

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: PROVIDER CARE GROUP HEALTH & WELFARE BENEFITS PLAN
1b Three-digit plan number (PN): 590
1c Effective date of plan: 10/01/2004
2a Plan sponsor's name (employer, if for a single-employer plan): HCA INC.
2b Employer Identification Number (EIN): 75-2497104
2c Plan Sponsor's telephone number: 615-344-8741
2d Business code (see instructions): 551112

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b 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 since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1765
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1765
	6a(2)	2760
	6b	0
	6c	0
	6d	2760
	6e	
	6f	
	6g(1)	
6g(2)		
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 codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E 4F 4H

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input checked="" type="checkbox"/> General assets of the sponsor	(4) <input checked="" type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>3</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code 102033586

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan PROVIDER CARE GROUP HEALTH & WELFARE BENEFITS PLAN	B Three-digit plan number (PN) ▶ 590
C Plan sponsor's name as shown on line 2a of Form 5500 HCA INC.	D Employer Identification Number (EIN) 75-2497104

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

1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	0811423	5374	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
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)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		31981384
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan PROVIDER CARE GROUP HEALTH & WELFARE BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>590</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 HCA INC.</p>	<p>D Employer Identification Number (EIN) 75-2497104</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	70438	3822	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid 966131</p>	<p>(b) Total amount of fees paid 0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ACRISURE LLC
16805 WEST CLEVELAND AVENUE
NEW BERLIN, WI 53151

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
791675			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
DISABILITY SPECIALISTS INC
5664 PRAIRIE CREEK DRIVE
CALEDONIA, MI 49315

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
174456			3

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
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)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		5288259
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan PROVIDER CARE GROUP HEALTH & WELFARE BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶ 590</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 HCA INC.</p>	<p>D Employer Identification Number (EIN) 75-2497104</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
HUMANA INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-1263473	73288	588165	1941	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

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

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

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

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

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	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
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)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		2082715
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

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

Multiple-Employer Plan Participating Employer Information
Provider Care Group Health and Welfare Benefits Plan PN: 590 EIN:75-2497104

Participating Employer Name	EIN
GCDP at HCA Houston Clear Lake	86-3024305
GCDP at HCA Houston Conroe	86-3024305
GCDP at HCA Houston Kingwood	86-3024305
GCDP at HCA Houston Med Ctr	86-3024305
GCDP at HCA Houston N Cypress	86-3024305
GCDP at HCA Houston Southeast	86-3024305
GCDP at Hca Houston Tomball	86-3024305
GCDP at HCA Houston West	86-3024305
GCDP at Rio Grande Regional Hospital	86-3024305
GCDP at Woman's Hospital Of Texas	86-3024305
NTDP at Medical City Denton	37-1925902
NTDP at Medical City Las Colinas	37-1925902
NTDP at Medical City Lewisville	37-1925902
NTDP at Medical City Mckinney	37-1925902
NTDP at Medical City Weatherford	37-1925902
PLLC - WHC Robotic General Surgery	93-1599462
PLLC - WHC OBGYN Decatur	93-1599462
PLLC - WHC My Bariatric Solutions	93-1599462
PLLC - WHC Cardiology	93-1599462
PLLC - WHC Cancer Center at Wise	93-1599462
PLLC - Brownsville Neuro	30-0951072
PLLC - El Paso Neuro Spec	26-0829510
PLLC - Georgetown Center for Adult Med	26-0224705
PLLC - St. David's Orthopedics	38-3830353
PLLC - Las Palmas Del Sol Obstetrics	20-8825177
PLLC - TX Cardio Spec Denton	27-2996872
PLLC - North TX Dialysis Access Clinic	26-2243652
PLLC - Rio Specialty Associates	30-0951072
PLLC - Webster OB/GYN	30-0852873
PLLC - Clear Lake Neurology	27-3294332
PLLC - Pediatric Specialists of Houston	26-1891316
PLLC - Conroe Surgical Group	32-0453574
PLLC - TX Cardio Spec Arlington	27-2996872
PLLC - Pediatric Neurosurg Specialists	37-1777613
PLLC - Brain/Spine Spec Arlington	38-3910401
PLLC - CWCC - Pearland	26-3091124
PLLC - CWCC - Tangelwood	26-3091124
Lone Star Intenvisists at West Houston	32-0558440
PLLC - TCA - Las Palmas Del Sol	45-4656734
PLLC - Houston Heart Med Center	45-2298151
PLLC - Tomball OB Hospitalist	99-0675124
PLLC - WHOT OB Hospitalist	99-0675124

