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 6047(e), 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

2010

					Inspection	DIIC			
Part I	Part I Annual Report Identification Information								
For caler	ndar plan year 2010 or fiscal p		2010	and ending	12/31/2010				
A This	eturn/report is for:	a multiemployer plan;	a multiple	e-employer plan; or					
B This r	eturn/report is:	the first return/report;	the final r	eturn/report;					
		an amended return/report;	a short pl	an year return/report (le	ess than 12 months).				
C If the	plan is a collectively-bargaine	d plan, check here							
D Chec	k box if filing under:	Form 5558;	automatio	extension;	X the DFVC program;				
	· ·	special extension (enter des	cription)						
Part	I Basic Plan Inform	ation—enter all requested informa	ation						
	ne of plan	and the same of th			1b Three-digit plan				
COI	LUMBIA COLLEGE EMP	LOYEE BENEFITS PLAN			number (PN) ▶	501			
					1c Effective date of pla 07/01/1974	n			
2a Plan	sponsor's name and address	(employer, if for a single-employer)	plan)		2b Employer Identificat	ion			
	ress should include room or su	,	,		Number (EIN)				
COI	UMBIA COLLEGE				43-0655867				
					2c Sponsor's telephone number	2c Sponsor's telephone			
					573-875-7255				
100	al podepa de				2d Business code (see				
100	1 ROGERS ST				instructions) 611000				
COT	JUMBIA MO	65216			811000				
COL	IOMBIA MO	03210							
Caution	A penalty for the late or inc	omplete filing of this return/repor	rt will be assessed	unless reasonable cau	se is established.				
	1 , , ,	enalties set forth in the instructions, is the electronic version of this return			, , , ,	,			
_									
SIGN			09/25/2012	Bruce Boyer					
HERE	Signature of plan administ	rator	Date	Enter name of individual signing as plan administrator					
SIGN									
HERE	Signature of employer/plar	n sponsor	Date	Enter name of individu	ual signing as employer or plan spo	nsor			
SIGN									
HERE	Signature of DFE		Date	Enter name of individu	ual signing as DFE				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010) v.092307.1

Form 5500 (2010) Page **2**

за	Plan administrator's name and address (if same as plan sponsor, enter "Same") COLUMBIA COLLEGE	3b Administrator's EIN 43-0655867				
	1001 ROGERS ST	nu	ministrator's telephone mber 573-875-7255			
	COLUMBIA MO 65216					
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN the plan number from the last return/report:	and	4b EIN			
а	Sponsor's name		4c PN			
5	Total number of participants at the beginning of the plan year	5	567			
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).					
а	Active participants	. 6a	614			
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, 6b, and 6c	. 6d	614			
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	. 6e				
f	Total. Add lines 6d and 6e.	. 6f				
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	. 6g				
h	Number of participants that terminated employment during the plan year with accrued benefits that were 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				
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 4A 4B 4D 4E 4F 4H 4Q					
9a	Plan funding arrangement (check all that apply) (1)	insuranc				
10	Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number of the control of	ber attac	hed. (See instructions)			
а	Pension Schedules (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary B General Schedules (1) H (Financial Information of the plan of	nation – mation)				
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (5) D (DFE/Participation of G) (Financial Transformation)	•	,			

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

For calendar plan year 2010 or fiscal plan year beginning

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).

and ending

01/01/2010

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

12/31/2010

A Name of plan COLUMBIA COLLEGE EMPLOYEE BENEFITS PLAN					e-digit number (PN)	501
					. ,	
C Plan sponsor's name a	C Plan sponsor's name as shown on line 2a of Form 5500.					r (EIN)
COLUMBIA COLLE	:GE			43-065	55867	
Part I Information	on Concerni	ng Insurance Contract C				
1 Coverage Information:				,		
(a) Name of insurance car	rier					
UNITEDHEALTHC.	ARE INSUR	ANCE COMPANY				
	(c) NAIC	(d) Contract or	(e) Approximate nur	mber of	Policy or	contract year
(b) EIN	code	identification number persons covered a policy or contract			(f) From	(g) To
36-2739571	79413	0711090	816		01/01/2010	12/31/2010
2 Insurance fee and commodescending order of the		ion. Enter the total fees and tota	l commissions paid. Lis	st in item 3	the agents, brokers, and	I other persons in
	mount of comm	issions paid		(b) To	otal amount of fees paid	
		55309				0
3 Persons receiving comm		es. (Complete as many entries a				
THE INSURANCE GRO		d address of the agent, broker, o	or other person to whom	commiss	ions or fees were paid	
200 SOUTHAMPTON I						
COLUMBIA	MO	65203-3052				
(b) Amount of sales an	d base	Fees	and other commissions	s paid		
commissions pai	d	(c) Amount	(d)		e	(e) Organization code
	55309					3
	33309					
	(a) Name an	d address of the agent, broker, o	or other person to whom	commiss	ions or fees were paid	
(b) Amount of sales an	d base	Fees	s and other commissions	s paid		
commissions pai		(c) Amount	(0	d) Purpos	e	(e) Organization code
For Paperwork Reduction	n Act Notice an	d OMB Control Numbers, see	the instructions for Fo	orm 5500.	So	thedule A (Form 5500) 2010

Schedule A (Form 5500) 2010 Page 2-							
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
(5)	(L) Harris and dadiose of the agent, stemen, or early personne minimum serimments of rese were paid						
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization				
commissions paid	(c) Amount	(d) Purpose	code				
(a) Na	ame and address of the agent, broke	r, or other person to whom commissions or fees were paid					
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization				
commissions paid	(c) Amount	(d) Purpose	code				
(a) Na	ame and address of the agent, broke	r, or other person to whom commissions or fees were paid					
	T						
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization				
commissions paid	(c) Amount	(d) Purpose	code				
(a) Na	ame and address of the agent, broke	r, or other person to whom commissions or fees were paid					
(4) 110	and and address of the agont, broke	1, or exter percent to wheth commissions of 1000 were paid					
		Fees and other commissions paid					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code				
	(e) runeant	(4) 1 (1) 2000					
(a) Na	ame and address of the agent, broke	r, or other person to whom commissions or fees were paid					
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization				
commissions paid	(c) Amount	(d) Purpose	(e) Organization code				

