Form 5500	Annual Return/Report of Employee	OMB Nos. 1210-07 1210-00				
Department of the Treasury Internal Revenue Service	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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).		and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and		2011	
Department of Labor Employee Benefits Security Administration	 Complete all entries in accordance the instructions to the Form 5500 		2011			
Pension Benefit Guaranty Corporation			This Form is Open to Public Inspection			
Part I Annual Report Ider	tification Information					
For calendar plan year 2011 or fiscal	plan year beginning 01/01/2011	and ending	12/31/2011			
A This return/report is for:	a multiemployer plan; a multiple-e	employer plan; or				
·	X a single-employer plan;	cify)				
B This return/report is:	the first return/report; the final ret	urn/report;				
	an amended return/report; a short plar	n year return/report (less t	ss than 12 months).			
C . If the plan is a collectively-bargain	ed plan, check here.					
			X the DFVC program;			
D Check box if filing under:	X Form 5558; automatic e	xtension;	I the DFVC program;			
	special extension (enter description)					
Part II Basic Plan Inform	nation—enter all requested information					
1a Name of plan COLUMBIA COLLEGE EMI	PLOYEE BENEFITS PLAN		1b Three-digit plan number (PN) → 50)1		
			1c Effective date of plan 07/01/1974			
2a Plan sponsor's name and addres	s, including room or suite number (Employer, if for single-er	nployer plan)	2b Employer Identification Number (EIN) 43-0655867			
			2c Sponsor's telephone number 573-875-7255			
1001 ROGERS ST			2d Business code (see instructions) 611000			
COLUMBIA M	0 65216					

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

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

SIGN HERE		09/25/2012	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 individual signing as employer or plan sponsor
SIGN HERE			
HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a	COLUMBIA COLLEGE				3b Administrator's EIN 43-0655867		
	1001 ROGERS ST			nu	ministrator's telephone mber 573-875-7255		
	COLUMBIA MO 65210	б					
4	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report:	n/report filed fo	r this plan, enter the name, EIN	and	4b EIN		
а	Sponsor's name				4c pn		
5	Total number of participants at the beginning of the plan year			5	614		
6	Number of participants as of the end of the plan year (welfare plans complet	e only lines 6a	, 6b, 6c, and 6d).		L		
_				6.	676		
а	Active participants			6a	070		
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	676		
е	Deceased participants whose beneficiaries are receiving or are entitled to re	ceive 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 complete this item)			6g			
b							
	Number of participants that terminated employment during the plan year with less than 100% vested			6h			
7	Enter the total number of employers obligated to contribute to the plan (only	v multiemploye	r plans complete this item)	7			
8a	If the plan provides pension benefits, enter the applicable pension feature co	odes from the L	List of Plan Characteristic Codes	s in the i	nstructions:		
b	If the plan provides welfare benefits, enter the applicable welfare feature code 4A 4B 4D 4E 4F 4	H 4	Q				
9a	Plan funding arrangement (check all that apply)		enefit arrangement (check all tha	at apply)			
	 (1) X Insurance (2) Code section 412(e)(3) insurance contracts 	(1) (2)	X Insurance Code section 412(e)(3)	insuranc	e contracts		
	(3) Trust	(3)	Trust				
	(4) General assets of the sponsor	(4)	$_{\rm X}$ General assets of the sp	onsor			
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	attached, and,	where indicated, enter the numb	per attac	hed. (See instructions)		
а	Pension Schedules	b Genera	al Schedules				
	(1) R (Retirement Plan Information)	(1)	H (Financial Inform	nation)			
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2)	I (Financial Inform	nation –	Small Plan)		
	Purchase Plan Actuarial Information) - signed by the plan	(3)	X 3 A (Insurance Infor		,		
	actuary	(4)	C (Service Provide	er Inform	ation)		
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5)	D (DFE/Participati	ng Plan	Information)		
	Information) - signed by the plan actuary	(6)	G (Financial Trans	saction S	Schedules)		