PLLC - West Houston OB Hospitalist	99-0675124
PLLC - Clear Lake OB Hospitalist	99-0675124
PLLC - Corpus OB Hospitalist	99-0675124
PLLC - Kingwood OB Hospitalist	99-0675124
PLLC - Southeast OB Hospitalist	99-0675124
PLLC - Maternal Fetal Med - Tomball	26-3091124
PLLC - St. David Neuro Specialists	38-3830353
PLLC - Pediatric Cardio & Surgery WHOT	26-1891316
PLLC - Pediatric Orthopedic Specialists	26-2400924
Lone Star Intensivists at Conroe	32-0558440
MHBP PLLC Pediatric Anesthesia	93-3257678
Occ Providers Of Southwest	30-0573692
PLLC - MCCH Congenital Heart Surgery	20-5871316
PLLC - North Austin Transplant	26-0224767
PLLC - General Surgeons Of Bayshore	26-3478980
PLLC - Houston Women's Care Assoc.	26-4260933
PLLC - Georgetown Medical Clinic	26-0224705
PLLC - North Austin Maternal Fetal Med	27-0284846
PLLC - Methodist Physicians Bariatrics	26-2400924
PLLC - Methodist Ortho Landmark	26-2400924
PLLC - Womens Associates	26-1736078
PLLC - Radiation Oncology-Corpus Christi	27-1712426
PLLC - Dallas Brain Spine & Skull Surg	27-3888895
PLLC - OB GYN of Brownsville	26-3127628
PLLC - Woman's OB/GYN Specialist	26-3091124
PLLC - Specialty Associates of West Houston	45-2298151
PLLC - Brushy Creek Family Physicians	26-0224705
H2U - WC-PISD - PLLC	27-4846700
PLLC - Alamo City Surgeons	26-2400924
PLLC - Northeast Internal Medical Assoc	26-2400924
PLLC - IMED Healthcare Associates	26-2400924
PLLC - Pediatric Specialists of Texas	26-2400924
PLLC - Heart Failure	26-2400924
PLLC - Abdominal Organ Program	26-2400924
PLLC - Bone Marrow Transplant	26-2400924
PLLC - Pediatric Bone Marrow Transplant	26-2400924
PLLC - Surgery Associates of North Texas	35-2513001
PLLC - Hepatology Program	26-2400924
CareNow - Austin Market	38-4007312
CareNow - Houston Overhead	37-1829497
Urgent Care - San Antonio Market - OH	81-2813433
PLLC - Women's Care of North Texas	26-3778482
GSP - California Advanced Surgical Spec	47-1364668
CareNow - Leon Valley	81-2813433
CareNow - Stone Oak	81-2813433
CareNow - Potranco	81-2813433

