Form 5500	Annual Return/Report of Er	nployee Benefit Plan	OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service This form is required to be filed for employee benefit p and 4065 of the Employee Retirement Income Security sections 6047(e), 6057(b), and 6058(a) of the Internal R		e Security Act of 1974 (ERISA) and	2012		
Department of Labor Employee Benefits Security Administration	<ul> <li>Complete all entries in a the instructions to the</li> </ul>	accordance with	2012		
Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection			
Part I Annual Report Iden	tification Information				
For calendar plan year 2012 or fiscal		and ending	12/31/2012		
A This return/report is for:	a multiemployer plan;	a multiple-employer plan; or			
	X a single-employer plan;	a DFE (specify)			
<b>B</b> This return/report is:	her 42 meethe				
	an amended return/report;	a short plan year return/report (less t			
<b>C</b> If the plan is a collectively-bargaine	ed plan, check here				
<b>D</b> Check box if filing under:	Form 5558;	automatic extension;	the DFVC program;		
-	special extension (enter description)		—		
Part II Basic Plan Inform	nation—enter all requested information				
<b>1a</b> Name of plan			<b>1b</b> Three-digit plan		
COLUMBIA COLLEGE EME	PLOYEE BENEFITS PLAN				
			<b>1c</b> Effective date of plan 07/01/1974		
2a Plan sponsor's name and address	s; include room or suite number (employer, if for	r a single-employer plan)	2b Employer Identification		
COLUMBIA COLLEGE			Number (EIN) 43-0655867		
1001 ROGERS ST			<b>2c</b> Sponsor's telephone number 573-875-7255		
COLUMBIA	MO 65216		<b>2d</b> Business code (see instructions) 611000		

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

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

SIGN		07/29/2013	Bruce Boyer			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN HERE						
HERE	Signature of employer/plan sponsor	Date	Enter name of individu	al signing as employer or plan sponsor		
SIGN HERE						
HERE	Signature of DFE	Date	Enter name of individu	al signing as DFE		
Preparer	's name (including firm name, if applicable) and address; include i	room or suite numbe	r. (optional)	Preparer's telephone number (optional)		
For Pap	erwork Reduction Act Notice and OMB Control Numbers, see	the instructions for	r Form 5500.	Form 5500 (2012)		

3a	Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address	<b>3b</b> Administrator's EIN 43-0655867		
	COLUMBIA COLLEGE		ator's telephone	
	1001 ROGERS ST	number 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 and the plan number from the last return/report:	4b EIN		
а	Sponsor's name	<b>4c</b> PN		
5	Total number of participants at the beginning of the plan year	5	479	
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	<u>6a</u>	572	
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	572	
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)	<u>6g</u>		
	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 Characteristics Co If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Cod 4A $4B$ $4D$ $4E$ $4H$ $4Q$			

9a	<b>9a</b> Plan funding arrangement (check all that apply)			<b>9b</b> Plan benefit arrangement (check all that apply)				
	(1)	Х	Insurance		(1)	Х	In	surance
	(2)		Code section 412(e)(3) insurance contracts		(2)		Co	ode section 412(e)(3) insurance contracts
	(3)		Trust		(3)		Tr	ust
	(4)	Х	General assets of the sponsor		(4)	Х	G	eneral assets of the sponsor
10	Check	all ap	plicable boxes in 10a and 10b to indicate which schedules are at	tache	d, and, v	whe	e ind	icated, enter the number attached. (See instructions)
а	Pensio	on Sci	hedules	b	Genera	al So	chedu	lles
	(1)		R (Retirement Plan Information)		(1)			H (Financial Information)
	(2)	Π	MB (Multiemployer Defined Benefit Plan and Certain Money		(2)	Γ		I (Financial Information – Small Plan)
			Purchase Plan Actuarial Information) - signed by the plan actuary		(3)	Х	_3	A (Insurance Information)
					(4)			C (Service Provider Information)
	(3)		<b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(5)			D (DFE/Participating Plan Information)
					(6)			<b>G</b> (Financial Transaction Schedules)

