. | | | |
| ` ' | | r, or other person to whom commissions or fees were paid | |
| KELLY IRVINE | | 0 EAST GOLDEN ELM DR ERO, FL 33928 | |
| | | | |
| | | | |
| | | Fees and other commissions paid | (e) |
| (b) Amount of sales and base | | | Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
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| (a) Nar | ne and address of the agent, broke | r, or other person to whom commissions or fees were paid | |
| MAKOWSKI INS AGCY INC | | WOODCHIP LN | |
| | BROA | ADVIEW HTS, OH 44147 | |
| | | | |
| | | | 1 |
| (h) Amount of color and book | <u> </u> | Fees and other commissions paid | (e) |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | Organization code |
| 8 | 0 | | 3 |
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| | <u> </u> | | |
| (a) Nor | no and address of the agent, broke | r, or other person to whom commissions or fees were paid | |
| OPPORTUNITY INC | · · | WOODCHIP LN | |
| OFFORTONITT INC | | ADVIEW HEIGHTS, OH 44147 | |
| | | | |
| | | | |
| | | Fees and other commissions paid | (e) |
| (b) Amount of sales and base | (c) Amount | (d) Purpose | Organization |
| commissions paid | | (a) i dipose | code |
| 8 | 0 | | 3 |
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| | | | |
| (a) Nar | ne and address of the agent, broke | r, or other person to whom commissions or fees were paid | |
| ROBERTA DICKINSON | POE | 3OX 360277 | |
| | STRC | DNGSVILLE, OH 44136 | |
| | | | |
| | | Face and other commissions noid | (-) |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
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| Page | 2 – | 0 |
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| rage | Z – | 8 |

| (a) Nar | ne and address of the agent, broker | , or other person to whom commissions or fees were paid | |
|--|---|---|-------------------|
| HARE AND ASSOCIATES LLC | | TARTON FIELDS LN | |
| | MASC | DN, OH 45040 | |
| | | | |
| | | Fees and other commissions paid | (e) |
| (b) Amount of sales and base commissions paid |) Amount of sales and base (a) Amount (d) Purpose | | |
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| | | | |
| | | , or other person to whom commissions or fees were paid | |
| NATHAN HARRISON | 2ND F | MANCHESTER RD FLOOR STE 200 | |
| | ELLIS | VILLE, MO 63011 | |
| | | | |
| (In) Assessed of soles and house | <u> </u> | Fees and other commissions paid | (e) |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | Organization code |
| 6 | 0 | | 3 |
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| | | | |
| (a) Nar | ne and address of the agent, broker | , or other person to whom commissions or fees were paid | |
| JOHN BACON | | PARKHILL LAND PARK, KS 66221 | |
| | OVER | LAND I ARK, RO 00221 | |
| | | | |
| | J | Fees and other commissions paid | (e) |
| (b) Amount of sales and base commissions paid (c) Amount (d) Purpose | | Organization code | |
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| (a) Nar | ne and address of the agent, broker | , or other person to whom commissions or fees were paid | |
| DARREN BRUNO | 7542.5 | STONE LAKE DR | |
| | DUBL | IN, OH 43016 | |
| | | | |
| | | Fees and other commissions paid | (e) |
| (b) Amount of sales and base | (c) Amount | (d) Purpose | Organization |
| commissions paid 5 | 0 | (4) 1 8.15000 | code 3 |
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| | | | |
| (a) Nar | ne and address of the agent, broker | , or other person to whom commissions or fees were paid | |
| MICHAEL GRASS | 21707 | KINGSLAND BLVD STE 105 | |
| | KATY, | , TX 77450 | |
| | | | |
| | | Fees and other commissions paid | (e) |
| (b) Amount of sales and base | | · | Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
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| (a) Nar | ne and address of the agent, broker, | , or other person to whom commissions or fees were paid | |
|--|--------------------------------------|---|---------------------|
| TYSON FUNK | | ROWN POINTE TERRACE CT WOOD, MO 63021 | |
| | | Fees and other commissions paid | (e) |
| (b) Amount of sales and base commissions paid (c) Amount (d) Purpose | | | |
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| (a) Nar | ne and address of the agent, broker, | , or other person to whom commissions or fees were paid | |
| JOHN SUSIE | 8682 F DUBLI | HAWICK CT N IN, OH 43017 | |
| (h) Amount of colon and have | F | Fees and other commissions paid | (e) Organization |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | code |
| 4 | 0 | | 3 |
| (a) Nar | ne and address of the agent, broker, | , or other person to whom commissions or fees were paid | |
| JACK SHADE | 690 TF WEST | REE BEND CT ERVILLE, OH 43082 | |
| (b) Amount of sales and base | | | (e) |
| commissions paid | (c) Amount | (d) Purpose | Organization code |
| 4 | 0 | | 3 |
| (a) Nar | me and address of the agent, broker. | , or other person to whom commissions or fees were paid | |
| PRENTISS CASTLE JR | 7293 D | DABADIE RD RESS, LA 70783 | |
| | F | Fees and other commissions paid | (e) |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | Organization code |
| 2 | 0 | | 3 |
| (a) Nar | ne and address of the agent, broker, | , or other person to whom commissions or fees were paid | |
| MAEDE MILLER | 17133 CONR | KNOLL DALE TRAIL COE, TX 77385 | |
| (h) Amount of color and have | F | Fees and other commissions paid | (e) |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | Organization code |
| 2 | 0 | | 3 |
| | | | |

