

**Wittlin, Cain & Dry, LLP  
17 Beresford Court  
Williamsville, NY 14221  
716-634-7253**

October 15, 2014

**CONFIDENTIAL**

DSRA BENEFIT TRUST  
8 GRASMERE ROAD  
LOCKPORT, NY 14094

RE: DSRA BENEFIT TRUST PLAN

Dear DSRA BENEFIT TRUST:

We have prepared the following return from information provided by you without verification or audit.

Annual Return/Report of Employee Benefit Plan (5500)

We suggest that you examine this return carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

**Form 5500, Annual Return of Employee Benefit Plan**

Your Form 5500 for the tax year ended 12/31/13 has been filed electronically and is not required to be mailed. Mailing a paper copy of Form 5500 to EBSA will delay the processing of your return.

Also enclosed is any material you furnished for use in preparing the return. If the return is examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Wittlin, Cain & Dry, LLP

**DSRA BENEFIT TRUST  
8 GRASMERE ROAD  
LOCKPORT, NY 14094**

**Summary Annual Report for the  
DSRA BENEFIT TRUST PLAN**

This is the summary annual report for the DSRA BENEFIT TRUST PLAN , EIN 26-4594868, Plan number 501 for the period January 1, 2013 to December 31, 2013. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

**Insurance Information**

The plan has a contract with insurance carriers to pay claims incurred under the terms of the plan. See attached list of carriers. Total premiums paid during the plan year were \$36,449,632.

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, 2013, the premiums paid under such "experience-rated" contracts were \$33,251,857, and the total of all benefit claims paid under these "experience-rated" contracts during the plan year was \$32,333,181.

**Basic Financial Statement**

The value of plan assets, after subtracting liabilities of the plan, was \$6,341,119 as of December 31, 2013, compared to \$12,595,994 as of January 1, 2013. During the plan year the plan experienced an increase or (decrease) in its net assets of \$-6,254,875. This increase or (decrease) includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$37,612,600 including employer contributions of \$0, employee contributions of \$36,965,903, realized gains or (losses) of \$466,822 from the sale of assets, and earnings from investments of \$179,875.

Plan expenses were \$43,867,475. These expenses included \$652,570 in administrative expenses, \$43,214,905 in benefits paid to participants and beneficiaries, and \$0 in other expenses.

**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.

- An accountant's report
- Financial information and information on payments to service providers
- Assets held for investment
- Transactions in excess of 5% of plan assets

- 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 DSRA BENEFIT TRUST, who is the plan administrator, 8 GRASMERE ROAD, LOCKPORT, NY, 14094, 716-628-2798. These portions of the report are furnished without charge.

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:

DSRA BENEFIT TRUST  
Plan Sponsor  
8 GRASMERE ROAD  
LOCKPORT, NY 14094  
26-4594868

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

**Federal Statements**  
**DSRA BENEFIT TRUST PLAN**  
**Plan: 501**

**Summary Annual Report - Insurance Carrier Information**

| <u>Carrier</u>                                | <u>Premiums<br/>Paid</u> |
|---|--------------------------|
| BLUE CROSS BLUE SHIELD OF MICHIGAN            | \$ 33,251,857            |
| HARTFORD                                      | 80,577                   |
| HARTFORD LIFE AND ACCIDENT                    | 1,008,147                |
| HARTFORD                                      | 14,249                   |
| METROPOLITAN LIFE INSURANCE COMPANY           | 56,858                   |
| EXPRESS SCRIPTS                               | 859,828                  |
| NATIONAL GUARDIAN LIFE (SUPERIOR VISION PLAN) | 345,786                  |
| RELIANCE                                      | 832,330                  |
| Total   | \$ <u>36,449,632</u>     |



|   |   |           |              |
|---|---|-----------|--------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address   | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 20px; width: 100%;"></div>            |           |              |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN   |           |              |
| <b>5</b> Total number of participants at the beginning of the plan year   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>5</b></td> <td style="text-align: right;"><b>4196</b></td> </tr> </table>   | <b>5</b>  | <b>4196</b>  |
| <b>5</b>  | <b>4196</b>   |           |              |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).  |   |           |              |
| <b>a</b> Active participants .....  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>6a</b></td> <td style="text-align: right;"><b>7404</b></td> </tr> </table>  | <b>6a</b> | <b>7404</b>  |
| <b>6a</b>   | <b>7404</b>   |           |              |
| <b>b</b> Retired or separated participants receiving benefits .....   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>6b</b></td> <td style="text-align: right;"><b>4288</b></td> </tr> </table>  | <b>6b</b> | <b>4288</b>  |
| <b>6b</b>   | <b>4288</b>   |           |              |
| <b>c</b> Other retired or separated participants entitled to future benefits .....  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>6c</b></td> <td></td> </tr> </table>  | <b>6c</b> |              |
| <b>6c</b>   |   |           |              |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>6d</b></td> <td style="text-align: right;"><b>11692</b></td> </tr> </table> | <b>6d</b> | <b>11692</b> |
| <b>6d</b>   | <b>11692</b>  |           |              |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>6e</b></td> <td></td> </tr> </table>  | <b>6e</b> |              |
| <b>6e</b>   |   |           |              |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>6f</b></td> <td></td> </tr> </table>  | <b>6f</b> |              |
| <b>6f</b>   |   |           |              |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>6g</b></td> <td></td> </tr> </table>  | <b>6g</b> |              |
| <b>6g</b>   |   |           |              |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>6h</b></td> <td></td> </tr> </table>  | <b>6h</b> |              |
| <b>6h</b>   |   |           |              |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>7</b></td> <td></td> </tr> </table>   | <b>7</b>  |              |
| <b>7</b>  |   |           |              |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**4A 4B 4D 4E 4Q**