SCHEDULE	Δ	Incura	nce Inform	ation				
(Form 5500		Insurance Information				OM	OMB No. 1210-0110	
Department of the Treasury Internal Revenue Service       This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).				2012				
Department of Labor Employee Benefits Security Administration File as an attachment to Form 5500.				2012				
Pension Benefit Guaranty Corporation					m is Open to Public Inspection			
For calendar plan year 201	2 or fiscal pla			and en	ding	12/31/20		
A Name of plan COLUMBIA COLLE	GE EMPLC	YEE BENEFITS PLAN		B Three plan	e-digit number (P	PN)	501	
C Plan sponsor's name as shown on line 2a of Form 5500 D Employer Identification Number					cation Number	(EIN)		
COLUMBIA COLLE				43-065				
		ning Insurance Contract						
1 Coverage Information:								
(a) Name of insurance car		URANCE COMPANY OF A	MERICA					
				mato number of		Policy or c	ontract year	
<b>(b)</b> EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year		(f) From		(g) To	
13-5123390	64246	00463298	-	709	01/0	01/2012	06/30/2012	
2 Insurance fee and comr descending order of the		nation. Enter the total fees and to	otal commissions	paid. List in line 3	the agents	, brokers, and o	ther persons in	
(a) Total a	mount of com	nmissions paid		<b>(b)</b> To	tal amount	t of fees paid		
		45669	9				11706	
3 Persons receiving comr	missions and	fees. (Complete as many entrie	es as needed to re	port all persons).				
THE INSURANCE GRO 200 EAST SOUTHAME	DUP INC	and address of the agent, broke	er, or other person	to whom commiss	ions or fee	s were paid		
COLUMBIA	М	io 65203						
(b) Amount of sales an	d base		ees and other com	missions paid			_	
commissions pai	d	(c) Amount		(d) Purpose	e		(e) Organization code	
	45669	11706	FEES				3	
		and address of the agent, broke	r or other nergen	to whom commiss	iono orfoo	a wara naid	•	
	(a) Name	and address of the agent, broke	a, or other person	to whom commiss		s were paid		
(b) Amount of sales an	d base	F	ees and other com	missions paid				
commissions pai		(c) Amount		(d) Purpose	9		(e) Organization code	

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

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

<b>(b)</b> Amount of sales and base commissions paid		(e) Organization			
	(c) Amount	(d) Purpose	code		
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid					
(a) Na	ame and address of the agent, broke	r, or other person to whom commissions or rees were paid			

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

 (c) Amount
 (d) Purpose
 code

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

(b) Amount of sales and base		(e) Organization				
commissions paid	(c) Amount	(d) Purpose	code			
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid						

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

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

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

Page 3

Ρ	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	idual contracts with each	carrier may be treated as a un	it for purposes of
		this report.		caller may be treated as a all	
4	Curr	ent value of plan's interest under this contract in the general account at year	end		
5	Curr	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			
				Ch	
	b	Premiums paid to carrier			
	C d	Premiums due but unpaid at the end of the year			
	d	If the carrier, service, or other organization incurred any specific costs in con- retention of the contract or policy, enter amount.		00	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)	-		
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan check here		
7		racts With Unallocated Funds (Do not include portions of these contracts ma			
'			te participation guarante		
	а			c	
		(3) guaranteed investment (4) other			
					0
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	. 7c(1) . 7c(2)		
		<ul> <li>(2) Dividends and credits</li> <li>(2) Interpret product during the upper</li> </ul>	- (-)		
		<ul><li>(3) Interest credited during the year</li></ul>			
		(4) Hansiened from separate account	7c(5)		
		Other (specify below)			
		,			
					0
	Ь	(6)Total additions Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )			0
		Deductions:			
	Ū	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	- (1)		
		>			
		(E) Total deductions			0
	f	(5) Total deductions			0
	-				-

