

Creative Companies, Inc.
Member Enrollment Report

As of 2/10/2010

Plan Year: 1/1/2010 - 12/31/2010

| Identifier | Participant Name | Status | Last Update | First Pay Date | Plan Name | Employer Contribution | Election | Payroll Deduction | Total Deduction | Reim Method |
|-------------------------------|---------------------|--------|-------------|----------------|----------------|-----------------------|------------|-------------------|-----------------|-------------|
| 22554 | Andre, Suzanna | A | 2/10/2010 | 1/13/2010 | Dependent Care | \$0.00 | \$5,000.00 | \$294.12 | \$470.60 | CK |
| | | | 2/10/2010 | 1/13/2010 | Health FSA | \$0.00 | \$1,500.00 | \$88.24 | | |
| | | | 2/10/2010 | 1/13/2010 | HSA | \$1,000.00 | \$1,500.00 | \$88.24 | | |
| 22567 | Astopholous, George | A | 2/10/2010 | 1/4/2010 | Health FSA | \$0.00 | \$800.00 | \$23.53 | \$23.53 | CK |
| 22569 | Borne, Natalie | A | 2/10/2010 | 1/4/2010 | Dependent Care | \$0.00 | \$5,000.00 | \$147.06 | \$147.06 | DC (DD) |
| 22561 | Chavez, Rosa | A | 2/10/2010 | 1/13/2010 | Health FSA | \$0.00 | \$2,050.00 | \$120.59 | \$120.59 | DC (CK) |
| 22571 | Christo, Brent | A | 2/10/2010 | 1/4/2010 | Health FSA | \$0.00 | \$2,000.00 | \$58.82 | \$58.82 | DD |
| 22575 | Cristo, Michael | T | 1/19/2010 | 1/4/2010 | Health FSA | \$0.00 | \$500.00 | \$14.71 | \$14.71 | CK |
| 66458 | Emlin, Kaden | A | 1/28/2010 | 1/13/2010 | HSA | \$500.00 | \$4,000.00 | \$235.29 | \$235.29 | CK |
| 22576 | Fletcher, Parker | A | 2/10/2010 | 1/4/2010 | Dependent Care | \$0.00 | \$5,000.00 | \$147.06 | \$147.06 | DC (CK) |
| 1154225 | Kleinbrook, Brent | A | 1/28/2010 | 1/13/2010 | HSA | \$500.00 | \$1,000.00 | \$58.82 | \$58.82 | CK |
| 22582 | Kroni, Nathan | A | 2/10/2010 | 1/4/2010 | Health FSA | \$0.00 | \$1,300.00 | \$38.24 | \$38.24 | DD |
| Total Participants: 10 | | | | | | Totals: | \$2,000.00 | \$29,650.00 | \$1,314.72 | \$1,314.72 |

Total Elections and Contributions by Plan:

| Plan | Election | Employer Contribution | Total Enrollments |
|----------------|-------------|-----------------------|-------------------|
| Health FSA | \$8,150.00 | \$0.00 | 6 |
| Dependent Care | \$15,000.00 | \$0.00 | 3 |
| HSA | \$6,500.00 | \$2,000.00 | 3 |

| Key | |
|--------|----------------------|
| Status | Reimbursement Method |

| | |
|-----|------------------|
| A | Active |
| LOA | Leave of Absence |
| C | COBRA |
| L/O | Laid-Off |
| R | Retired |
| T | Terminated |

| | |
|----|--------------------|
| CK | Check |
| DD | Direct Deposit |
| RC | Reimbursement Card |
| DC | Debit Card |