SUMMARY ANNUAL REPORT FOR
DAVIDSON COLLEGE EMPLOYEE BENEFITS PROGRAM

This is a summary of the annual report of the DAVIDSON COLLEGE EMPLOYEE BENEFITS PROGRAM, a health, life insurance, dental, vision, temporary disability, long-term disability and death benefits plan (Employer Identification Number 56-0529961, Plan Number 513), for the plan year 01/01/2017 through 12/31/2017. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

DAVIDSON COLLEGE has committed itself to pay certain Health claims incurred under the terms of the plan.

Insurance Information

The plan has insurance contracts with COLONIAL LIFE AND ACCIDENT INSURANCE COMPANY, MCLAUGHLIN YOUNG GROUP, PRUDENTIAL INSURANCE COMPANY OF AMERICA, EYEMED, METROPOLITAN LIFE INSURANCE COMPANY, TRANSMERICA INSURANCE CO- MEDICARE SUPPLEMENT and STONEBRIDGE LIFE INSURANCE to pay certain CANCER, EMPLOYEE ASSISTANCE PROGRAM, LIFE INSURANCE, LONG-TERM DISABILITY, ACCIDENTAL DEATH AND DISMEMBERMENT, VOL SPOUSE & CHILD LIFE, VISION, DENTAL claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2017 were $1,903,181.

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. Financial information and information on payments to service providers.
2. 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 KIM BALL, who is a representative of the plan administrator, at PO BOX 7163, DAVIDSON, NC 28035 and phone number, 704-894-2444. The charge to cover copying costs will be $5.00 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: PO BOX 7163, DAVIDSON, NC 28035, 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.