Page 4

Pa	art II	Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting pr the entire group of such individual contracts	oup of employees of the sa urposes if such contracts a	re experienc	e-rated as a unit. Whe	ere contract	
8	Ben	efit and contract type (check all applicable boxes)					
	a	Health (other than dental or vision)	<b>b</b> X Dental	c x	Vision		d X Life insurance
	e	Temporary disability (accident and sickness)	f X Long-term disability	, g	Supplemental unemp	oloyment	h Prescription drug
	iΪ	Stop loss (large deductible)	j HMO contract	-	PPO contract		I Indemnity contract
	m		-				
		I Other (specify) FACCIDENTAL DEATH	& DISMEMBERMENT				
9	Expe	erience-rated contracts:					
		Premiums: (1) Amount received		9a(1)			
		(2) Increase (decrease) in amount due but unpaid	1	9a(2)			7
		(3) Increase (decrease) in unearned premium res	erve	9a(3)			
		(4) Earned ((1) + (2) - (3))	<u> </u>			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 (c	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)			_
		(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	, ·			9d(1)	
		(2) Claim reserves				9d(2)	
		(3) Other reserves				9d(3)	
	е	Dividends or retroactive rate refunds due. (Do n	ot include amount entered	in line 9c(2)	.)	9e	
10	) No	enexperience-rated contracts:					
	а	Total premiums or subscription charges paid to c				10a	351002
	b	If the carrier, service, or other organization incur				406	
		retention of the contract or policy, other than rep	orred in Part I, line 2 above	, report amo	ount	10b	

Specify nature of costs

-

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	
12 If the	answer to line 11 is "Yes," specify the information not provided.			

SCHEDULE	Α	Insuranc	e Informatio	n			
(Form 5500)		mourane				ON	/B No. 1210-0110
Department of the Treasu Internal Revenue Service	ury	This schedule is required					2042
Department of Labor		Employee Retirement Inc	-		).		2012
Employee Benefits Security Adm Pension Benefit Guaranty Cor			tachment to Form 55				
			RISA section 103(a)(2)	).			rm is Open to Public Inspection
For calendar plan year 201 A Name of plan	2 or fiscal pla	n year beginning 01/01/2	012	and en	0	12/31/20	12
	GE EMPLO	YEE BENEFITS PLAN			e-digit number (P		501
				pian		( <b>1</b> ) <b>/</b>	
C Plan sponsor's name as	s shown on lin	e 2a of Form 5500		D Emplo	ver Identifi	cation Number	(FIN)
							()
COLUMBIA COLLE			<b>-</b>	43-065			
		ning Insurance Contract C Individual contracts grouped as a					
1 Coverage Information:							
(a) Name of insurance car	rier						
AFLAC							
				umber of		Policy or c	ontract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contract		(f)	From	<b>(g)</b> To
58-0663085	60380	BMP81	47		01/0	01/2012	12/31/2012
2 Insurance fee and comm descending order of the		ation. Enter the total fees and tota	l commissions paid. L	ist in line 3	the agents,	brokers, and o	other persons in
		missions paid		<b>(b)</b> To	tal amount	of fees paid	
		2192				•	0
3 Persons receiving comr	missions and f	ees. (Complete as many entries a	as needed to report all	persons).			
BRIAN D NEUNER	<b>(a)</b> Name a	and address of the agent, broker, o	or other person to who	m commiss	ions or fees	s were paid	
7651 E HIGHWAY WW	7						
COLUMBIA	M	0 65201					
(b) Amount of sales an	d base	Fees	s and other commissio	ns paid			
commissions paid		(c) Amount		(d) Purpose	e		(e) Organization code
	484						3
	(a) Name a	and address of the agent, broker, o	or other person to who	m commiss	ions or fees	were paid	
JON HARTMAN 2101 CORONA ROAD SUITE 201							
COLUMBIA							
(b) Amount of sales an commissions paid		(c) Amount	s and other commissio	ns paid (d) Purpose	9		(e) Organization code
	-	(e) anount		(	-		
	216						3
For Paperwork Reduction		and OMB Control Numbers, see	the instructions for I	- orm 5500.		Sche	dule A (Form 5500) 2012