| (a) Nar | me and address of the agent, broker | , or other person to whom commissions or fees were paid | |
|--|-------------------------------------|---|-----------------------|
| CHERISE WADE | | HIGHWAY 90 W Y, TX 77474 | |
| | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | Fees and other commissions paid (d) Purpose | (e) Organization code |
| 2 | 0 | | 3 |
| | me and address of the agent, broker | , or other person to whom commissions or fees were paid | |
| KIM SMITH | 7815 [| DEERWOOD LAKE DR BLE, TX 77346 | |
| | | Fees and other commissions paid | (e) |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | Organization code |
| 2 | 0 | | 3 |
| (a) Nar | me and address of the agent, broker | , or other person to whom commissions or fees were paid | |
| JOHN MYERS | 81 GR | AND MERIDIEN FRST TERFIELD, MO 63005 | |
| Fees and other commissions paid | | | (e) |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | Organization code |
| 1 | 0 | | 3 |
| (a) Nar | me and address of the agent, broker | , or other person to whom commissions or fees were paid | <u>.</u> |
| KEVIN MCCARTHY | 197 LA | ANG DR "H KINGSTOWN, RI 02852 | |
| | | Fees and other commissions paid | (e) |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | Organization code |
| 1 | 0 | | 3 |
| (a) Nar | me and address of the agent, broker | , or other person to whom commissions or fees were paid | <u>.</u> |
| (4) | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| | | | |
| | | | |

| F | Part | II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual this report. | dual contrac | cts with each carrier may | be treated | I as a unit for purposes of |
|---|------|---|-----------------------------------|---------------------------|------------|-----------------------------|
| 4 | Curr | ent value of plan's interest under this contract in the general account at year | end | | 4 | |
| | | ent value of plan's interest under this contract in separate accounts at year er | | | 5 | |
| | | tracts With Allocated Funds: | | | | |
| - | а | State the basis of premium rates | | | | |
| | _ | otato dio suoio di promini rutos | | | | |
| | b | Premiums paid to carrier | | | 6b | |
| | C | Premiums due but unpaid at the end of the year | | | 6c | |
| | d | If the carrier, service, or other organization incurred any specific costs in cor | | | | |
| | u | retention of the contract or policy, enter amount | | | 6d | |
| | | Specify nature of costs | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred (3) other (specify) | d annuity | | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | ating plan, c | heck here | | |
| 7 | Con | tracts With Unallocated Funds (Do not include portions of these contracts ma | intained in s | eparate accounts) | | |
| | а | Type of contract: (1) deposit administration (2) immedia | te participat | ion guarantee | | |
| | | (3) ☐ guaranteed investment (4) ☐ other ▶ | | - | | |
| | | (5) U guaranteed investment (4) U other 7 | | | | |
| | | | | | | |
| | | | | ı | | |
| | b | Balance at the end of the previous year | | | 7b | |
| | С | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | | (2) Dividends and credits | 7c(2) | | | |
| | | (3) Interest credited during the year | 7c(3) | | | |
| | | (4) Transferred from separate account | 7c(4) | | | |
| | | (5) Other (specify below) | . 7c(5) | | | |
| | |) | | | | |
| | | | | | | |
| | | | | | | |
| | | (6)Total additions | | | 7c(6) | |
| | d | Total of balance and additions (add lines 7b and 7c(6)). | | İ | 7d | |
| | | Deductions: | Γ | | | |
| | • | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | | (2) Administration charge made by carrier | 7e(2) | | | |
| | | (3) Transferred to separate account | 7e(3) | | | |
| | | (4) Other (specify below) | 7e(3) | | | |
| | | (4) Outer (specify below) | . / C (+) | | | |
| | | • | | | | |
| | | | | | | |
| | | | | | | |
| | | (5) Total deductions | | | 7e(5) | |
| | f | Balance at the end of the current year (subtract line 7e(5) from line 7d) | | i | 7f | |