SCHEDULE (Form 5500		Insurance Information				0	MB No. 1210-0110	
Department of the Treas Internal Revenue Servi	ury	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).				2011		
Department of Labor Employee Benefits Security Adr		File as an	attachment to	o Form 55	00.			
Pension Benefit Guaranty Co	rporation	 Insurance companies pursuant to 	are required to ERISA sectior	•		ion	This Fo	orm is Open to Public Inspection
For calendar plan year 207	11 or fiscal pla	an year beginning 01/01/	2011		and en	ding	12/31/2	
A Name of plan COLUMBIA COLLE	CGE EMPLO	OYEE BENEFITS PLAN				e-digit number (P	N) 🕨	501
C Plan sponsor's name a	s shown on li	ne 2a of Form 5500			D Emplo	yer Identific	cation Numbe	r (EIN)
·					43-065	E067		
COLUMBIA COLLE		ning Incurance Contract	Coverage	Ease a			Dues viele infe	mastice for each contract
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.								
1 Coverage Information:								
(a) Name of insurance car UNITEDHEALTHC		RANCE COMPANY						
	(c) NAIC	(d) Contract or		oximate nu			Policy or	contract year
(b) EIN	code	identification number	persons covered at policy or contract		(†)		From	(g) To
36-2739571	79413	0711090		551	51 01/01/2011		01/2011	12/31/2011
2 Insurance fee and comi descending order of the		nation. Enter the total fees and to	tal commissio	ns paid. Li	ist in item 3	the agents	, brokers, and	d other persons in
(a) Total a	amount of con	nmissions paid			(b) To	otal amount	of fees paid	
3 Persons receiving com	missions and	fees. (Complete as many entries	s as needed to	o report all	persons).			
	(a) Name	and address of the agent, broker	, or other pers	son to whor	m commiss	ions or fees	s were paid	
(b) Amount of sales and base Fees and other commissions paid					_			
commissions pai	d	(c) Amount	(d) Purpose		9		(e) Organization code	
	(a) Name	and address of the agent, broker	. or other pers	son to who	m commiss	ions or fees	s were paid	
	(a) Hamb		, 51 54101 polo					

(b) Amount of sales and base	F		
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
For Paperwork Reduction Act Notic	dule A (Form 5500) 2011		
-			v.012611

(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				
commissions paid	(c) Amount	(d) Purpose	(e) Organization 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 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					
commissions paid	(c) Amount	(d) Purpose	(e) Organization 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

P	art I	Investment and Annuity Contract Information				
		Where individual contracts are provided, the entire group of such individual this report.	idual contra	cts with each carrier m	ay be treated as	a unit for purposes of
4	Curr	rent value of plan's interest under this contract in the general account at year	end		4	
5		ent value of plan's interest under this contract in separate accounts at year e				
6	Con	tracts With Allocated Funds:				
	а	State the basis of premium rates				
	L				Ch	
	b	Premiums paid to carrier			<u>6b</u> <u>6c</u>	
	c d	Premiums due but unpaid at the end of the year If the carrier, service, or other organization incurred any specific costs in co				
	u	retention of the contract or policy, enter amount			6d	
		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	nating plan c	heck here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in s	separate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	ate participat	tion guarantee		
		(3) guaranteed investment (4) other ►				
		_				
	b	Balance at the end of the previous year			7b	0
	С	Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	. 7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account(5) Other (specify below)	7c(4) 7c(5)			
		(5) Other (specify below)				
		(6)Total additions			7c(6)	0
	d	Total of balance and additions (add b and c(6)).				0
		Deductions:	Γ			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	. 7e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	. 7e(4)			
		•				
		(5) Total deductions			7e(5)	0
	f	Balance at the end of the current year (subtract e(5) from d)			7 f	0