v. 120126

(a) Na	me and a	address of the agent, broke	r, or other person to whom commissions or fees were paid	
ASHTON CONSULTING INC 2101 CORONA ROAD SUITE 201				
COLUMBIA	MO	65203		
(b) Amount of color and baca			Fees and other commissions paid	
(b) Amount of sales and base commissions paid		(c) Amount	(d) Purpose	(e) Organization code
		(0)		
189				3
(a) Na	me and a	address of the agent, broke	r, or other person to whom commissions or fees were paid	
KELLY THOMAS 9800 OLD BASS ROAD			,	
EUGENE	MO	65032		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
· · ·				
153				3
(a) No	maanda	addroop of the agent broke	r er ether persen to whom commissions or fees were poid	
BROCKMAN CONSULTING IN		address of the agent, broke	r, or other person to whom commissions or fees were paid	
440 WHITE CHAPEL DRIVE				
O FALLON	MO	63368		
			Fees and other commissions paid	
(b) Amount of sales and base commissions paid		(c) Amount	(d) Purpose	(e) Organization code
				0000
137				3
(-) No		-		
BRYAN C SWYERS 2429 HYDE PARK DR	me and a	address of the agent, broke	r, or other person to whom commissions or fees were paid	
JEFFERSON CITY	МО	65109		
(b) Amount of sales and base			Fees and other commissions paid	(a) Organization
commissions paid		(c) Amount	(d) Purpose	(e) Organization code
133				3
(a) Na	me and s	address of the agent broke	r, or other person to whom commissions or fees were paid	
KEVIN HERD		dutess of the agent, bloke	r, or other person to whom commissions or rees were paid	
10601 NORTH LAVISTA DE	LIVE			
COLUMBIA	MO	65203		
(h) Amount of color and have			Fees and other commissions paid	
(b) Amount of sales and base commissions paid		(c) Amount	(d) Purpose	(e) Organization code
		(e) / incont		
107				3

<b>(a)</b> Na	ame and address of the agent,	broker, or other person to whom commissions or fees were paid	ł
BRADLEY K HARRISON 210 PRODO DRIVE			
JERFFERSON CITY	MO 65109		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
81			3
(a) Na	me and address of the agent	broker, or other person to whom commissions or fees were paid	4
JANEANE E BROCKMAN 5804 LEATHERBROOK DRIV			^
COLUMBIA	MO 65203		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
75			3
		hard an and hard and a family second s	
(a) Na MARK W COLLUM	ime and address of the agent,	broker, or other person to whom commissions or fees were paid	
6785 EAST GUY NOWLIN			
COLUMBIA	MO 65202		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
72			3
(a) Na	me and address of the agent	broker, or other person to whom commissions or fees were paid	4
JAY P HIGGINS 211 MARSHALL STREET	ine and address of the agent,	broker, of other person to whom commissions of rees were paid	1
JEFFERSON CITY	MO 65101		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
			2
68	<u> </u>		3
(a) Na	me and address of the agent	broker, or other person to whom commissions or fees were paid	4
CHRISTINA L MALOVANY 1056 WOODHILL CT	ine and address of the agent,		<i>a</i>
ELGIN	IL 60120		
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
			coue
65			3

(a) Na	me and a	ddress of the agent, broke	er, or other person to whom commissions or fees were paid	
LISA B NIELSEN P.O. BOX 9698				
SALT LAKE CITY	UT	84109		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
49				3
(a) Na	me and a	ddress of the agent, broke	er, or other person to whom commissions or fees were paid	
JON HARTMAN 105 AMAZON DRIVE				
COLUMBIA	MO	65202		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
42				3
( <b>a)</b> Na	me and a	ddress of the agent, broke	r, or other person to whom commissions or fees were paid	
JEFFREY M SATTERLEE 532 PEAR TREE CIRCLE				
COLUMBIA	MO	65203		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
40				3
(a) Na	me and a	ddress of the agent, broke	er, or other person to whom commissions or fees were paid	
MICHELE L HIGGINS 2008 WAYNE AVENUE				
JEFFERSON CITY	MO	65109		
(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, broke	er, or other person to whom commissions or fees were paid	
DEBRA KAY SCHRIMPF 7717 COUNTY ROAD 361				
NEW BLOOMFIELD	MO	65109		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
28				3