Pa	rt II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivi	dual contracts with each	n carrier may be treated as a unit fo	r purposes of
		this report.	audi contracto with caci	. James may be notice as a differen	
4	Curre	ent value of plan's interest under this contract in the general account at year	end		
5	Curre	ent value of plan's interest under this contract in separate accounts at year e	nd	5	
6	Cont	racts With Allocated Funds:			
	а	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
		Premiums due but unpaid at the end of the year			
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			
		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 check here)	
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate acc	ounts)	
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarante	ee	
		(3) ☐ guaranteed investment (4) ☐ other ▶			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	. 7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year			
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(O)T + 1 + 1 1 1 1		70/0)	^
	. لہ	(6)Total additions		7c(6)	0
		Total of balance and additions (add b and c(6))		7d	0
	_	Deductions:	70(4)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year			
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		•			
		(5) Total deductions		7e(5)	0
		Balance at the end of the current year (subtract e(5) from d)			0

Page	4

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

P	art III	Welfare Benefit Contract Informat	ion				
		If more than one contract covers the same grinformation may be combined for reporting puthe entire group of such individual contracts v	oup of employees of the surposes if such contracts	are experie	nce-rated as a u	nit. Where contra	nployee organization(s), the cts cover individual employees,
8	Bene	fit and contract type (check all applicable boxes)					
	ах	Health (other than dental or vision)	b Dental	С	Vision		d ☐ Life insurance
	e		f Long-term disabili	ty g	브	al unemployment	h Prescription drug
	: [Stop loss (large deductible)	j HMO contract	y y	=		
	'. <u> </u>		I HIVIO contract	,		il.	I Indemnity contract
	m	Other (specify)					
_							
9		rience-rated contracts:		0.(4)	1		<u> </u>
		remiums: (1) Amount received					<u> </u>
		2) Increase (decrease) in amount due but unpaid					
		3) Increase (decrease) in unearned premium res				0-(4)	0
		(4) Earned ((1) + (2) - (3))				9a(4)	0
		Benefit charges (1) Claims paid					<u> </u>
		2) Increase (decrease) in claim reserves				01 (0)	0
		3) Incurred claims (add (1) and (2))					0
		4) Claims charged				9b(4)	
	С	Remainder of premium: (1) Retention charges (or		2 (4)(4)	1		<u> </u>
		(A) Commissions		9c(1)(A)			<u> </u>
		(B) Administrative service or other fees		9c(1)(B)			_
		(C) Other specific acquisition costs		9c(1)(C) 9c(1)(D)			_
		(D) Other expenses		9c(1)(E)			
		(E) Observed (and all and all and all and all and all and all all and all and all and all all and all all all all all all all all all al					_
		(F) Charges for risks or other contingencies		9c(1)(F) 9c(1)(G)			
		(G) Other retention charges				00/41/14) 0
		(H) Total retention	_	_	•) 0
		(2) Dividends or retroactive rate refunds. (These	<u>—</u>		•		
		Status of policyholder reserves at end of year: (1)	·				
		(2) Claim reserves					
		(3) Other reserves					
4,		Dividends or retroactive rate refunds due. (Do no	ot include amount entered	d in c(2) .)		9e	
1(experience-rated contracts:					00005550
	_	Total premiums or subscription charges paid to c					2998570
		If the carrier, service, or other organization incurr retention of the contract or policy, other than repo					
		ecify nature of costs	rica iii i ait i, itciii 2 abo	vc, report a			
	Op.	ratare or oosto "					
Pa	art IV	Provision of Information					
11	Did	the insurance company fail to provide any inform	ation necessary to comp	ete Schedu	ıle A?	Yes	X No

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

For calendar plan year 2010 or fiscal plan year beginning

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).

and ending

01/01/2010

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

12/31/2010

A Name of plan COLUMBIA COLLEGE EMPLOYEE BENEFITS PLAN					e-digit number (PN)	501
				'	, ,	
C Plan sponsor's name a	s shown on line	2a of Form 5500.	D	Emplo	yer Identification Number	(EIN)
COLUMBIA COLLE	EGE		43	3-065	5867	
		ing Insurance Contract (Individual contracts grouped as a				
1 Coverage Information:	o concadio 71.	marviadai contracto grouped as t	different and it and it dari	ве тере	rica on a single concau	
(a) Name of insurance car	rrier					
UNION SECURIT		CE COMPANY				
	(c) NAIC	(d) Contract or	(e) Approximate number		Policy or	contract year
(b) EIN	code	identification number		persons covered at end of policy or contract year		(g) To
81-0170040	70408	G4032385	499		01/01/2010	06/30/2010
2 Insurance fee and communication descending order of the	mission informa	tion. Enter the total fees and total	al commissions paid. List in	item 3	the agents, brokers, and	other persons in
	mount of comr	nissions paid		(b) To	tal amount of fees paid	
		1023				0
3 Persons receiving com		es. (Complete as many entries				
THE INSURANCE GRO		nd address of the agent, broker,	or other person to whom co	mmissi	ons or fees were paid	
200 E SOUTHAMPTON						
COLUMBIA	MC	65203				
(b) Amount of sales ar	d base	Fee	s and other commissions pa	aid		
commissions pai	d	(c) Amount	(d) F	Purpose)	(e) Organization code
	1023					3
	(a) Name a	nd address of the agent, broker,	or other person to whom co	mmissi	ions or fees were paid	
(b) Amount of calca and base Fees and other commissions paid						
(b) Amount of sales an commissions pai		(c) Amount		Purpose)	(e) Organization code
					-	

Schedule A (Form 5500) 2010 Page 2-							
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
(5)	(L) Harris and dadiose of the agent, stemen, or early personne minimum serimments of rese were paid						
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization				
commissions paid	(c) Amount	(d) Purpose	code				
(a) Na	ame and address of the agent, broke	r, or other person to whom commissions or fees were paid					
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization				
commissions paid	(c) Amount	(d) Purpose	code				
(a) Na	ame and address of the agent, broke	r, or other person to whom commissions or fees were paid					
	T						
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization				
commissions paid	(c) Amount	(d) Purpose	code				
(a) Na	ame and address of the agent, broke	r, or other person to whom commissions or fees were paid					
(4)	and and address of the agont, broke	1, or exter percent to wheth commissions of 1000 were paid					
		Fees and other commissions paid					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code				
	(e) runeant	(4) 1 (1) 5000					
(a) Na	ame and address of the agent, broke	r, or other person to whom commissions or fees were paid					
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization				
commissions paid	(c) Amount	(d) Purpose	(e) Organization code				

