

**SUMMARY ANNUAL REPORT FOR  
SYSTEMTEC, INC. WELFARE BENEFITS PLAN**

This is a summary of the annual report of the SYSTEMTEC, INC. WELFARE BENEFITS PLAN, a health plan (Employer Identification Number 58-2363648, Plan Number 501), for the plan year 07/01/2016 through 06/30/2017. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

SYSTEMTEC, INC. has committed itself to pay certain Medical claims incurred under the terms of the plan.

**Insurance Information**

The plan has an insurance contract with BLUECHOICE to pay certain Health claims incurred under the terms of the plan. The total premiums paid for the plan year ending 06/30/2017 were \$945,086.

Because it is a so called "experience-rated" contract, 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 06/30/2017, the premiums paid under such "experience-rated" contract were \$945,086 and the total of all benefit claims paid under the experience-rated contract during the plan year was \$810,686.

**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:

1. 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 DAWN BUTLER, who is a representative of the plan administrator, at 246 STONERIDGE DRIVE SUITE 301, COLUMBIA, SC 29210 and phone number, 803-806-8100. The charge to cover copying costs will be \$3.00 for the full annual report, or \$0.25 per page for any part thereof.

You also have the legally protected right to examine the annual report at the main office of the plan: 246 STONERIDGE DRIVE SUITE 301, COLUMBIA, SC 29210, 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: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.