(a) Na	ime and a	ddress of the agent, broke	er, or other person to whom commissions or fees were paid	
KELLY W EASLEY 5026 STATE ROAD J				
FULTON	MO	65251		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
26				3
(a) Na	ime and a	address of the agent, broke	er, or other person to whom commissions or fees were paid	
SCOTT A BEER 1936 LA TIJERA COURT				
OCEANO	CA	93445		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
25				3
(a) Na	ime and a	address of the agent, broke	er, or other person to whom commissions or fees were paid	
CHARLES D CHILES 2412 HYDE PARK				
SUITE B AND C JEFFERSON CITY	MO	65109		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
25				3
(a) Na	me and a	address of the agent brok	er, or other person to whom commissions or fees were paid	
SARAH CHIESA 7838 W RASCHER AVE		adress of the agent, brok		
CHICAGO	IL	60656		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
18				3
(a) Na	ime and a	address of the agent, broke	er, or other person to whom commissions or fees were paid	
APRIL L MELVIN P.O. BOX 718				
ASHLAND	ME	65010		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid	<u> </u>	(c) Amount	(d) Purpose	code
17				3

(a) Na	me and a	ddress of the agent, broke	r, or other person to whom commissions or fees were paid	
WHITNEY G DAVIS 17759 WOODS DRIVE				
BOONVILLE	MO	65233		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
17				3
(a) Na	me and a	ddress of the agent, broke	r, or other person to whom commissions or fees were paid	
HH ASSOCIATES LLC 210 PRODO DRIVE				
JEFFERSON CITY	ME	65109		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
16				3
	me and a	ddress of the agent, broke	r, or other person to whom commissions or fees were paid	
1341 SOUTH PECOS AVENU	JΕ			
COLUMBIA	MO	65201		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
13				3
(a) Na TRENT J NIELSEN 14368 FAIR HOPE CIRCLE		ddress of the agent, broke	r, or other person to whom commissions or fees were paid	
		04000		
HERRIMAN	UT	84096	<b>—</b>	1
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
12				3
(a) Na	me and a	ddress of the agent, broke	r, or other person to whom commissions or fees were paid	
CHARLES H WEISSBERGER 1 OGLETHORPE PROFESSIO SUITE 202		0 /	,,	
SOTTE 202 SAVANNAH	GA	31406		
			Fees and other commissions paid	
(b) Amount of sales and base commissions paid		(c) Amount	(d) Purpose	(e) Organization code
9				3

(a) Na	me and a	ddress of the agent, broke	er, or other person to whom commissions or fees were paid	
WHITNEY G DAVIS 4501 CEDAR FALLS LANE				
COLUMBIA	MO	65203		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
8				3
	me and a	ddress of the agent, broke	er, or other person to whom commissions or fees were paid	
ALEXANDER I MIRO 3601 WEST BROADWAY APT 32 202				
COLUMBIA	MO	65203		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
8				3
(a) Na ORLANDO R DOBRINCU	me and a	address of the agent, broke	er, or other person to whom commissions or fees were paid	
15419 WEST 127TH STREE	T			
LEMONT	IL	60439		
(b) Amount of sales and base	ļ		Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
7				3
	maanda	ddroop of the exect broke	, ar other person to whom commissions or feed were poid	
KAREN LEE LINDSEY 4465 NOTTINGHAM DRIVE SUITE 105			er, or other person to whom commissions or fees were paid	
JEFFERSON CITY	MO	65109		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
6				3
(a) Na	me and a	ddress of the agent. broke	er, or other person to whom commissions or fees were paid	
OLANDO R DOBRINCU 15419 WEST 127TH STREE			.,	
LEMONT	IL	60439		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
4				3