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Pa	rt I	II Welfare Benefit Contract Informat If more than one contract covers the same guinformation may be combined for reporting p the entire group of such individual contracts	roup of employee urposes if such co	ontracts are experi	ience	e-rated as a unit. Whe	re contrac	
8	Ben	efit and contract type (check all applicable boxes)						
	a	Health (other than dental or vision)	b Dental		сП	Vision		d Life insurance
	еÏ	Temporary disability (accident and sickness)	f Long-term	n disability	gП	Supplemental unempl	ovment	h Prescription drug
	- I I		i HMO cont			PPO contract	-,	I Indemnity contract
				liaci				
	m	Other (specify)						
9	Evo	erience-rated contracts:						
Ŭ	•	Premiums: (1) Amount received						-
	-	(2) Increase (decrease) in amount due but unpair		· · · ·				-
		(3) Increase (decrease) in unearned premium res						-
		(4) Earned ((1) + (2) - (3))					9a(4)	0
	b	Benefit charges (1) Claims paid						
		(2) Increase (decrease) in claim reserves						7
		(3) Incurred claims (add (1) and (2))					9b(3)	0
		(4) Claims charged					9b(4)	
	С	Remainder of premium: (1) Retention charges (c	on an accrual basi	is)				
		(A) Commissions		9c(1)(A	A)			
		(B) Administrative service or other fees						
		(C) Other specific acquisition costs						
		(D) Other expenses						
		(E) Taxes						
		(F) Charges for risks or other contingencies.						
		(G) Other retention charges		9c(1)(G	5)			
		(H) Total retention	_	-			9c(1)(H) 0
		(2) Dividends or retroactive rate refunds. (These	e amounts were	paid in cash, or	cr	redited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1) Amount held to	provide benefits a	fter r	etirement	9d(1)	
		(2) Claim reserves					9d(2)	
		(3) Other reserves					9d(3)	
	е	Dividends or retroactive rate refunds due. (Do n	ot include amoun	t entered in c(2) .)			9e	
10	No	onexperience-rated contracts:				-		
	а	Total premiums or subscription charges paid to o	carrier				10a	242697
	b	If the carrier, service, or other organization incur retention of the contract or policy, other than rep					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	Insurance Information						
(Form 5500)						IB No. 1210-0110		
Department of the Treas Internal Revenue Serv		This schedule is requir Employee Retirement						2011
Department of Labo Employee Benefits Security Ad		File as ar	n attachme	ent to Form 55	500.	,		
Pension Benefit Guaranty Co		Insurance companies pursuant to		red to provide ction 103(a)(2		tion	This For	m is Open to Public
For calendar plan year 20	11 or fiscal pl	an year beginning 01/01	/2011		and er	nding	12/31/20	
A Name of plan COLUMBIA COLLI	EGE EMPL	OYEE BENEFITS PLAN			B Thre plan	e-digit number (P	N) 🕨	501
C Plan sponsor's name a		ine 2a of Form 5500			D Emplo		cation Number	(EIN)
on a separat		rning Insurance Contrac A. Individual contracts grouped a						
1 Coverage Information:								
(a) Name of insurance ca THE GUARDIAN		SURANCE COMPANY OF A	AMERICA					
	(c) NAIC	(d) Contract or	• • •	Approximate n			Policy or c	ontract year
(b) EIN	code	identification number		sons covered a olicy or contrac		(f)	From	(g) To
13-5123390	64246	00463298		676 01/0			01/2011	06/30/2011
2 Insurance fee and com descending order of the		mation. Enter the total fees and t I.	total commis	ssions paid. L	List in item 3	the agents	s, brokers, and o	other persons in
(a) Total a	amount of cor	mmissions paid			(b) To	otal amount	of fees paid	
		42591	1					0
3 Persons receiving com	missions and	l fees. (Complete as many entrie	es as neede	ed to report all	persons).			
THE INSURANCE GR 200 E SOUTHAMPTO	OUP INC N DR	e and address of the agent, broke	er, or other	person to who	om commiss	ions or fees	s were paid	
COLUMBIA	I	MO 65203						
(b) Amount of sales ar commissions pa		(c) Amount	ees and otr	ner commissio	(d) Purpos	e		(e) Organization code
	42591							3
	(a) Name	and address of the agent, broke	er, or other	person to who	om commiss	ions or fees	s were paid	
(b) Amount of sales ar	nd base	F	ees and oth	ner commissio	ons paid			
commissions pa		(c) Amount			(d) Purpose (e) Organization			(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) Amount of sales and base	Fees and other commissions paid				
commissions paid	(c) Amount	(d) Purpose	(e) Organization 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 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						
commissions paid	(c) Amount	(d) Purpose	(e) Organization 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

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P	art I	Investment and Annuity Contract Information				
		Where individual contracts are provided, the entire group of such individual this report.	idual contra	cts with each carrier m	ay be treated as	a unit for purposes of
4	Curr	rent value of plan's interest under this contract in the general account at year	end		4	
5		ent value of plan's interest under this contract in separate accounts at year e				
6	Con	tracts With Allocated Funds:				
	а	State the basis of premium rates				
	L				Ch	
	b	Premiums paid to carrier			<u>6b</u> <u>6c</u>	
	c d	Premiums due but unpaid at the end of the year If the carrier, service, or other organization incurred any specific costs in co				
	u	retention of the contract or policy, enter amount			6d	
		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	nating plan c	heck here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in s	separate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	ate participat	tion guarantee		
		(3) guaranteed investment (4) dther ▶				
		_				
	b	Balance at the end of the previous year			7b	0
	С	Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	. 7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account(5) Other (specify below)	. 7c(4) 7c(5)			
		(5) Other (specify below)				
		(6)Total additions			7c(6)	0
	d	Total of balance and additions (add b and c(6)).				0
		Deductions:	Γ			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	. 7e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	. 7e(4)			
		•				
		(5) Total deductions			7e(5)	0
	f	Balance at the end of the current year (subtract e(5) from d)			7 f	0

