

New Prime, Inc.
2740 North Mayfair
Springfield, MO 65803

Summary Annual Report for the
Prime, Inc. Employee Benefit Plan

This is the summary annual report for the Prime, Inc. Employee Benefit Plan , EIN 43-1396933, Plan number 501 for the period January 1, 2017 to December 31, 2017. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

New Prime, Inc. has committed itself to pay the following types of claims incurred under the terms of the plan: medical

Insurance Information

The plan has a contract with insurance carriers to pay stop loss, dental, vision, life, EAP, STD, LTD and AD&D claims incurred under the terms of the plan. See attached list of carriers. Total premiums paid during the plan year were \$4,347,506.

Because they are so-called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending December 31, 2017, the premiums paid under such "experience-rated" contracts were \$360,095, and the total of all benefit claims paid under these "experience-rated" contracts during the plan year was \$307,777.

Your rights to additional information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report.

- Financial information and information on payments to service providers
- Insurance information including sales commissions paid by insurance carriers

To obtain a copy of the full annual report, or any part thereof, write or call the office of New Prime, Inc., who is the plan administrator, 2740 North Mayfair, Springfield, MO, 65803, 417-866-0001. The charge to cover copying costs will be \$0.15 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan:

New Prime, Inc.
Plan Sponsor
2740 North Mayfair
Springfield, MO 65803
43-1396933

and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to:

U.S. Department of Labor
Employee Benefits Security Administration
Public Disclosure Room
200 Constitution Avenue, N.W.
Room N-1513
Washington, DC 20210

43-1396933

Federal Statements
Prime, Inc. Employee Benefit Plan
Plan: 501

Summary Annual Report - Insurance Carrier Information

<u>Carrier</u>	<u>Premiums Paid</u>
HEALTHY ALLIANCE LIFE INSURANCE COMPANY	\$ 1,091,639
UNITED OF OMAHA LIFE INSURANCE CO.	115,539
VISION SERVICE PLAN	360,095
HEALTHY ALLIANCE LIFE INSURANCE CO.	1,468,853
UNION SECURITY INSURANCE COMPANY	1,311,380
TOTAL	<u>\$ 4,347,506</u>