| ı | Page | 4 |
|---|------|---|
| | | |

| Part III Welfare Benefit Contract Information | | | | | | | | | | |
|---|---|---|------------------------------|-------------------------|-------------------------|--------------|---------------------------|--|--|--|
| | | If more than one contract covers the same the information may be combined for report employees, the entire group of such individuals. | ting purposes if such cont | racts are exp | perience-rated as a uni | t. Where co | ontracts cover individual | | | |
| 8 | Ber | efit and contract type (check all applicable boxes | | | · | | <u> </u> | | | |
| Ī | a | Health (other than dental or vision) | b Dental | сГ | Vision | | d Life insurance | | | |
| | | | _ | <u>_</u> | | | 불 | | | |
| | е | Temporary disability (accident and sickness) | f Long-term disabili | - 5 | Supplemental unem | pioyment | h Prescription drug | | | |
| | i | Stop loss (large deductible) | j HMO contract | k | PPO contract | | I Indemnity contract | | | |
| | m | Other (specify) CANCER, CRITICAL ILLNE | SS, ACCIDENT | | | | | | | |
| | | | | | | | | | | |
| 9 | Exp | erience-rated contracts: | | | 1 | | | | | |
| | а | Premiums: (1) Amount received | | 9a(1) | | | | | | |
| | | (2) Increase (decrease) in amount due but unpai | | 9a(2) | | | | | | |
| | | (3) Increase (decrease) in unearned premium re | | | | - (1) | | | | |
| | | (4) Earned ((1) + (2) - (3)) | | | T | . 9a(4) | | | | |
| | b | Benefit charges (1) Claims paid | | (-) | | | _ | | | |
| | | (2) Increase (decrease) in claim reserves | | | | 01-(0) | | | | |
| | | (3) Incurred claims (add (1) and (2)) | | | | 9b(3) | | | | |
| | • | (4) Claims charged | | ••••• | | . 9b(4) | | | | |
| | С | | | 9c(1)(A) | | | _ | | | |
| | | (A) Commissions(B) Administrative service or other fees | | 9c(1)(B) | | | | | | |
| | | (C) Other specific acquisition costs | | 9c(1)(C) | | | _ | | | |
| | | (D) Other expenses | | 0 (4)(D) | | | | | | |
| | | (E) Taxes | | 0 (4)(5) | | | | | | |
| | | (F) Charges for risks or other contingencies | | | | | | | | |
| | | (G) Other retention charges | | | | | | | | |
| | | (H) Total retention | | | | . 9c(1)(H) | 1 | | | |
| | | (2) Dividends or retroactive rate refunds. (These | e amounts were paid in | cash, or | credited.) | 9c(2) | | | | |
| | d Status of policyholder reserves at end of year: (1) Amount held to provide | | | benefits afte | r retirement | . 9d(1) | | | | |
| | | (2) Claim reserves | | | | . 9d(2) | | | | |
| | | (3) Other reserves | | | | . 9d(3) | | | | |
| | е | Dividends or retroactive rate refunds due. (Do r | ot include amount entered | d in line 9c(2) |) .) | . 9e | | | | |
| 10 | No | nexperience-rated contracts: | | | | | | | | |
| a Total premiums or subscription charges paid to carrier | | | | | | . <u>10a</u> | 42068 | | | |
| b If the carrier, service, or other organization incurred any specific costs in connection | | | | | • | 406 | | | | |
| | Spe | retention of the contract or policy, other than rep cify nature of costs. | orted in Part I, line 2 abov | e, report am | ount | . <u> </u> | | | | |
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| Part IV Provision of Information | | | | | | | | | | |
| 11 | Di | I the insurance company fail to provide any inforr | nation necessary to comp | ete Schedule | е A? П | Yes | X No | | | |
| | | | | | | | | | | |
| . 2 | 12 If the answer to line 11 is "Yes," specify the information not provided. | | | | | | | | | |