Page	4

Pa	art III	Welfare Benefit Contract Information	tion				
		If more than one contract covers the same g information may be combined for reporting p	urposes if such contracts a	re experienc	ce-rated as a unit. Wh	nere contract	bloyee organizations(s), the s cover individual employees,
_		the entire group of such individual contracts		eated as a u	nit for purposes of this	s report.	
8	Bene	efit and contract type (check all applicable boxes)	—	_	7		. —
	а	Health (other than dental or vision)	b Dental	CX	Vision		d X Life insurance
	е	Temporary disability (accident and sickness)	f X Long-term disability	′ g	Supplemental unem	ployment	h Prescription drug
	iΓ	Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract
	mx	Other (specify) ▶AD&D, VOLUNTARY I	JIFE & DEPENDENT	LIFE, V	VOLUNTARY AD&	D & DEPE	ENDENT AD&D
9	Expe	rience-rated contracts:					
	a F	Premiums: (1) Amount received		9a(1)			
		(2) Increase (decrease) in amount due but unpai	db				
		(3) Increase (decrease) in unearned premium rea	serve	9a(3)		-	
		(4) Earned ((1) + (2) - (3))	F			. 9a(4)	0
	b	Benefit charges (1) Claims paid					
		(2) Increase (decrease) in claim reserves				1	
		(3) Incurred claims (add (1) and (2))				. 9b(3)	0
		(4) Claims charged				. 9b(4)	
	С	Remainder of premium: (1) Retention charges (c		1			
		(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)		1	
		(H) Total retention	······	······ <u></u> ··		. 9c(1)(H)	0
		(2) Dividends or retroactive rate refunds. (These	e amounts were paid in	cash, or	credited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1) Amount held to provide b	enefits after	retirement	. 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 c(2) .)		. 9e	
10) Nor	nexperience-rated contracts:					
	а	Total premiums or subscription charges paid to a	carrier			. 10a	325944
		If the carrier, service, or other organization incur					
		retention of the contract or policy, other than rep	orted in Part I, item 2 above	e, report am	ount	. 10b	

Specify nature of costs 🕨

Part IV	Provision of Information			
11 Did t	ne 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.			

(Form 5500) Determined is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). Determined is required to be filed under section 104 of the Employee Retirement to Form 5500. 1 Point income Security Act of 1974 (ERISA). This Schedule is required to provide the information pursuant to ERISA section 103(a)(z). This Form is Open to Public inspection. For calendar plan year 2011 or fiscal plan year beginning 0.1/01/2011 and ending 12/31/2011 A Name of plan B Three-digit plan number (PN) 501 Columenta Columenta Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. 1 Coverage Information: (a) Name of file information: (b) EIN (c) NAIC (d) Contract or persons covered at end of persons covered at end of policy or contract year 58-0653085 63380 BMPB1 49 04/01/2010 03/31/2011 2 Insurance fee and commissions and fees. (Complete as many entries as needed to report all persons. (a) Total amount of commissions paid 2706 3 Persons receiving commissions and fees. (Complete as many entries as needed to the reports on whom commissions or fees ware paid 2706 3 Persons receiving commissions paid (c) Annount of sales and base of the agent, broker, or other person to whom commissions or fees ware paid 2953 522 (PEES <th>SCHEDULE</th> <th>•</th> <th>Incuran</th> <th>o Informativ</th> <th></th> <th></th> <th></th> <th></th>	SCHEDULE	•	Incuran	o Informativ					
Description of the Tensor Internal Reset Of Lists 2011 Description Field Standing Minimum Present Reset Observed Lists > File as an attachment to Form 5500. > This schedule is required to provide the information pursuant to ERISA section 103(0(2)). This Form is Open to Public inspection For celerating Jam Standing Minimum ColLIMBIA COLLEGE EMPLOYEE BENEFITS PLAN B Three(RISA section 103(0(2)). The schedule is required to provide the information pursuant to ERISA section 103(0(2)). The schedule is required to provide the information pursuant to ERISA section 103(0(2)). ColLIMBIA COLLEGE EMPLOYEE BENEFITS PLAN B Three(RISA section 103(0(2))). D Employer Identification Number (EIN) 43-0655867 Plan sponser's name as shown on line 2a of Form 5500 D Employer Identification Number (EIN) 43-0655867 D Employer Identification Number (EIN) 43-0655867 Plan Information ColLINGIR (a) Contract or identification number (b) Participa for contract year policy or cont		IIISulai					OMB No. 1210-0110		
Destination Price as an attachment to Form 5500. This Form is Open to Public Inspection Previous Berefit Guarry Constraints 1 Insurance companies are required to provide the information pursuant to ERSA section 103(Q)2). This Form is Open to Public Inspection For celendar plan year 2011 of fiscal plan year beginning 0.1/01/2011 and ending 1.2/31/2011 This Form is Open to Public Inspection A Name of plan COLUMBIA COLLBGE EMPLOYEE BENEFITS PLAN B Trans-order of the Transmostan Inspection This Form is Open to Public Inspection COLUMBIA COLLBGE EMPLOYEE BENEFITS PLAN B Transmostan Inspection The open to Public Inspection COLUMBIA COLLBGE EMPLOYEE BENEFITS PLAN D Employer Identification Number (EIN) 3.0655367 Part Information Concorning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a single Schedule A. Individual contracts grouped as a unit in Fast I and II can be reported on a single Schedule A. 1 Coverage Information: (a) Name of Insurance carrier AFLAC 1 Coverage Information number (b) Approximate number of policy or contract year Policy or contract year 3 Costance fee and commission information number (b) Approximate number of policy or contract year Policy or contract year 3 Costance fee and contensission information	Department of the Treas					0011			
Presentient Gaussin Corporation Insurance companies are required to provide the information presented to FINSA section 103(a)(2). This Form is Open to Public inspection For calendar plan year 2011 or fiscal plan year beginning 0.1/01/2011 and ending 12/31/2011 A Name of plan COLUMBIA COLLEGE EMPLOYEE BENEFITS PLAN B Three-digit plan number (FIN) 501 C Plan sponsor's name as shown on line 2a of Form \$500 D Employer identification Number (EIN) 3.0655867 Part1 Information Concerning Insurance Contract Coverage, Foes, and Commissions Provide information for each contract on a separate Schedule A. 1 Coverage Information: (a) Name of insurance carrier AFLAC Part1 Information Concerning Insurance Contract or identification number Part2 Policy or contract year (b) EIN (c) NAIC (d) Contract or identification number Policy or contract year (f) Form (g) To Sta-O66308.5 6038.0 BMEB1 49 04/01/2010 03/31/2011 2 Insurance lea and commissions information. Enter the total leas and total commissions paid (b) Total amount of commissions paid 2706 3 Persons receiving order of the amount pad. (b) Annount of sales and base (c) Amount is sales and other commissions or fees we).		2011			
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	For Paperwork Reductio				r Form 5500		Sche		