PLLC - ADC - North Clinic	74-1625143
PLLC - Lone Star Medical Group Aledo	35-2535461
PLLC - Lone Star Medical Group Eureka	35-2535461
CareNow - Round Rock West	38-4007312
CareNow - Georgetown	38-4007312
CareNow - North Mesa	38-4081838
PLLC - Austin Ortho and Sports Medicine	38-3830353
Lone Star Intensivists at Clear Lake	32-0558440
ELP Internal Medicine GME	82-4907279
PLLC - NTX Surgical Oncology Associates	35-2513001
CareNow - Dezavala	81-2813433
PLLC - Houston Colorectal Surgeons	45-2298151
PLLC - West Houston Orthopedics	45-2298151
PLLC - Texas Gulf Coast Providers - 100	45-2298151
PLLC - Texas Gulf Coast Providers - 300	45-2298151
PLLC - LPDS OB GYN	20-8825177
PLLC - Surgical Care of North Texas	35-2513001
PLLC - North Texas Surgical & Transplant	26-2243652
CareNow - Roanoke	75-2510007
PLLC - Podiatry of Clear Lake	35-2645807
PLLC - St. David's H&V - Round Rock	74-2082653
CareNow - Saginaw	75-2510007
CareNow - Irving	75-2510007
PLLC - Brownsville CV Surgery	30-1135498
CareNow - Chisholm Trail	75-2510007
CareNow - Gates of Prosper	75-2510007
CareNow - Prosper West	75-2510007
CareNow - White Settlement	75-2510007
PLLC - Methodist Phys Ortho Specialists	26-2400924
PLLC - NeuroHospitalists of Kingwood	27-3294332
PLLC - NeuroHospitalists of HNW - Javed	27-3294332
PLLC - Texas Joint Institute	45-2799971
CareNow - East Pearland	37-1829497
CareNow - Edinburg	37-1829497
CareNow - Alamo Heights	81-2813433
PLLC - Pearland Cardiology	45-2298151
PLLC - MCCH Cardiology Specialists	20-5871316
PLLC - Spero Women's Oncology Center	20-8825177
PLLC - Methodist Neurology Specialists	26-2400924
PLLC - Alamo City Surgeons Stone Oak	26-2400924
PLLC - SW Cardiothoracic Surgeons Dallas	27-3533103
PLLC - Southwest Scoliosis Institute	26-0544018
PLLC - TX Cardio Spec Dallas	27-2996872
PLLC - North Texas Heart Center Dallas	27-2996872
PLLC - TX Institute Spine & Neuro Plano	38-3910401
PLLC - North Cypress CV Surgeons	45-2298151

PLLC - Texas Back Institute Psyche	26-2243484
PLLC - SLS - Clear Lake Providers	45-2298151
PLLC - Pediatric Cardiac Surgery	26-2400924
Methodist Hill Country Hospice	92-3007608
PLLC - STX Cardiothoracic Surgeons	27-2713767
PLLC - Arlington IM GME	35-2535461
PLLC - Arlington OB GYN GME	35-2535461
PLLC - Adv Cardiothoracic Surg Dallas	27-3533103
CareNow - Avery Ranch	38-4007312
CareNow - McAllen	37-1829497
PLLC - SLS - SDMC APPs - Multispecialty	38-3830353
PLLC - SLS - RRMc APPs - Multispecialty	38-3830353
PLLC - SLS - LPMC APPs - Primary Care	82-4907279
PLLC - SLS - NAMC APPs - Multispecialty	38-3830353
PLLC - SLS - SDSH APPs - Multispecialty	38-3830353
PLLC - SLS - HHOA APPs - Cardio	74-2082653
PLLC - SLS - SAMC APPs - Multispecialty	38-3830353
PLLC - SLS - MC Plano Providers	35-2535461
PLLC - SLS - MC Dallas Providers	35-2535461
PLLC - SLS - MC Ft Worth Providers	35-2535461
PLLC - SLS - MC Arlington Providers	35-2535461
PLLC - SLS - MC Heart & Spine Providers	35-2535461
PLLC - SLS - MC Lewisville Providers	35-2535461
PLLC - SLS - MC Denton Providers	35-2535461
PLLC - SLS - MC McKinney Providers	35-2535461
PLLC - SLS - MC Frisco Providers	35-2535461
PLLC - SLS - MC North Hills Providers	35-2535461
PLLC - DFW Sarcoma Group	38-3855465
PLLC - Medical City GI Plano	35-2535461
PLLC - Las Colinas OBGYN	26-3778482
SLS - GSP - Los Robles	47-1364668
PLLC - SLS - SDMC APPs - Cardio	74-2082653
PLLC - SLS - NAMC APPs - Cardio	74-2082653
PLLC - SLS - RRMc APPs - Cardio	74-2082653
PLLC - SLS - SAMC APPs - Cardio	74-2082653
PLLC - SLS - Houston Cypress	45-2298151
PLLC - Houston Heart	45-2298151
PLLC - Conroe Surgical	45-2298151
PLLC - Serene OB/GYN	26-3091124
Orthopedic Specialists of Texas	45-2298151
North Cypress Neuroendovascular	27-3294332
PLLC SAWH - North Cypress Wound Care	45-2298151
PLLC - Kingwood GME	37-1801192
PLLC - Kingwood Continuity Clinic	45-2298151
PLLC - North Hills Senior Clinic IM GME	35-2535461
CareNow - Boca Chica	37-1829497