Pa	rt II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivi	dual contracts with each	n carrier may be treated as a unit fo	r purposes of
		this report.	audi contracto with caci	. James may be notice as a different	
4	Curre	ent value of plan's interest under this contract in the general account at year	end		
5	Curre	ent value of plan's interest under this contract in separate accounts at year e	nd	5	
6	Cont	racts With Allocated Funds:			
	а	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
		Premiums due but unpaid at the end of the year			
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			
		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 check here)	
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate acc	ounts)	
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarante	ee	
		(3) ☐ guaranteed investment (4) ☐ other ▶			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	. 7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year			
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(O)T + 1 + 1 1 1 1		70/0)	^
	. لہ	(6)Total additions		7c(6)	0
		Total of balance and additions (add b and c(6))		7d	0
	_	Deductions:	70(4)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year			
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		•			
		(5) Total deductions		7e(5)	0
		Balance at the end of the current year (subtract e(5) from d)			0

Page	4

Pa	rt III	Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting pu the entire group of such individual contracts of	oup of employees of the surposes if such contracts a	are experienc	e-rated as a unit. W	here contrac	
8	Bene	efit and contract type (check all applicable boxes)	<u></u>		_		_
	а	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance
	е	Temporary disability (accident and sickness)	f X Long-term disabilit	у д 🗌	Supplemental uner	mployment	h Prescription drug
	iΓ	Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract
	m	Other (specify)	, []	<u>L</u>			
	∟	Cities (specify)					
9	Expe	rience-rated contracts:					
•	•	Premiums: (1) Amount received		9a(1)			
		(2) Increase (decrease) in amount due but unpaid	ŀ	9a(2)			
		(3) Increase (decrease) in unearned premium res		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)	
	С	Remainder of premium: (1) Retention charges (o	n an accrual basis)				
		(A) Commissions		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	ŀ	9c(1)(E)			_
		(F) Charges for risks or other contingencies.		9c(1)(F) 9c(1)(G)			_
		(G) Other retention charges	·-			9c(1)(H) 0
		(A) Divided do a retrocative rate refunds. (These		_			<u> </u>
		(2) Dividends or retroactive rate refunds. (These	<u> </u>				
		Status of policyholder reserves at end of year: (1					
		(2) Other recent to				9d(2) 9d(3)	
		(3) Other reserves					
10		nexperience-rated contracts:	or morade amount entered	III C(2).)		36	
		Total premiums or subscription charges paid to c	arrier			10a	36394
	_	If the carrier, service, or other organization incurr					
		retention of the contract or policy, other than repo				10b	
	Spe	ecify nature of costs					
Pa	rt IV	Provision of Information					
11		the insurance company fail to provide any inform	ation necessary to comple	ata Schodula	Δ2	Yes	X No
				ele ocheaule	Α:	103	77 140
12	if th	e answer to line 11 is "Yes," specify the informati	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.

OMB No. 1210-0110

2010

rension benefit dualanty dorp	oration	Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).				This Form is Open to Public Inspection		
For calendar plan year 2010	or fiscal p	lan year beginning 01/01	/2010	and er	nding 1	2/31/20	10	
A Name of plan COLUMBIA COLLEC			e-digit number (PN)	•	501			
C Plan sponsor's name as	shown on	line 2a of Form 5500.		D Emplo	yer Identificat	ion Number	(EIN)	
COLUMBIA COLLEC	GE.			43-065	55867			
Part I Information	n Conce	rning Insurance Contrac A. Individual contracts grouped a						
1 Coverage Information:								
(a) Name of insurance carri UNION SECURITY		ANCE COMPANY						
	(-) NIAIO	A.D. Occational and	(e) Approximate n	umber of		Policy or c	ontract year	
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contract	it end of	(f) F	•	(g) To	
36-3728571	79403	30208	614		01/01	/2010	12/31/2010	
2 Insurance fee and commit descending order of the a		mation. Enter the total fees and t	otal commissions paid. L	ist in item 3	the agents, b	orokers, and	other persons in	
		mmissions paid		(b) To	otal amount of	fees paid		
		17179	9				5642	
3 Persons receiving comm		d fees. (Complete as many entrie						
THE INSURANCE GROU 200 SOUTH HAMPTON	JP	e and address of the agent, broke	er, or other person to who	m commissi	ions or fees w	vere paid		
COLUMBIA]	MO 65201						
(b) Amount of sales and	base	F	ees and other commissio	ns paid				
commissions paid		(c) Amount		(d) Purpose			(e) Organization code	
	17179	5642	FEES				3	
	(a) Name	e and address of the agent, broke	er, or other person to who	m commissi	ions or fees w	ere paid		
(b) Amount of sales and	base	F	ees and other commissio	ssions paid				
commissions paid		(c) Amount		(d) Purpose	Э		(e) Organization code	

Schedule A (Form 5500) 2010 Page 2-									
(a) Na	ame and address of the agent, broke	r, or other person to whom commissions or fees were paid							
(5)									
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization						
commissions paid	(c) Amount	(d) Purpose	code						
(a) Na	ame and address of the agent, broke	r, or other person to whom commissions or fees were paid							
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization						
commissions paid	(c) Amount	(d) Purpose	code						
(a) Na	ame and address of the agent, broke	r, or other person to whom commissions or fees were paid							
	T								
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization						
commissions paid	(c) Amount	(d) Purpose	code						
(a) Na	ame and address of the agent, broke	r, or other person to whom commissions or fees were paid							
(4) 110	and and address of the agont, broke	1, or exter percent to wheth commissions of 1000 were paid							
		Fees and other commissions paid							
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code						
	(e) runeant	(4) 1 (1) 2000							
(a) Na	ame and address of the agent, broke	r, or other person to whom commissions or fees were paid							
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization						
commissions paid	(c) Amount	(d) Purpose	(e) Organization code						