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(a) Na	me and a	address of the age	ent, broke	r, 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	<u> </u>	(c) Amount		(d) Purpose	code	
1148			153	FEES	3	
(a) Na	me and a	address of the age	ent, broke	r, 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				Fees and other commissions paid	(e) Organization	
commissions paid		(c) Amount		(d) Purpose	code	
934			124	FEES	3	
(a) Na	me and a	address of the age	ent, broke	r, or other person to whom commissions or fees were paid		
ASHTON CONSULTING INC 2101 CORONA RD SUITE 2		<u> </u>		· · ·		
COLUMBIA	MO	65203				
(b) Amount of sales and base				Fees and other commissions paid	(e) Organization	
commissions paid		(c) Amount (d) Purpose		(d) Purpose	code	
				FEES		
828			174		3	
(a) Na	me and a	address of the age	ent. broke	r, or other person to whom commissions or fees were paid		
BRYAN C SWYERS 2429 HYDE PARK DR				,,		
JEFFERSON CITY	MO	65109				
(b) Amount of sales and base				Fees and other commissions paid	(e) Organization	
commissions paid		(c) Amount		(d) Purpose	code	
686			104	FEES	3	
(a) Na	me and :	address of the age	ent broke	r, or other person to whom commissions or fees were paid		
BRADLEY K HARRISON 210 PRODO DR						
JEFFERSON CITY	MO	65109				
(b) Amount of sales and base				Fees and other commissions paid	(e) Organization	
commissions paid		(c) Amount		(d) Purpose	code	
607			279	FEES	3	

	me and a	address of the agent, broke	er, or other person to whom commissions or fees were paid	
JANEANE E BROCKMAN 5804 LEATHERBROOK DR				
COLUMBIA	MO	65203		
(b) Amount of sales and base	ļ		Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
468		73	³ FEES	3
(a) Na	me and a	address of the agent broke	er, or other person to whom commissions or fees were paid	
LISA B NIELSEN PO BOX 9698		adress of the agent, broke		
SALT LAKE CITY	UT	64109		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
465	L	113	3FEES	3
(a) Na	me and a	address of the agent broke	er, or other person to whom commissions or fees were paid	
JAY P HIGGINS		duress of the agent, block		
211 MARSHALL ST				
JEFFERSON CITY	MO	65101		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
0.74		1.0		
371		104	4FEES	3
(a) Na	me and a	address 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		
			Fees and other commissions paid	
(b) Amount of sales and base commissions paid		(c) Amount	(d) Purpose	(e) Organization code
339		135	5 _{FEES}	3
(a) Na CHRISTINA L MALOVANY	me and a	address of the agent, broke	er, or other person to whom commissions or fees were paid	
1056 WOODHILL CT				
ELGIN	IL	60120		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
	l			
320	1	103	3 _{FEES}	3