(a) Na	ame and address of the agent,	, broker, or other person to whom commissions or fees were pa	id
DAMON R STREETMAN			
2961 WEST MAPLE LOOP R	ROAD		
SUITE 230 LEHI	UT 84043		
	01 01015		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
3			3
			· · ·
(a) Na VICTOR P SCHUTZ III	ame and address of the agent,	, broker, or other person to whom commissions or fees were pa	Id
1917 OSPREY POINT CIRC	LE		
POOLER	GA 31322		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
			2
2			3
	ame and address of the agent,	, broker, or other person to whom commissions or fees were pa	id
MICHAEL A ORTIZ			
3433 VOLTAIRE LANE			
ST CHARLES	IL 60175		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
2			3
	ame and address of the agent,	, broker, or other person to whom commissions or fees were pa	id
ALEXANDER I MIRO 3406 KEENES EDGE			
5400 REENES EDGE			
COLUMBIA	MO 65201		
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(0) * **** 0 ****		
2			3
(a) Na	ame and address of the agent	, broker, or other person to whom commissions or fees were pa	id
VICTOR P SCHUTZ III	ame and address of the agent,		
130 CANAL STREET			
SUITE 602			
POOLER	GA 31322		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid			
	(c) Amount	(d) Purpose	code
	(c) Amount	(d) Purpose	code

Page 2 -

(a) Na	me and a	address of the agent	t, broker, or other person to whom commissions or fees were paid	
D BREDESON INSURANCE S 641 HIGUERA STREET STE	ERVIC 300	ES INC		
SAN LUIS OBISPO	CA	93401		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
1				3
(a) Na	me and a	address of the agent	t, broker, or other person to whom commissions or fees were paid	
WILLIAM L AMOS & CO IN 6801 RIVER ROAD STE 20	-			
COLUMBUS	GA	31904		
(b) Amount of sales and base			(e) Organization	
commissions paid		(c) Amount	(d) Purpose	code
1				3
(a) Na	me and a	address of the agent	t, broker, or other person to whom commissions or fees were paid	

(b) Amount of sales and base	F	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code		
			•		
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid					

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

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

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

Page 3

Ρ	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	idual contracts with each	carrier may be treated as a un	it for purposes of
		this report.		caller may be treated as a all	
4	Curr	ent value of plan's interest under this contract in the general account at year	end		
5	Curr	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			
				Ch	
	b	Premiums paid to carrier			
	C d	Premiums due but unpaid at the end of the year			
	d	If the carrier, service, or other organization incurred any specific costs in con- retention of the contract or policy, enter amount.		00	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)	-		
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan check here		
7		racts With Unallocated Funds (Do not include portions of these contracts ma	•••		
'			te participation guarante		
	а			c	
		(3) guaranteed investment (4) other			
					0
	b	Balance at the end of the previous year		7b	0
	С	Additions: (1) Contributions deposited during the year	. 7c(1) . 7c(2)		
		<ul> <li>(2) Dividends and credits</li> <li>(2) Interpret product during the upper</li> </ul>	- (-)		
		<ul><li>(3) Interest credited during the year</li></ul>			
		(4) Hansiened from separate account	7c(5)		
		Other (specify below)			
		,			
					0
	Ь	(6)Total additions Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> )			0
		Deductions:			
	Ū	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	- (1)		
		>			
		(E) Total deductions			0
	f	(5) Total deductions			0
	-				-