Pa	rt II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivi	dual contracts with each	n carrier may be treated as a unit fo	r purposes of
		this report.	audi contracto with caci	. James may be notice as a different	
4	Curre	ent value of plan's interest under this contract in the general account at year	end		
5	Curre	ent value of plan's interest under this contract in separate accounts at year e	nd	5	
6	Cont	racts With Allocated Funds:			
	а	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
		Premiums due but unpaid at the end of the year			
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			
		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 check here)	
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate acc	ounts)	
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarante	ee	
		(3) ☐ guaranteed investment (4) ☐ other ▶			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	. 7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year			
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(O)T + 1 + 1 1 1 1		70/0)	^
	. لہ	(6)Total additions		7c(6)	0
		Total of balance and additions (add b and c(6))		7d	0
	_	Deductions:	70(4)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year			
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		•			
		(5) Total deductions		7e(5)	0
		Balance at the end of the current year (subtract e(5) from d)			0

Page	4

P	art II	Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting pu the entire group of such individual contracts w	oup of employees of the surposes if such contracts a	are experienc	ce-rated as a unit. Wh	ere contrac		es,
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 X Long-term disabilit	y g	Supplemental unem	plovment	h Prescription drug	
	i	Stop loss (large deductible)	j HMO contract	, s_ k□	4	p.0)	I Indemnity contract	
	' L	 -	• 🗀	<u> </u>	4			
	m 2	X Other (specify) ▶AD&D, VOLUNTARY L	TEE & DEPENDENT	LIFE, \	/OLUNIARY AD&I	D & DEP	ENDENI AD&D	
a	Evno	erience-rated contracts:						
9		Premiums: (1) Amount received	i	9a(1)				
	a	(2) Increase (decrease) in amount due but unpaid	ŀ	9a(1)				
		(3) Increase (decrease) in unearned premium res		9a(3)				
		(4) Earned ((1) + (2) - (3))	·-			9a(4)		0
	b	Benefit charges (1) Claims paid	Ī			., σα(+)		
	~	(2) Increase (decrease) in claim reserves	ľ					
		(3) Incurred claims (add (1) and (2))	ı	· · · · · ·		. 9b(3)		0
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (o						
	•	(A) Commissions	ſ	9c(1)(A)				
		(B) Administrative service or other fees	ŀ	9c(1)(B)				
		(C) Other specific acquisition costs	ŀ	9c(1)(C)				
		(D) Other expenses		9c(1)(D)				
		(E) Taxes	ľ	9c(1)(E)				
		(F) Charges for risks or other contingencies		9c(1)(F)				
		(G) Other retention charges	ľ	9c(1)(G)				
		(H) Total retention				9c(1)(H)	0
		(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						
		(2) Claim reserves	•••••			. 9d(2)		
		(3) Other reserves				. 9d(3)		
	е	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	I in c(2) .)		. 9e		
10) No	nexperience-rated contracts:						
	а	Total premiums or subscription charges paid to c	arrier			. 10a	2313	368
	b	If the carrier, service, or other organization incurr retention of the contract or policy, other than repo				. 10b		
	Sp	pecify nature of costs						
P	art I	V Provision of Information						
1	1 Dia	the insurance company fail to provide any inform	ation necessary to comple	ete Schedule	А?	Yes	X No	
_								

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

2010

This Form is Open to Public						
Inspection						
)/21/2010						

		pursuant to	ERISA section 103(a)(2)).	Tills For	Inspection
For calendar plan year 20°	10 or fiscal pla	n year beginning 01/01	/2010	and end	ding 12/31/20	10
A Name of plan COLUMBIA COLLE	EGE EMPLC	YEE BENEFITS PLAN		B Three- plan r	-digit number (PN)	501
C Plan sponsor's name a	s shown on lin	e 2a of Form 5500.		D Employ	er Identification Number	(EIN)
•				43-065!		,
COLUMBIA COLLE Part I Information		ning Insurance Contrac	t Coverage Fees a			nation for each contract
		Individual contracts grouped a				
1 Coverage Information:						
(a) Name of insurance car						
			(e) Approximate no	ımber of	Policy or co	ontract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a	it end of	(f) From	(g) To
36-3560825	32395	12277669	271		01/01/2010	12/31/2010
2 Insurance fee and communication descending order of the		ation. Enter the total fees and t	otal commissions paid. L	ist in item 3 t	the agents, brokers, and	other persons in
	amount of com	missions paid		(b) Total	al amount of fees paid	
		1946	5			2
3 Persons receiving com	missions and f	ees. (Complete as many entrie	es as needed to report all	persons).		
THE INSURANCE GRO 200 SOUTHAMPTON I	OUP INC	and address of the agent, broke	er, or other person to who	m commissic	ons or fees were paid	
COLUMBIA	M	0 65203-3032	}			
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid		
commissions pai	d	(c) Amount		(d) Purpose		(e) Organization code
	1946	2]	FEES			3
	(a) Name a	and address of the agent, broke	er, or other person to who	m commissio	ons or fees were paid	
	(0)	aaa. 666 67 11.6 age, 2.6	., c. ca.a. pa.ca. 10		o	
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid		
commissions pai		(c) Amount		(d) Purpose		(e) Organization code

Schedule A (Form 5500) 2010 Page 2-									
(a) Na	ame and address of the agent, broke	r, or other person to whom commissions or fees were paid							
(5)									
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization						
commissions paid	(c) Amount	(d) Purpose	code						
(a) Na	ame and address of the agent, broke	r, or other person to whom commissions or fees were paid							
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization						
commissions paid	(c) Amount	(d) Purpose	code						
(a) Na	ame and address of the agent, broke	r, or other person to whom commissions or fees were paid							
	T								
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization						
commissions paid	(c) Amount	(d) Purpose	code						
(a) Na	ame and address of the agent, broke	r, or other person to whom commissions or fees were paid							
(4) 110	and and address of the agont, broke	1, or exter percent to wheth commissions of 1000 were paid							
		Fees and other commissions paid							
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code						
	(e) runeant	(4) 1 (1) 2000							
(a) Na	ame and address of the agent, broke	r, or other person to whom commissions or fees were paid							
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization						
commissions paid	(c) Amount	(d) Purpose	(e) Organization code						