	ime and a	ddress of the agent, broke	er, or other person to whom commissions or fees were paid	
HEATHER L SPRADLIN 813 EAST GREEN MEADOWS	APT 1	.08		
COLUMBIA	MO	65201		
(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)		
248				3
(a) Na	me and a	ddress of the agent broke	er, or other person to whom commissions or fees were paid	
SCOTT J BOGENER 100 E GREEN MEADOWS RD			.,	
COLUMBIA	MO	65203		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
226				3
	me and a	dress of the agent, broke	er, or other person to whom commissions or fees were paid	
CLARENCE B YOUNG III		duress of the agent, broke		
10231 EASTDELL DR				
SANDY	\mathbf{UT}	84092		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
194		47	FEES	3
(a) Na	me and a	dress of the agent broke	er, or other person to whom commissions or fees were paid	
SCOTT A BEER 540 CANYON WOODS CIR A				
CAN DAMON		04500		
SAN RAMON	CA	94582		1
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid	<u> </u>	(c) Amount	(d) Purpose	code
147		46	FEES	3
	me and a	ddress of the agent, broke	er, 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		(c) Amount	(d) Purpose	code
122		29	FEES	3

(a) Na	me and a	ddress of the agent, broke	er, 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			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
· · ·				
110		33	FEES	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 ST		adrees of the agont, since		
COUPEVILLE	WA	98239		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid	<u> </u>	(c) Amount	(d) Purpose	code
94		34	FEES	3
(-) No		deluces of the second busics		
(a) Na CAROL A MURRAY	me and a	iddress of the agent, broke	er, or other person to whom commissions or fees were paid	
129 MCKELVEY PLACE				
GOOSE CREEK	SC	29445		
(b) Amount of sales and base	Fees and other commissions paid			(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
88	<u> </u>	28	FEES	3
(a) Na	me and a	ddress of the agent, broke	er, or other person to whom commissions or fees were paid	
SARAH CHIESA 7838 W RASCHER AVE				
CHICAGO	IL	60656		
			Fees and other commissions paid	
(b) Amount of sales and base commissions paid		(c) Amount	(d) Purpose	(e) Organization code
				code
59		43	FEES	3
	mo and a		er, or other person to whom commissions or fees were paid	
DAMON R STREETMAN		e :	a, or other person to whom commissions or rees were paid	
2961 WEST MAPLE LOOP F	D SUI	TE 230		
LEHI	UT	84043		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
50		33	FEES	3

	me and a	ddress of the agent, broke	er, or other person to whom commissions or fees were paid	
ORLANDO R DOBRINCU 1111 BURLINGTON DR SUI	TE 105	5		
LISLE	IL	60532		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
46		25	FEES	3
(a) Na	me and a	ddress of the agent, broke	er, or other person to whom commissions or fees were paid	
JACQUELINE D KEELING 5500 MING AVE SUITE 16		<u> </u>		
BAKERSFILED	CA	93309		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
42		6	FEES	3
(a) Na	me and a	ddress of the agent. broke	er, or other person to whom commissions or fees were paid	
SARAH ELDIN				
2002 BROOK HILL COURT				
CHESTERFIELD	MO	63017		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
36				3
	me and a	ddress of the agent, broke	er, or other person to whom commissions or fees were paid	
APRIL L MELVIN				
PO BOX 718				
ASHLAND	MO	65010		
			Fees and other commissions paid	
(b) Amount of sales and base commissions paid		(c) Amount	(d) Purpose	(e) Organization code
36				3
(a) Na	me and a	ddress of the agent broke	er, or other person to whom commissions or fees were paid	
SHANNON L TROWBRIDGE 105 CEMTRAL AVE SUITE				
GOOSE GREEK	SC	29445		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
		-		2
35	<u> </u>	6	FEES	3