Southeast Cardiovascular Surgery	26-0859911
Neurohospitalists of Conroe	27-3294332
PLLC - Medical City GI Arlington	35-2535461
SLS - Houston Northwest Providers	45-2298151
PLLC - MPP Neurosurgery	26-2400924
PLLC - Children's Renal Center	35-2535461
Cardiology Clinic Northeast	27-2713767
Cardiology Clinic Stone Oak	27-2713767
CareNow - Selma	81-2813433
CareNow - San Juan / Pharr	37-1829497
CareNow - East El Paso	38-4081838
CareNow - Copperfield	37-1829497
CareNow - North Richland Hills	75-2510007
CareNow - Porter-New Caney	37-1829497
CareNow - Forney	75-2510007
CareNow - Deer Park	37-1829497
CareNow - Hudson Oaks	75-2510007
PLLC - Emergency Psych Telehealth	26-2243484
PLLC - Medical City Trauma Plano	88-0900432
PLLC - Medical City Trauma Denton	88-0900432
PLLC - Medical City Trauma McKinney	88-0900432
PLLC - Medical City Trauma Arlington	88-0900432
PLLC - CCSA TexSan	27-2713767
PLLC - CCSA Metro	27-2713767
PLLC - Trinity Perinatal Specialists	26-3778482
PLLC - Med City Placenta Accreta Spec	26-3778482
PLLC - Pedi Cardio of NTX (Mednax)	20-5871316
CareNow - Bastrop	38-4007312
CareNow - Georgetown Williams Drive	38-4007312
CareNow - Kyle	38-4007312
CareNow - Lakeway	38-4007312
CareNow - Manor	38-4007312
CareNow - Mueller	38-4007312
CareNow - Riverside Drive	38-4007312
CareNow - San Marcos Wonder World Drive	38-4007312
CareNow - Taylor	38-4007312
CareNow - Casa Linda	75-2510007
CareNow - Balch Springs	75-2510007
CareNow - McKinney Virginia Parkway	75-2510007
CareNow - Rockwall North	75-2510007
CareNow - Rowlett	75-2510007
CareNow - Sachse	75-2510007
CareNow - Cimarron	38-4081838
CareNow - El Paso Edgemere	38-4081838
CareNow - Kenworthy	38-4081838
CareNow - North Zaragoza	38-4081838