Pa	rt II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivi	dual contracts with each	n carrier may be treated as a unit fo	r purposes of
		this report.	audi contracto with caci	. James may be notice as a different	
4	Curre	ent value of plan's interest under this contract in the general account at year	end		
5	Curre	ent value of plan's interest under this contract in separate accounts at year e	nd	5	
6	Cont	racts With Allocated Funds:			
	а	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
		Premiums due but unpaid at the end of the year			
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			
		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 check here)	
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate acc	ounts)	
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarante	ee	
		(3) ☐ guaranteed investment (4) ☐ other ▶			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	. 7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year			
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(O)T + 1 + 1 1 1 1		70/0)	^
	. لہ	(6)Total additions		7c(6)	0
		Total of balance and additions (add b and c(6))		7d	0
	_	Deductions:	70(4)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year			
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		•			
		(5) Total deductions		7e(5)	0
		Balance at the end of the current year (subtract e(5) from d)			0

Page	4

Pa	rt III	Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting pu the entire group of such individual contracts of	oup of employees of the surposes if such contracts	are experienc	e-rated as a unit. W	here contrac	
8	Bene	fit and contract type (check all applicable boxes)	_		_		_
	а	Health (other than dental or vision)	b Dental	CX	Vision		d Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disabilit	у д	Supplemental uner	nployment	h Prescription drug
	ιĒ	Stop loss (large deductible)	j HMO contract	k	1		I Indemnity contract
	m	Other (specify)	• 🗀	<u>L</u>			- 🗆ao
		Other (specify)					
9	Expe	rience-rated contracts:					
-	•	remiums: (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)	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)	
	С	Remainder of premium: (1) Retention charges (o	n 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) 9c(1)(G)			
		(G) Other retention charges	•			9c(1)(H	0
		(A) Dividende or retrocative rate refunde. (These	_	_			<u> </u>
		(2) Dividends or retroactive rate refunds. (These	_				
		Status of policyholder reserves at end of year: (1					
		(2) Other recentles				9d(2) 9d(3)	
		(3) Other reserves Dividends or retroactive rate refunds due. (Do no					
10		nexperience-rated contracts:	or morade amount enteree	1 III C(2) .)		36	
		Total premiums or subscription charges paid to c	arrier			10a	55440
	_	If the carrier, service, or other organization incurr				104	
		retention of the contract or policy, other than repo				10b	
	Spe	ecify nature of costs					
Pa	rt IV	Provision of Information					
11	Did	the insurance company fail to provide any inform	ation necessary to compl	ete Schedule	A?	Yes	X No
12	If th	e answer to line 11 is "Yes," specify the informati	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.

OMB No. 1210-0110

2010

, ,			ERISA section 103(a)(2).	e morman	on	This Fo	rm is Open to Public Inspection
For calendar plan year 20	10 or fiscal plan	year beginning 01/01/	2010	and en	ding	12/31/20	10
A Name of plan COLUMBIA COLLE	EGE EMPLOY	EE BENEFITS PLAN		B Three plan	e-digit number (PN)	,	501
C Plan sponsor's name a	s shown on line	2a of Form 5500.		D Employ	yer Identifica	tion Number	(EIN)
COLUMBIA COLLE	EGE			43-065	5867		
		ing Insurance Contract ndividual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance ca	rrier						
	(c) NAIC	(d) Contract or	(e) Approximate nur	mber of		Policy or c	ontract year
(b) EIN	code	identification number	persons covered at policy or contract		(f) F	-rom	(g) To
58-0663085	60380	BMP81	92		04/01	./2009	03/31/2010
2 Insurance fee and compute descending order of the		tion. Enter the total fees and to	otal commissions paid. Lis	t in item 3	the agents, b	orokers, and	other persons in
(a) Total a	amount of comm	nissions paid		(b) Tot	tal amount o	f fees paid	
		29802					15
3 Persons receiving com	missions and fe	es. (Complete as many entries	s as needed to report all p	ersons).			
	(a) Name ar	nd address of the agent, broke	r, or other person to whom	commissi	ons or fees v	vere paid	
BRIAN D NEUNER 7651 E HIGHWAY W	M						
COLUMBIA	MO	65201					
(b) Amount of sales ar	nd base	Fe	ees and other commissions	s paid			
commissions pai	id	(c) Amount	(0	d) Purpose)		(e) Organization code
	5401						3
	(a) Name an	nd address of the agent, broke	r or other person to whom	commissi	ons or fees v	vere paid	
JON HARTMAN 105 AMAZON DRIVE	(a) Hamo ar	a dances of the agont, protein	, or other person to whom		0110 01 1000 1	roro para	
COLUMBIA	МО	65202					1
(b) Amount of sales ar commissions pai		(c) Amount	ees and other commissions	s paid d) Purpose	<u> </u>		(e) Organization code
	-	(c) / m. our	·	.,pood			(-,g23
	3561						3

Schedule A (Form 5500) 2010			Page 2-		
(a) Na	me and a	ddress of the agent, brok	ker, or other person to whom commissions or fees were paid		
KELLY THOMAS 9800 OLD BASS ROAD	ine and a	duress of the agent, block	ter, or other person to whom commissions or rees were paid		
EUGENE	MO	65032			
(b) Amount of sales and base commissions paid		(a) Amount	Fees and other commissions paid	(e) Organization code	
Commissions paid		(c) Amount	(d) Purpose	code	
3237				3	
(a) Na	me and a	ddress of the agent, brok	xer, or other person to whom commissions or fees were paid		
MICHELLE L HIGGINS 2008 WAYNE AVENUE					
JEFFERSON CITY	MO	65109			
(b) Amount of sales and base	<u> </u>		Fees and other commissions paid	(e) Organization	
commissions paid		(c) Amount	(d) Purpose	code	
2874			1 FEES	3	
(a) Na	me and a	ddress of the agent, brok	xer, or other person to whom commissions or fees were paid		
BRADLEY K HARRISON 210 PRODO DR					
JEFFERSON CITY	MO	65109		1	
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization	
commissions paid		(c) Amount	(d) Purpose	code	
1475			2 _{FEES}	3	
(a) Na	me and a	ddress of the agent. brok	ker, or other person to whom commissions or fees were paid		
JEREMY BROCKMAN 440 WHITE CHAPEL DRIVE					
O FALLON	MO	63368			
(b) Amount of sales and base	<u> </u>		Fees and other commissions paid	(e) Organization	
commissions paid	 	(c) Amount	(d) Purpose	code	
1413				3	
ASHTON CONSULTING INC 2101 CORONA RD SUITE 2		ddress of the agent, brok	ker, or other person to whom commissions or fees were paid		
COLUMBIA	МО	65203			
(b) Amount of sales and base commissions paid		(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code	
1407			2 FEES	3	