		Pa	age <b>4</b>	

Part	III Welfare Benefit Contract Information one contract covers the same a information may be combined for reporting the entire group of such individual contracts	group of employees of the same purposes if such contracts are ex	perience	e-rated as a unit. Whe	ere contrac	
<b>8</b> Ber	nefit and contract type (check all applicable boxes	\$)				
а	Health (other than dental or vision)	<b>b</b> Dental	С	Vision		d Life insurance
е	Temporary disability (accident and sickness)	f Long-term disability	gП	Supplemental unemp	oloyment	<b>h</b> Prescription drug
i	Stop loss (large deductible)	j 🗌 HMO contract		PPO contract		I Indemnity contract
m					IITY	· []
9 Exp	erience-rated contracts:					
а	Premiums: (1) Amount received		(1)			
	(2) Increase (decrease) in amount due but unpa		(2)			_
	(3) Increase (decrease) in unearned premium re	eserve	(3)			
	(4) Earned ((1) + (2) - (3))	······			9a(4)	0
b	Benefit charges (1) Claims paid	9t	(1)			
	(2) Increase (decrease) in claim reserves	9k	(2)			
	(3) Incurred claims (add (1) and (2))				9b(3)	0
	(4) Claims charged				9b(4)	
С	Remainder of premium: (1) Retention charges	(on an accrual basis)				
	(A) Commissions		I)(A)			
	(B) Administrative service or other fees		I)(B)			
	(C) Other specific acquisition costs		I)(C)			
	(D) Other expenses		I)(D)			
	(E) Taxes		I)(E)			
	(F) Charges for risks or other contingencies	9 <b>c(</b> ′	l)(F)			
	(G) Other retention charges		I)(G)			
	(H) Total retention				9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (Thes	se amounts were 🗌 paid in cash	or 🗌 c	redited.)	9c(2)	
d	Status of policyholder reserves at end of year:				9d(1)	
	(2) Claim reserves				9d(2)	
	(3) Other reserves				9d(3)	
P	Dividends or retroactive rate refunds due. (Do				9e	
10 N	onexperience-rated contracts:	not include amount entered in in	c 30(2).	)	36	
a	Total premiums or subscription charges paid to	carrier			10a	16186
b	If the carrier, service, or other organization incurretention of the contract or policy, other than re	irred any specific costs in connec	tion with	n the acquisition or	10b	
	recontion of the contract of policy, other than re	ported in Farth, line 2 above, lep	on amou		100	

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	X No
<b>12</b> If the answer to line 11 is "Yes," specify the information not provided.		

SCHEDULE	Δ	Insuran	ce Informatio	n			
(Form 5500		mouran				ON	IB No. 1210-0110
Department of the Treas Internal Revenue Servi	sury	This schedule is required Employee Retirement Inc					2012
Department of Labor Employee Benefits Security Ad		File as an a	ttachment to Form 55	600.			
Pension Benefit Guaranty Co	prporation	<ul> <li>Insurance companies a pursuant to E</li> </ul>	re required to provide t RISA section 103(a)(2)		lion	This For	rm is Open to Public Inspection
For calendar plan year 20	12 or fiscal plar	n year beginning 01/01/2	2012	and er	nding	12/31/20	
A Name of plan COLUMBIA COLLE	EGE EMPLO	YEE BENEFITS PLAN			e-digit number (P	N)	501
<b>C</b> Plan sponsor's name a	s shown on line	e 2a of Form 5500		<b>D</b> Emplo	oyer Identifi	cation Number	(EIN)
COLUMBIA COLLE	EGE			43-065	55867		
		ing Insurance Contract C Individual contracts grouped as a					
1 Coverage Information:		<u></u>					
(a) Name of insurance ca UNITEDHEALTHC		ANCE COMPANY					
	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or c	ontract year
<b>(b)</b> EIN	code	identification number	persons covered a policy or contract		(f)	) From	<b>(g)</b> To
36-2739571	79413	711090	572		01/0	01/2012	12/31/2012
2 Insurance fee and comp descending order of the		ation. Enter the total fees and tota	al commissions paid. L	ist in line 3	the agents	, brokers, and c	other persons in
(a) Total a	amount of com	nissions paid		<b>(b)</b> To	otal amount	of fees paid	
3 Persons receiving com		ees. (Complete as many entries					
	<b>(a)</b> Name a	ind address of the agent, broker,	or other person to who	m commiss	ions or fee	s were paid	
(b) Amount of sales ar			s and other commissio				_
commissions pai	id	(c) Amount		(d) Purpos	e		(e) Organization code
	(a) Marca		an ath an an array to a l		lana cata		1
	(a) Name a	and address of the agent, broker,	or other person to who	m commiss	sions or fees	s were paid	