CareNow - Viscount	38-4081838
CareNow - Humble	37-1829497
CareNow - Tomball	37-1829497
CareNow - Bandera Rd	81-2813433
CareNow - Cibolo	81-2813433
CareNow - Converse	81-2813433
CareNow - Kitty Hawk	81-2813433
CareNow - McCreless	81-2813433
CareNow - Nacogdoches Road	81-2813433
CareNow - New Braunfels	81-2813433
CareNow - Potranco Road & Hunt Lane	81-2813433
CareNow - Seguin	81-2813433
CareNow - Stone Oak Pkwy & Evans Rd	81-2813433
CareNow - Thousand Oaks	81-2813433
CareNow - West Hildebrand	81-2813433
PLLC - GME - OB/GYN South Austin	27-0284846
PLLC - Renaissance OB/GYN	27-0284846
Cardiology Clinic Medical Center	27-2713767
MCP Vascular Surgery	27-2713767
PLLC - SAWH Conroe Neuro	45-2298151
PLLC - Premier Healthcare	45-2298151
PLLC - South Texas Physician Group	92-0858532
PLLC - South Texas Phys Group Walk-In	92-0858532
PLLC-Houston Heart and Vascular	45-2298151
PLLC - Women's OBGYN Center	30-0852873
MCP Vascular Metro	27-2713767
MPP GME Clinic	26-2400924
PLLC - Medical City Heart & Transplant	27-2996872
MPP iMed Quarry	26-2400924
PLLC - Kingwood Gastroenterology	45-2298151
PLLC - Houston Heart Clear Lake	45-2298151
PLLC - Urohospitalist of Conroe	45-2298151
PLLC - Hemotherapy Clinical Pathology	45-2298151
PLLC NASA	26-2400924
PLLC - West Houston Vascular	45-2298151
PLLC - Pedi Cardio of NTX (Fetal Care)	20-5871316
PLLC - SAWH - CV Anesthesia	45-2298151
PLLC - MPP Ortho Landmark	26-2400924
PLLC - Brownsville Surgical Specialist	30-1135498
PLLC - SLS - Houston SE Providers	45-2298151
PLLC - SLS - Rio Grande Hos Providers	45-2298151
PLLC - SLS - Houston Kingwood Providers	45-2298151
PLLC - SLS - Houston Mainland Providers	45-2298151
PLLC - SLS - Conroe MC Providers	45-2298151
Methodist Physicians Colorectal Surgery	26-2400924
PLLC - LPMC Trauma Center	88-0900432

PLLC - DSMC Trauma Center	88-0900432
PLLC - MPP Diabetic Limb Salvage	88-3159330
PLLC - North Houston Brain and Spine	45-2298151
DSMC Uro-gyn and Gyn-Oncology	20-8825177
PLLC - Texas Transplant Physician Group	38-3830353
PLLC - EP Surgical Specialists	26-0829510
GSP-Cardiovascular Assoc of Los Robles	47-1364668
PLLC - Austin Spine	38-3830353
PLLC - McAllen Compre Upper Extremity	61-1775902
PLLC - Austin Brain and Spine	38-3830353
PLLC - Dallas Sarcoma Associates	38-3855465
PLLC - Med City Hip & Knee Specialists	38-3855465
PLLC - Urology Specialists of Kingwood	30-0944941
Lone Star Intensivists at Houston SE	32-0558440
PLLC - TX Cardio Spec Greenville	27-2996872
PLLC - Texas Heart & Vascular - New	74-2082653
PLLC - El Paso Ortho West	26-2400836
PLLC - Northwest Houston Neurosurgery	45-2298151
PLLC - West Houston OBGYN	45-2298151
PLLC - Windrose Family Medicine	45-2298151
PLLC - Cypress Creek	45-2298151
PLLC - HCA Houston Gastroenterology	45-2298151
PLLC - Tomball Womans Healthcare Center	45-2298151
PLLC - El Paso Perinatology & OB/GYN New	20-8825177
PLLC - TX Cardiac Arrhythmia North Hill	27-2996872
PLLC - Live by Losing	35-2535461
PLLC - John A. Demopulos, MD	35-2535461
PLLC - Greater Houston Urogyn	45-2298151
GSP - SLS Good Samaritan Hospital	47-1364668
PLLC - Cardiac & Pulmonary Transplant	26-2400924
PLLC - Texas Heart	45-2298151
PLLC - North Cypress Oncology	45-2298151
PLLC - North Texas Surgical	27-3533103
Georgetown Orthopedic Group	38-3830353
PLLC - Surgical Care of Las Colinas	35-2513001
PLLC - Kingwood Orthopedics	45-2298151
PLLC - Neuroendovascular Associates CC	45-2298151
PLLC - Methodist Trauma Northeast	26-2400924
PLLC - Methodist Trauma Stone Oak	26-2400924
NTX Pathology Program	37-1925902
PLLC - TCA Houston	45-2298151
PLLC - Oak Counseling & Psych Services	26-2243484
PLLC - SW Cardiothoracic Surg Arlington	27-3533103
PLLC - Bella OB/GYN	26-3091124
PLLC - Maternal and Fetal Medicine	26-3091124
PLLC - Texas Robotic Surgery for Women	27-0284846