Schedule A (Form 5500) 2010			Page 2-	
(a) Na	me and a	iddress of the agent brok	er, or other person to whom commissions or fees were paid	
STEVE C BRANNON 2812 BURNINGTEE MTN RD		duress of the agent, blok	er, or other person to whom commissions or rees were paid	
DECATUR	AL	35603		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
1174				3
(a) Na	me and a	ddress of the agent, brok	er, or other person to whom commissions or fees were paid	
LISA B NIELSEN PO BOX 9698		<u>.</u>		
SALT LAKE CITY	UT	64109		T
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
1105				3
(-) N		ddaese of the energy hard		l
BRYAN C SWYERS 2429 HYDE PARK DR JEFFERSON CITY	MO	65109	er, or other person to whom commissions or fees were paid	
			Fees and other commissions paid	(a) Organization
(b) Amount of sales and base commissions paid		(c) Amount	(d) Purpose	(e) Organization code
1058				3
(a) Na	me and a	ddress of the agent, brok	er, or other person to whom commissions or fees were paid	
CLARENCE B YOUNG III 10231 EASTDELL DR				
SANDY	UT	84092		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid	ļ	(c) Amount	(d) Purpose	code
968				3
(a) Na	me and a	ddress of the agent, brok	er, or other person to whom commissions or fees were paid	
JANEANE E BROCKMAN 5804 LEATHERBROOK DR		<u> </u>		
COLUMBIA	MO	65203		T
(b) Amount of sales and base commissions paid		(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
911			3 _{FEES}	3
			· ·	l .

Schedule A (Form 5500) 2010 Page 2-				
(a) Na	me and a	ddress of the agent broke	er, or other person to whom commissions or fees were paid	
CHRISTINA L MALOVANY 1056 WOODHILL CT	ino ana a	duress of the agent, broke	n, or other person to whom commissions or rees were para	
ELGIN	IL	60120		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
907				3
(a) Na	me and a	ddress of the agent, broke	er, or other person to whom commissions or fees were paid	_
JAY P HIGGINS 211 MARSHALL ST	ine and a	duress of the agent, broke	if, of other person to whom commissions of fees were paid	
JEFFERSON CITY	MO	65101		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
745				3
(a) Na	me and a	ddress of the agent, broke	er, or other person to whom commissions or fees were paid	
SCOTT A BEER 540 CANYON WOODS CIR A				
SAN RAMON	CA	94582		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
423				3
(a) Na	me and a	ddress of the agent, broke	er, or other person to whom commissions or fees were paid	
MARYANN ENGLE 404 S MAIN STREET	ino una a	darece of the agent, broke	n, or other person to whom commissions or root were para	
COUPEVILLE	WA	98239		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
311				3
(a) Na	me and a	ddress of the agent, broke	er, or other person to whom commissions or fees were paid	
CAROL A MURRAY 129 MCKELVEY PLACE	ino ana a	auroso or the agent, protec	n, or other person to whom commissions or root were para	
GOOSE CREEK	SC	29445		
(b) Amount of sales and base commissions paid		(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
258				3

Schedule A (Form 5500) 2010			Page 2-	
(a) Na	me and a	ddress of the agent, bro	oker, or other person to whom commissions or fees were paid	
SANDIE D EDWARDS 3341 W SADY AVE				
VISALIA	CA	93291		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid	<u> </u>	(c) Amount	(d) Purpose	code
248				3
(a) Na	me and a	ddress of the agent, bro	oker, or other person to whom commissions or fees were paid	
TRENT J NIELSEN 14368 FAIR HOPE CIR		•		
HERRIMAN	UT	84096		
(b) Amount of sales and base	<u> </u>		Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
240				3
(a) Na	me and a	ddress of the agent, bro	oker, or other person to whom commissions or fees were paid	
GARY W JORDAN 1 SPENCER ST	ino ana a	adiose of the agent, bro	nor, or outer person to whom commissions or read were paid	
ST AUGUSTINE	FL	32095		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
200				3
(a) Na	me and a	ddress of the agent, bro	oker, or other person to whom commissions or fees were paid	
DAMON R STREETMAN 2961 WEST MAPLE LOOP R				
LEHI	UT	84043		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid	 	(c) Amount	(d) Purpose	code
166				3
	me and a	ddress of the agent, bro	oker, or other person to whom commissions or fees were paid	_
LOUIS CULLEN SMITH 2042 BELTLINE RD SW SU				
DECATUR	AL	35601		T
(b) Amount of sales and base commissions paid		(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
164		.,	127	3

Schedule A (Form 5500) 2010			Page 2-	
(a) Na	me and a	address of the agent, brok	er, or other person to whom commissions or fees were pa	id
KELLY L RING 5185 DEMPSEY DR				
OSAGE BEACH	MO	65065		
(b) Amount of sales and base commissions paid		(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
160		(2)	(-)	
100				3
(a) Na R AND L SUPPLEMENTAL B PO BOX 893			er, or other person to whom commissions or fees were pa	id
FLORENCE	AL	35631		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
143				3
(a) Na	me and a	address of the agent brok	ter, or other person to whom commissions or fees were pa	id.
SAIC INC 4245 MILGEN ROAD	inc and a	addiess of the agent, brok	ion, or other person to whom commissions or rees were pa	
COLUMBUS	GA	31907		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
122				3
(a) Na	me and a	address of the agent, brok	ter, or other person to whom commissions or fees were pa	id
SARAH CHIESA 7838 W RASCHER AVE	ino ana c	adalooo or the agent, prote	io, or carer person to whom commissions or reco were pe	
CHICAGO	IL	60656		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
118				3
(a) Na	me and a	address of the agent, brok	ter, or other person to whom commissions or fees were pa	id
ORLANDO R DOBRINCU 1111 BURLINGTON DR SUI		-		
LISLE	IL	60532		
			Fees and other commissions paid	(e) Organization
(b) Amount of sales and base				
(b) Amount of sales and base commissions paid		(c) Amount	(d) Purpose	code