(a) Na	ime and a	address of the agent, b	broker, or other person to whom commissions or fees were paid	
SCOTT T HUNDAHL 7378 TEAL LN				
1510 TEAL DN				
BOW	WA	98232		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
31			7 _{FEES}	3
(a) Na KAREN LEE LINDSEY	ime and a	address of the agent, b	broker, or other person to whom commissions or fees were paid	
4465 NOTTINGHAM DR				
SANTA MARIA	CA	93455		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid	<u> </u>	(c) Amount	(d) Purpose	code
25			8 FEES	3
(a) Na	me and :	address of the agent b	broker, or other person to whom commissions or fees were paid	
TREVE D RASMUSSEN		address of the agent, t		
3130 W MAIN ST SUITE E]			
1/T C A T T A	C A	02201		
VISALIA	CA	93291	Encoded attraction and attraction and a	
(b) Amount of sales and base commissions paid		(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
		(c) Anodin		Code
24			6FEES	3
(a) Na	Ime and a	address of the agent, t	broker, or other person to whom commissions or fees were paid	
HH ASSOCIATES LLC				
210 PRODO DR				
JEFFERSON CITY	MO	65109		
			Fees and other commissions paid	
(b) Amount of sales and base commissions paid		(c) Amount	(d) Purpose	(e) Organization code
ł				
23				3
	me and a	address of the agent, b	broker, or other person to whom commissions or fees were paid	
MICHAEL A ORTIZ 3433 VOLTAIRE LANE				
3433 VOLTATIVE DAME				
ST CHARLES	IL	60175		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
21			25 _{FEES}	3
21	1			-

	me and a	ddress of the agent, bro	oker, or other person to whom commissions or fees were paid	
BARRY G WIEBE 1308 NORTHSHORE DRIVE				
BELLINGHAM	WA	98226		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
19			7 _{FEES}	3
(a) Na	me and a	ddress of the agent, bro	oker, or other person to whom commissions or fees were paid	
ROBERT I BARNES 6263 POPLAR AVE SUITE	540			
MT PLEASANT	SC	38119		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
18			6 FEES	3
(-)) -		delegant the second law		
ARTHUR COLEGROVE	me and a	ddress of the agent, bro	oker, or other person to whom commissions or fees were paid	
701 E MAIN				
SOUTH ELGIN	IL	60177		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
16			6 _{FEES}	3
		delance of the execut has		
CHARLES H WEISSBERGER	me and a	ddress of the agent, bro	oker, or other person to whom commissions or fees were paid	
1 OGLETHORPE PROFESSIO	NAL SU	JITE 202		
SAVANNAH	GA	31406		1
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
14			2 _{FEES}	3
(a) Na	me and a	ddress of the agent bro	oker, or other person to whom commissions or fees were paid	
CHARLES EWARD PERRY		duress of the agent, bro		
5500 MING AVE SUITE 25	50			
BAKERSFIELD	CA	93309		
			Fees and other commissions paid	
(b) Amount of sales and base commissions paid		(c) Amount	(d) Purpose	(e) Organization code
			6	2
11			6 _{FEES}	3

	me and a	address of the agent,	broker, or other person to whom commissions or fees were paid	
VICTOR P SCHUTZ III 130 CANAL ST 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
10			2 _{FEES3}	3
(a) Na	me and a	address of the agent	broker, or other person to whom commissions or fees were paid	
D BREDESON INSURANCE S				
641 HIGUERA ST SUITE 3	00			
SAN LUIS OBISPO	CA	93401		
	CA	93401	Face and other commissions haid	
(b) Amount of sales and base commissions paid		(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
9	<u>i </u>		8 FEES	3
(a) Na	me and a	address of the agent,	broker, or other person to whom commissions or fees were paid	
SCOTT W BLACKSHEAR	_			
128 FAIRWAY DRIVE EAST				
HIDEAWAY	тх	75771		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
8			7 _{FEES}	3
-				
(a) Na C HARVEY KING	me and a	address of the agent,	broker, or other person to whom commissions or fees were paid	
PO BOX 45				
WEST JEFFERSON	NC	28694		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid	ļ	(c) Amount	(d) Purpose	code
7			6 _{FEES}	3
	mo and c	addross of the agent	broker, or other person to whom commissions or fees were paid	
WILLIAM L AMOS & CO IN		duress of the agent,	bloker, of other person to whom commissions of rees were paid	
6801 RIVER RD SUITE 20)5			
COLUMBIA	C1	21004		
COLUMBUS	GA	31904		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
6			2 _{FEES}	3

(a) Na	ame and address of the agent	, broker, or other person to whom commissions or fees were pai	d
JODI L DAVIS 701 E MAIN ST			
SOUTH ELGIN	IL 60177		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
6		1 _{FEES}	3
(a) Na	ame and address of the agent	, broker, or other person to whom commissions or fees were pai	d
KATHY Y 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
5			3
(a) Na	ame and address of the agent	, broker, or other person to whom commissions or fees were pai	id
JEFFEREY M SATTERLEE 1341 S PECOS AVE	u		
COLUMBIA	MO 65201		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	code
3			3
(a) Na	ame and address of the agent	, broker, or other person to whom commissions or fees were pai	id
LOUIS CULLEN SMITH 2042 BELTLINE RD SW SU		,, , , , , , , , , , , , ,	
DECATUR	AL 35601		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
		6 _{FEES}	3
(a) Na	me and address of the agent	, broker, or other person to whom commissions or fees were pai	
R AND L SUPPLEMENTAL E PO BOX 893			<u>u</u>
FLORENCE	AL 35631		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
		бнее	3