PLLC - Brownsville Bone and Joint	45-2298151
PLLC - Med City Liver & Digestive Ctr	26-2243652
PLLC - Gulf Coast Vascular - Med Center	45-2298151
PLLC - TX Cardiac Arrhythmia Fort Worth	27-2996872
PLLC - Texas Cardiovascular	45-2298151
CareNow - Pearland Shadow Creek Ranch	37-1829497
PLLC - Gulf Coast Division Pathology	86-3024305
PLLC - Women's Health Group - OBGYN	26-3091124
PLLC - Othopedic Spine Surgery	45-2298151
PLLC - Neurosurgery Valley	30-0951072
PLLC - Complete Women's Care Center	26-3091124
PLLC - Collin County Surgeons	45-2799910
PLLC - Conroe Montgomery Physicians Grp	61-1684739
PLLC - St. David's Neurology	38-3830353
PLLC - St. David's Phys Med and Rehab	38-3830353
PLLC - Brain/Spine Spec Ft. Worth	38-3910401
PLLC - East Houston Primary Care	38-3921721
PLLC - Internal Medicine of Pasadena	61-1734356
PLLC - SW Cardiothoracic Surgeons Plano	27-3533103
PLLC - TCA South Austin New	74-2082653
PLLC - Dallas Medical Specialists	35-2535461
PLLC - DFW Thoracic and Lung Dallas	27-3533103
PLLC - Cardio Texas New	74-2082653
PLLC - TCA AH HHO New	74-2082653
PLLC - TCA Austin New	74-2082653
PLLC - Cardiovascular Spec of Texas New	74-2082653
Las Palmas Del Sol OB	20-8825177
Silver State Providers - UCE FPC	47-5315098
CareNow - Anderson Mill	38-4007312
CareNow - Barton Springs	38-4007312
CareNow - Burnet Road	38-4007312
CareNow - Central Austin	38-4007312
CareNow - San Marcos	38-4007312
CareNow - South Congress	38-4007312
CareNow - McKinney Stonebridge Ranch	75-2510007
CareNow - Wylie	75-2510007
CareNow - Greenville	75-2510007
CareNow - Keller Pkwy & Main	75-2510007
CareNow - Knox Henderson	75-2510007
CareNow - Las Colinas - MacArthur	75-2510007
CareNow - Oak Lawn	75-2510007
CareNow - Presidio Vista	75-2510007
CareNow - Richardson	75-2510007
CareNow - Uptown	75-2510007
CareNow - Arboretum-Gateway	38-4007312
CareNow - Klein	37-1829497

CareNow - Spring	37-1829497
CareNow - Heights	37-1829497
CareNow - Katy	37-1829497
CareNow - Memorial	37-1829497
CareNow - Midtown	37-1829497
CareNow - River Oaks	37-1829497
CareNow - Sugar Land	37-1829497
Carenow - Primary Health, Inc.	75-2510007
Carenow - Denton	75-2510007
Carenow - Bedford-Eules (Glade)	75-2510007
Carenow - Arlington	75-2510007
Carenow - Cedar Hill	75-2510007
Carenow - Grand Prairie	75-2510007
Carenow - I20 And Wheatland	75-2510007
Carenow - Carrollton	75-2510007
Carenow - Lewisville	75-2510007
Carenow - Allen	75-2510007
Carenow - Mckinney	75-2510007
Carenow - Frisco Preston Road	75-2510007
Carenow - Frisco West (Main)	75-2510007
Carenow - Plano	75-2510007
Carenow - Garland-North	75-2510007
Carenow - Garland-South Mesquite	75-2510007
Carenow - North Dallas	75-2510007
Carenow - Fossil Creek	75-2510007
CareNow - Keller Main Bear Creek	75-2510007
Carenow - Hurst	75-2510007
Carenow - Burleson	75-2510007
Carenow - Eastchase	75-2510007
Carenow - Fort Worth	75-2510007
Carenow - Lake Worth	75-2510007
Carenow - Mansfield	75-2510007
Carenow - 635 & Abrams	75-2510007
Carenow - I-30 & Horne	75-2510007
Carenow - Lakewood	75-2510007
Carenow - Southlake	75-2510007
Carenow - 635 & Midway	75-2510007
Carenow - Rockwall	75-2510007
CareNow - Fairmont	37-1829497
CareNow - Kingwood Northpark	37-1829497
CareNow - Cypress	37-1829497
CareNow - Friendswood	37-1829497
CareNow - Conroe	37-1829497
CareNow - Southwest Austin	38-4007312
CareNow - Tech Ridge	38-4007312
CareNow - Cedar Park	38-4007312