Schedule A (Form 5500) 2010			Page 2-		
(a) Na	me and ac	Idress of the agent, broke	er, or other person to whom commissions or fees were paid		
MICHAEL A ORTIZ 3433 VOLTAIRE LANE					
3433 VOLIAIRE DANE					
ST CHARLES	IL	60175			
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization	
commissions paid		(c) Amount	(d) Purpose	code	
80	<u> </u>			3	
(a) Na	ame and ac	Idress of the agent, broke	er, or other person to whom commissions or fees were paid		
KATHY ESTES					
PO BOX 7222					
COLUMBIA	MO	65205			
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization	
commissions paid		(c) Amount	(d) Purpose	code	
76		-	FEES	3	
(a) Na	me and ac	Idress of the agent, broke	er, or other person to whom commissions or fees were paid		
SCOTT T HUNDAHL 7378 TEAL LN		-			
BOW	WA	98232			
	WA	90232	Fees and other commissions paid	4 2 0 1 11	
(b) Amount of sales and base commissions paid		(c) Amount	(d) Purpose	(e) Organization code	
73				3	
()) (
JACQUELINE D KEELING	me and ad	ldress of the agent, broke	er, or other person to whom commissions or fees were paid		
5500 MING AVE SUITE 16	0				
BAKERSFIELD	CA	93309			
			Fees and other commissions paid	() () ()	
(b) Amount of sales and base commissions paid		(c) Amount	(d) Purpose	(e) Organization code	
		•			
65				3	
ARTHUR COLEGROVE	me and ad	ldress of the agent, broke	er, or other person to whom commissions or fees were paid		
701 EAST MAIN					
SOUTH ELGIN	TT	60177			
	IL 	60177	Fees and other commissions paid		
(b) Amount of sales and base commissions paid		(c) Amount	(d) Purpose	(e) Organization code	
•			V.,		
60				3	

(a) Na	me and a	ddress of the agent, broke	r, or other person to whom commissions or fees were paid	_
SHANNON L TROWBRIDGE 105 CENTRAL AVE SUITE		aaree or the agent, zhene	, o. c	
GOOSE GREEK	SC	29445		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
55				3
(a) Na	me and a	ddress of the agent, broke	r, or other person to whom commissions or fees were paid	
KAREN LEE LINDSEY 4465 NOTTINGHAM DR				
SANTA MARIA	CA	93455		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
54				3
(a) Na	me and a	ddress of the agent, broke	r, or other person to whom commissions or fees were paid	
BARRY G WIEBE 1308 NORTHSHORE DRIVE			,,	
BELLINGHAM	WA	98226		Г
(b) Amount of sales and base commissions paid			Fees and other commissions paid	(e) Organization code
Commissions paid		(c) Amount	(d) Purpose	code
49				3
(a) Na	me and a	ddress of the agent, broke	r, or other person to whom commissions or fees were paid	
TREVE D RASMUSSEN 3130 W MAIN ST SUITE E				
VISALIA	CA	93291		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
41				3
(a) Na	me and a	ddress of the agent, broke	r, or other person to whom commissions or fees were paid	
ROBERT I BARNES 6263 POPLAR AVE SUITE		•		
MT PLEASANT	SC	38119		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
39				3

Schedule A (Form 5500)	2010		Page 2-	_
(a) No	mo and s	ddraga of the agent bro	ker, or other person to whom commissions or food	uvora poid
D BREDESON INSURANCE S 641 HIGUERA ST SUITE 3	ERVICE	<u> </u>	ker, or other person to whom commissions or fees	were palu
SAN LUIS OBISPO	CA	93401		
(h) Amount of color and book			Fees and other commissions paid	(2) Ormanization
(b) Amount of sales and base commissions paid		(c) Amount	(d) Purpose	(e) Organization code
·				
37				3
(a) Na	me and a	ddress of the agent, bro	ker, or other person to whom commissions or fees	were paid
SCOTT W BLACKSHEAR 128 FAIRWAY DRIVE EAST				
HIDEAWAY	TX	75771		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
34				3
(a) Na	me and a	ddress of the agent. bro	ker, or other person to whom commissions or fees	were paid
CHARLES EDWARD PERRY 5500 MING AVE SUITE 25		· ·		
BAKERSHFIELD	CA	93309		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
29				3
(a) Na	me and a	ddress of the agent, bro	ker, or other person to whom commissions or fees	were naid
GEORGE H REYNOLDS III 1224 PEACOCK AVE SUITE		duress of the agent, bio	ker, or other person to whom commissions or rees	were paid
COLUMBUS	GA	31906		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
27				3
(a) Na	me and a	ddress of the agent, bro	ker, or other person to whom commissions or fees	were paid
C HARVEY KING PO BOX 45				
WEST JEFFERSON	NC	28694		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
27				3
				<u> </u>

Schedule A (Form 5500) 2010			Page 2-	
(a) Na	me and	address of the agent, broke	er, or other person to whom commissions or fees were paid	
BRANDON C ADAMS 4706 LOFTWOOD DR		,		
GOHUTTA	GA	39710		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
24				3
(a) Na	me and	address of the agent, broke	er, or other person to whom commissions or fees were paid	
HEATHER L SPRADLIN 813 EAST GREEN MEADOWS	APT	108		
COLUMBIA	MO	65201		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
23	,			3
(a) Nie				
SCOTT J BOGENER 100 E GREEN MEADOWS RI			er, or other person to whom commissions or fees were paid	
COLUMBIA	MO	65203		T
(b) Amount of sales and base		())	Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
23				3
(a) Na	me and	address of the agent, broke	er, or other person to whom commissions or fees were paid	
KATIE MARIE ALLEN 1515 BENTON BLVD APT 1			.,	
POOLER	GA	31322		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
18				3
(a) Na	ame and	address of the agent, broke	er, or other person to whom commissions or fees were paid	
TROY DANIEL DESLATTE 12420 SAN JOSE BLVD SU	JITE 2			
JACKSONVILLE	FL	32223		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
17				3
			1	1