Page **2 -**

(a) Na	ame and a	address of the ager	t, broker, or other person to whom commissions or fees we	ere paid
SAIC INC 4245 MILGEN ROAD		<u> </u>	· · ·	
COLUMBUS	GA	31907		
(b) Amount of sales and base			Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
			6FEES	3
(2) N	amo and a	addross of the ager	t, broker, or other person to whom commissions or fees we	are paid
STEVE C BRANNON 2812 BURNINGTEE MTN RI				
DECATUR	AL	35603		
		55005	Ease and other commissions noid	
(b) Amount of sales and base		(a) A maximum t	Fees and other commissions paid	(e) Organization
commissions paid		(c) Amount	(d) Purpose	code
			30FEES	3
(a) N:	ame and :	address of the ager	t, broker, or other person to whom commissions or fees we	ere 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

Page 3

P	art I	Investment and Annuity Contract Information				
		Where individual contracts are provided, the entire group of such individual this report.	idual contra	cts with each carrier m	ay be treated as	a unit for purposes of
4	Curr	rent value of plan's interest under this contract in the general account at year	end		4	
5		ent value of plan's interest under this contract in separate accounts at year e				
6	Con	tracts With Allocated Funds:				
	а	State the basis of premium rates				
	L				Ch	
	b	Premiums paid to carrier			<u>6b</u> <u>6c</u>	
	c d	Premiums due but unpaid at the end of the year If the carrier, service, or other organization incurred any specific costs in co				
	u	retention of the contract or policy, enter amount			6d	
		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	nating plan c	heck here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in s	separate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	ate participat	tion guarantee		
		(3) guaranteed investment (4) other ►				
		_				
	b	Balance at the end of the previous year			7b	0
	С	Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	. 7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account(5) Other (specify below)	. 7c(4) 7c(5)			
		(5) Other (specify below)				
		(6)Total additions			7c(6)	0
	d	Total of balance and additions (add b and c(6)).				0
		Deductions:	Γ			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	. 7e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	. 7e(4)			
		•				
		(5) Total deductions			7e(5)	0
	f	Balance at the end of the current year (subtract e(5) from d)			7 f	0

I	Page	4
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lf n info	elfare Benefit Contract Informa nore than one contract covers the same g prmation may be combined for reporting p e entire group of such individual contracts	roup of employees of the sa urposes if such contracts ar	e experienc	ce-rated as a unit. Whe	ere contrac		
8 Benefit and	contract type (check all applicable boxes)						
a 🗌 Healt				Vision		d Life insurance	
	porary disability (accident and sickness)	f Long-term disability		4	lovment	h Prescription drug	
	,				loyment		
	loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract	
m <u>x</u> Othe	r (specify) ▶VOLUNTARY ACCIDE	NT, CANCER					
9 Experience-	rated contracts:						
	a Premiums: (1) Amount received		9a(1) 9a(2)				
	(2) Increase (decrease) in amount due but unpaid					_	
. ,	ease (decrease) in unearned premium re		9a(3)				
	ned ((1) + (2) - (3))				9a(4)		0
b Benefi	t charges (1) Claims paid		9b(1)			_	
()	ease (decrease) in claim reserves		9b(2)				
(3) Incu	urred claims (add (1) and (2))				9b(3)		0
()	ims charged				9b(4)		
C Remai	nder of premium: (1) Retention charges (o		r			_	
(A)	Commissions		9c(1)(A)				
()	Administrative service or other fees		9c(1)(B)			_	
) Other specific acquisition costs		9c(1)(C)			_	
) Other expenses		9c(1)(D)			_	
()) Taxes		9c(1)(E)			_	
. ,	Charges for risks or other contingencies.		9c(1)(F)			_	
) Other retention charges		9c(1)(G)				0
. ,) Total retention	_			9c(1)(H))	0
	idends or retroactive rate refunds. (These				9c(2)		
d Status	of policyholder reserves at end of year: (7	 Amount held to provide be 	enefits after	retirement	9d(1)		
(2) Cla	im reserves				9d(2)		
· · /	ner reserves				9d(3)		
	nds or retroactive rate refunds due. (Do n	ot include amount entered in	n c(2) .)		9e		
	ence-rated contracts:						
	premiums or subscription charges paid to				10a	53	3399
	carrier, service, or other organization incur on of the contract or policy, other than rep				10b		

Specify nature of costs

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