CareNow - Hutto	38-4007312
CareNow - Atascocita	37-1829497
CareNow - Montgomery	37-1829497
CareNow - Woodlands	37-1829497
CareNow - League City	37-1829497
CareNow - Bulverde	81-2813433
CareNow - Denton Rayzor Ranch	75-2510007
PLLC - Clear Lake Surgeons	26-0859911
PLLC - Houston Pediatric Pulmonary Assoc	26-1891316
PLLC - Emergency Psychiatric Medicine	26-2243484
PLLC - Specialists in OBGYN - Suite 1200	26-3090885
PLLC - Texas Stroke Institute	27-0393637
PLLC - Austin Heart North	74-2082653
PLLC - Austin Heart Central	74-2082653
PLLC - Austin Heart South	74-2082653
PLLC - Ped Cardiac Intensivists NTX	20-8801962
PLLC - Rio Grande Valley Cardiology	27-2485384
PLLC - STX Cardiology Specialists	26-2400924
PLLC - Radiation Oncologist West Houston	26-0859706
PLLC - Vein Center at Woman's Hosp of TX	27-0300360
Methodist Hill Country Home Care	92-2268573
Hospice San Antonio	86-3835731
Hospice Austin	86-3835609
Home Health San Antonio	26-1813173
Home Health Austin	86-3835373
Houston NW - Hospital Medicine	92-2465140
Houston Med - Emergency Medicine	92-2417967
Houston NW - Emergency Medicine	92-2417967
Houston SE - Fairmont - Emrg Med - FSER	92-2417967
Kingwood - Fall Creek - Emrg Med - FSER	92-2417967
Houston SE - N Channel - Emrg Med - FSER	92-2417967
Tomball - Emergency Medicine	92-2417967
Valley Regional - Hospital Medicine - CC	92-3083345
Corpus Christi - Bay Area - Emerg Med	92-2417967
Kingwood - Cleveland - Emerg Med - FSER	92-2417967
Clear Lake - TX City - Emerg Med - FSER	92-2417967
Tomball - Cy Fair - Emergency Med - FSER	92-2417967
Rio Grande - Emergency Medicine	92-2417967
Rio Grande - San Juan - Emerg Med - FSER	92-2417967
Corpus Christi - Doctors - Emergency Med	92-2417967
Corpus Christi - Portland - Em Md - FSER	92-2417967
Corpus Christi - NW Reg - Emrg Md - FSER	92-2417967
Rio Grande - Edinburg - Emerg Med - FSER	92-2417967
Houston Nw - Hospital Medicine - CC	92-3083345
Houston Med - Hospital Medicine - CC	92-3083345
N Cypress - Emergency Medicine	92-2417967