Schedule A (Form 5500) 2010			Page 2-		
(a) N	ame and a	address of the agent, broke	er, or other person to whom commissions or fees were paid		
MICHAEL J HINTON 4506 AVONDALE PL					
COLUMBIA	MO	65203			
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization	
commissions paid		(c) Amount	(d) Purpose	code	
1:	3			3	
(a) N	ame and a	address of the agent, broke	er, or other person to whom commissions or fees were paid		
JODI L DAVIS 701 E MAIN ST		<u> </u>			
SOUTH ELGIN	IL	60177			
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization	
commissions paid		(c) Amount	(d) Purpose	code	
1:	2			3	
(a) N	ame and a	address of the agent, broke	er, or other person to whom commissions or fees were paid		
DONNA C SWYERS 2429 HYDE PARK ROAD					
JEFFERSON CITY	МО	65109		T	
(b) Amount of sales and base commissions paid		(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code	
Commissions paid	+	(C) Amount	(u) Fulpose	Code	
	б			3	
(a) N	ame and a	address of the agent, broke	er, or other person to whom commissions or fees were paid		
CHARLES H WEISSBERGER LOGLETHORPE PROFEESION		E 202			
SAVANNAH	GA	31406			
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization	
commissions paid		(c) Amount	(d) Purpose	code	
				2	
	б			3	
VICTOR P SCHUTZ III	ame and a	address of the agent, broke	er, or other person to whom commissions or fees were paid		
130 CANAL ST SUITE 60	2				
POOLDER	GA	31322			
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization	
commissions paid	+	(c) Amount	(d) Purpose	code	
	4			3	

Schedule A (Form 5500) 2010			Page 2-	
(a) Na	me and address of the	e agent, broke	er, or other person to whom commissions or fees were paid	
WILLIAM L AMOS & CO IN	C	<u>o agom, o ono</u>	., e. ee. person to mism commiscione en rece nere para	
6801 RIVER ROAD SUITE	205			
COLUMBUS	GA 31904			
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid	(c) Amou	ınt	(d) Purpose	code
3				3
(a) No	umo and address of th	o agent broke	er, or other person to whom commissions or fees were paid	-
JOHN M WEBER	ine and address of the	e agent, broker	i, or other person to whom commissions or rees were paid	
1512 GRAND VALLEY DR				
JEFFERSON CITY	MO 65101			
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid	(c) Amou		(d) Purpose	code
3				3
(a) No	ame and address of th	a agant broka	ar or other person to whom commissions or feed were poid	-
(a) Na	ine and address of the	e agent, broker	er, or other person to whom commissions or fees were paid	
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid	(c) Amou		(d) Purpose	code
(a) No	ame and address of th	a agant broka	ar or other person to whom commissions or feed were poid	-
(a) Na	ine and address of the	e agent, broke	er, or other person to whom commissions or fees were paid	
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid	(c) Amou		(d) Purpose	code
(-) NI-				
(a) Na	ime and address of th	e agent, broke	er, or other person to whom commissions or fees were paid	
(le) Assessment of the latest the			Fees and other commissions paid	(5) (0) (1) (1)
(b) Amount of sales and base commissions paid	(c) Amou		(d) Purpose	(e) Organization code
·	,,			

Pa	rt II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivi	dual contracts with each	n carrier may be treated as a unit fo	r purposes of
		this report.	audi contracto with caci	. James may be notice as a differen	
4	Curre	ent value of plan's interest under this contract in the general account at year	end		
5	Curre	ent value of plan's interest under this contract in separate accounts at year e	nd	5	
6	Cont	racts With Allocated Funds:			
	а	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
		Premiums due but unpaid at the end of the year			
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			
		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 check here)	
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate acc	ounts)	
	а	Type of contract: (1) \square deposit administration (2) \square immedia	te participation guarante	ee	
		(3) ☐ guaranteed investment (4) ☐ other ▶			
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	. 7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year			
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(O)T + 1 + 1 1 1 1		70/0)	^
	. لہ	(6)Total additions		7c(6)	0
		Total of balance and additions (add b and c(6))		7d	0
	_	Deductions:	70(4)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year			
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	. 7e(3)		
		(4) Other (specify below)	. 7e(4)		
		•			
		(5) Total deductions		7e(5)	0
		Balance at the end of the current year (subtract e(5) from d)			0

Page	4

Pa	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 organization(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	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	у д	Supplemental uner	nployment	h Prescription drug		
	i Î	Stop loss (large deductible)	i HMO contract	k	=		I Indemnity contract		
	m		· 🗀						
	5	dilei (specily) • Volidivimiti mediblim	, crivelit						
9	Expe	erience-rated contracts:							
		Premiums: (1) Amount received		9a(1)					
	_	(2) Increase (decrease) in amount due but unpaid		9a(2)					
		(3) Increase (decrease) in unearned premium rese		9a(3)					
		(4) Earned ((1) + (2) - (3))	•			9a(4)	0		
	b	Benefit charges (1) Claims paid							
		(2) Increase (decrease) in claim reserves		(-)					
		(3) Incurred claims (add (1) and (2))		· · ·		9b(3)	0		
		(4) Claims charged				/ / /			
	С	Remainder of premium: (1) Retention charges (or							
		(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 paid in	cash, or	credited.)	9c(2)			
	d	Status of policyholder reserves at end of year: (1)	Amount held to provide	benefits aft	er 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 c(2).)					9e			
10	No	onexperience-rated contracts:							
	а	Total premiums or subscription charges paid to ca	rrier			<u>10a</u>	52211		
	b	If the carrier, service, or other organization incurre retention of the contract or policy, other than repo				10b			
retention of the contract or policy, other than reported in Part I, item 2 above, report amount									
P	art I	V Provision of Information							
			tion nooceans to serve	oto Cob = -	I ₂ A2	Yes	X No		
1	וטו	d the insurance company fail to provide any informa	mon necessary to compl	ere ocuear	IIE A ?	103	140		