(b) Amount of sales and base	F	Fees and other commissions paid	
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
For Paperwork Reduction Act Notice	e and OMB Control Numbers, s	see the instructions for Form 5500. Schee	lule A (Form 5500) 2012
			v. 120126

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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		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
	and address of the second busics		
(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 commissions paid
 Fees and other commissions paid
 (e) Organization code

 (c) Amount
 (d) Purpose
 code

(a) Name and address of the agent, broker, 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	me 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) Name and address of the agent, broker, 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

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P	art II		del de la contra et a contra de la contra de	and the second second	
		Where individual contracts are provided, the entire group of such individual this report.	idual contracts with each carrier	may be treated a	as a unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	
-		ent value of plan's interest under this contract in separate accounts at year e		J	
0		racts With Allocated Funds:			
	а	State the basis of premium rates			
	_				
	b	Premiums paid to carrier			
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in co	nnection with the acquisition or	6d	
		retention of the contract or policy, enter amount			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferre	ed annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan check here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	aintained in separate accounts)	_	
	а		ate participation guarantee		
	ũ				
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits	- (-)		
		(3) Interest credited during the year	- (-)		
		(4) Transferred from separate account	- (0)		
		(5) Other (specify below)			
			76(3)		
		·			
		(6)Total additions		7c(6)	0
	d	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ).		7d	0
		Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	- (-)		
		(3) Transferred to separate account			
			- (1)		
		(4) Other (specify below)			
		•			
		(5) Total daduationa			0
	f	(5) Total deductions			0
	1	Balance at the end of the current year (subtract line 7e(5) from line 7d)		/1	0

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Pa	art II	Welfare Benefit Contract Informat	ion					
		If more than one contract covers the same gr						
		information may be combined for reporting put the entire group of such individual contracts	irposes if such contracts a vith each carrier may be tre	re experienc	e-rated as a unit. When	ere contract	s cover individual employee	s,
8	Ren	efit and contract type (check all applicable boxes)				Toport.		
Ŭ	a	Health (other than dental or vision)	<b>b</b> Dental	с	Vision		<b>d</b> Life insurance	
					1			
	е	Temporary disability (accident and sickness)	f Long-term disability	, g		oloyment	<b>h</b> Prescription drug	
	i	X Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract	
	m	Other (specify)						
		—						
9	Expe	erience-rated contracts:	-					
	а	Premiums: (1) Amount received		9a(1)				
		(2) Increase (decrease) in amount due but unpaid	1	9a(2)				
		(3) Increase (decrease) in unearned premium res	erve	9a(3)		1		
		(4) Earned ((1) + (2) - (3))		1		9a(4)		0
	b	Benefit charges (1) Claims paid		9b(1)			_	
		(2) Increase (decrease) in claim reserves		9b(2)		1		
		(3) Incurred claims (add (1) and (2))				9b(3)		0
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (o	· · · · · ·				4	
		(A) Commissions	-	9c(1)(A)			4	
		(B) Administrative service or other fees		9c(1)(B)			4	
		(C) Other specific acquisition costs		9c(1)(C)			4	
		(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)		0-(4)(1))		0
		(H) Total retention	_	_		9c(1)(H) 9c(2)		0
		(2) Dividends or retroactive rate refunds. (These amounts were D paid in cash, or C credited.)						
	d	Status of policyholder reserves at end of year: (1		9d(1)				
		(2) Claim reserves				9d(2)		
		(3) Other reserves				9d(3)		
	е	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	in line <b>9c(2)</b> .	.)	9e		
10	_	nexperience-rated contracts:				40	2425	E O
	a L	Total premiums or subscription charges paid to c				10a	3435	58
	b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition retention of the contract or policy, other than reported in Part I, line 2 above, report amount							
		retention of the contract of policy, other than rep	neu III Faiti, III e z above	, report anno	un	10b		

Specify nature of costs

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	Х	No
12 If the	answer to line 11 is "Yes," specify the information not provided.			