N Cypress - Hospital Medicine	92-2465140
Clear Lake - Emergency Medicine -Peds	92-2417967
Corpus Christi - Rckprt - Emrg Md - FSER	92-2417967
Clear Lake - Pearland - Emerg Med - FSER	92-2417967
Tomball - Creekside - Emerg Med - FSER	92-2417967
Tomball - Hospital Medicine - CC	92-2465140
Clear Lake - Friendswd - Emrg Med - FSER	92-2417967
Pearland - Fort Bend - Emrg Md - FSER	92-2417967
Skyline Medical Center - HM	92-2193137
Conroe - Hospital Medicine	92-2465140
Houston SE - Emergency Medicine	92-2417967
Houston SE - Hospital Medicine	92-2465140
Clear Lake - Emergency Medicine	92-2417967
Clear Lake - Hospital Medicine	92-2465140
Conroe - Emergency Medicine	92-2417967
Kingwood - Emergency Medicine	92-2417967
Mainland - Emergency Medicine	92-2417967
Pearland - Emergency Medicine	92-2417967
Pearland - Hospital Medicine	92-2465140
Houston W - Emergency Medicine	92-2417967
Houston W - Hospital Medicine	92-2465140
TX Womans Hosp - Emergency Medicine	92-2417967
Kingwood - Emergency Medicine -Peds	92-2417967
Valley Reg - Emergency Medicine	92-2417967
Belton - Emergency Medicine	92-2110411
Centerpoint - Emergency Medicine	92-2110411
Lees Summit - Emergency Medicine	92-2110411
Menorah - Emergency Medicine	92-2576754
Overland Pk - Olathe - Emerg Med - FSER	92-2576754
Overland Pk - Shawnee - Emerg Med - FSER	92-2576754
Overland Park - Emergency Med	92-2576754
Research - Brookside - Emerg Med - FSER	92-2110411
Research - Emergency Medicine	92-2110411
Research - Hospital Medicine	92-2135715
MHS Texsan - Emergency Medicine	92-2417967
MHS Metro - Emergency Medicine	92-2417967
MHS Meth NE -Emergency Medicine	92-2417967
Tri Parkridge East - Emergency Medicine	92-2122433
Tri Parkridge East - Hospital Medicine	92-2193137
Tri Parkridge - Emergency Medicine	92-2122433
Tri Parkridge - Hospital Medicine	92-2193137
Tri Parkridge W - Emergency Med	92-2122433
Tri Centennial - Sprng HI - Em Md - FSER	92-2122433
Tri Centennial - Emergency Med	92-2122433
Tri Centennial - Emergency Med - Peds	92-2122433
Tri Centennial - Hospital Medicine	92-2193137

Tri Centennial - Ashland - Emergency Med	92-2122433
Tri Hendersonville - Emergency Medicine	92-2122433
Tri Hendersonville - Hospital Medicine	92-2193137
Tri Horizon - Emergency Medicine	92-2122433
Tri Horizon - Hospital Medicine	92-2193137
Tri Southern Hills - Emergency Medicine	92-2122433
Tri Southern Hills - Hospital Medicine	92-2193137
Tri Stonecrest - Emergency Medicine	92-2122433
Tri Stonecrest - Hospital Medicine	92-2193137
Tri Summit - Emergency Medicine	92-2122433
Tri Summit - Hospital Medicine	92-2193137
Tri Horizon - Natchez - Emerg Med - FSER	92-2122433
Clear Lake - Alvin - Emerg Med - FSER	92-2417967
Non HCA Unity Medical Center	92-2122433
MHS Methodist - Hospital Medicine	92-2465140
Methodist Spec Tranplant - Hospital Med	92-2465140
MHS Texsan - Hospital Medicine	92-2465140
MHS Metro - Hospital Medicine	92-2465140
MHS Meth NE - Hospital Medicine	92-2465140
MHS Atascosa - Emergency Medicine	92-2417967
MHS Stone Oak - Hospital Medicine	92-2465140
MHS Methodist - Emergency Medicine	92-2417967
MHS Methodist - Emergency Med - Peds	92-2417967
Tri Summit - Mt Juliet - Emrg Med - FSER	92-2122433
MHS Methodist - Wstovr - Emrg Med - FSER	92-2417967
MHS Meth Ne - Converse - Emrg Med - FSER	92-2417967
Tri Parkridge N - Emergency Med - FSER	92-2122433
MHS Meth NE - Nacog - Emerg Med - FSER	92-2417967
Tri Southern Hills - Century - EM - FSER	92-2122433
Tri Northcrest - Hospital Medicine	92-2193137