|   |   |
|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)   | <b>9b</b> Plan benefit arrangement (check all that apply)   |
| (1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | (1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1)  **R** (Retirement Plan Information)
- (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information - Small Plan)
- (3)  **8 A** (Insurance Information)
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

|  |  |  |
|--|--|--|
| <p align="center"><b>SCHEDULE A<br/>(Form 5500)</b></p> <p align="center">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p align="center">Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p align="center">Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2013</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|--|--|--|

|  |   |  |  |
|--|---|--|--|
| For calendar plan year 2013 or fiscal plan year beginning                                  |   | and ending   |  |
| <b>A</b> Name of plan<br><b>DSRA BENEFIT TRUST PLAN</b>                                    | <b>B</b> Three-digit plan number (PN) ▶ | 501  |  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>DSRA BENEFIT TRUST</b> |   | <b>D</b> Employer Identification Number (EIN)<br><b>26-4594868</b> |  |

**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 carrier  
**BLUE CROSS BLUE SHIELD OF MICHIGAN**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 38-2069753 | 54291         | CLUSTER 0257                          | 4839  | 01/01/2013              | 12/31/2013 |

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
| 0   | 0                                    |

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(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 |                       |
|   |                                 |             |                       |

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| <p align="center"><b>SCHEDULE A<br/>(Form 5500)</b></p> <p align="center">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p align="center">Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p align="center">Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>► <b>File as an attachment to Form 5500.</b></p> <p>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2013</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
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For calendar plan year 2013 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

|  |  |                   |
|--|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>DSRA BENEFIT TRUST PLAN</b></p>                                    | <p><b>B</b> Three-digit plan number (PN) ►</p>                             | <p><b>501</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>DSRA BENEFIT TRUST</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>26-4594868</b></p> |                   |

**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 carrier  
**HARTFORD**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 06-0838648 | 70815         | AGP-003846                            | 63  | 01/01/2013              | 12/31/2013 |

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0                                    | 0                             |

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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For calendar plan year 2013 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

|  |  |                   |
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| <p><b>A</b> Name of plan<br/><b>DSRA BENEFIT TRUST PLAN</b></p>                                    | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>501</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>DSRA BENEFIT TRUST</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>26-4594868</b></p> |                   |

**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 carrier  
**HARTFORD LIFE AND ACCIDENT**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 06-0838648 | 70815         | AGP-003845                            | 678   | 01/01/2013              | 12/31/2013 |

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                      |                               |
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| (a) Total amount of commissions paid | (b) Total amount of fees paid |
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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|--|--|--|

For calendar plan year 2013 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

|  |  |                   |
|--|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>DSRA BENEFIT TRUST PLAN</b></p>                                    | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>501</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>DSRA BENEFIT TRUST</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>26-4594868</b></p> |                   |

**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 carrier  
**HARTFORD**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 06-0838648 | 70815         | ACP-003192                            | 14  | 01/01/2013              | 12/31/2013 |

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0                                    | 0                             |

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(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 |                       |
|   |                                 |             |                       |

(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 |                       |
|   |                                 |             |                       |

(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 |                       |
|   |                                 |             |                       |

(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 |                       |
|   |                                 |             |                       |

(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 |                       |
|   |                                 |             |                       |

(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 |                       |
|   |                                 |             |                       |

(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 |                       |
|   |                                 |             |                       |

|  |  |  |
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| <p align="center"><b>SCHEDULE A<br/>(Form 5500)</b></p> <p align="center">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p align="center">Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p align="center">Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2013</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
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For calendar plan year 2013 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

|  |  |                   |
|--|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>DSRA BENEFIT TRUST PLAN</b></p>                                    | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>501</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>DSRA BENEFIT TRUST</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>26-4594868</b></p> |                   |

**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 carrier  
**METROPOLITAN LIFE INSURANCE COMPANY**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 13-5581829 | 65978         | 0149752                               | 6051  | 01/01/2013              | 12/31/2013 |

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0                                    | 0                             |

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(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 |                       |
|   |                                 |             |                       |

(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 |                       |
|   |                                 |             |                       |

(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 |                       |
|   |                                 |             |                       |

(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 |                       |
|   |                                 |             |                       |

(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 |                       |
|   |                                 |             |                       |

(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 |                       |
|   |                                 |             |                       |

(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 |                       |
|   |                                 |             |                       |



|  |  |  |
|--|--|--|
| <p align="center"><b>SCHEDULE A<br/>(Form 5500)</b></p> <p align="center">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p align="center">Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p align="center">Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2013</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|--|--|--|

For calendar plan year 2013 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

|  |  |                   |
|--|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>DSRA BENEFIT TRUST PLAN</b></p>                                    | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>501</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>DSRA BENEFIT TRUST</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>26-4594868</b></p> |                   |

**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 carrier  
**EXPRESS SCRIPTS**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 43-1420563 | 60025         |                                       | 902   | 01/01/2013              | 12/31/2013 |

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0                                    | 43308                         |

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

**MARSH**  
**12421 MEREDITH DR**  
**INDIANAPOLIS IN 50398**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 43308   | <b>BILLING FEES</b>             |             | 3                     |

(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 |                       |
|   |                                 |             |                       |

(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 |                       |
|   |                                 |             |                       |

(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 |                       |
|   |                                 |             |                       |

(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 |                       |
|   |                                 |             |                       |

(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 |                       |
|   |                                 |             |                       |

(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 |                       |
|   |                                 |             |                       |

|  |  |  |
|--|--|--|
| <p align="center"><b>SCHEDULE A<br/>(Form 5500)</b></p> <p align="center">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p align="center">Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p align="center">Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2013</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|--|--|--|

For calendar plan year 2013 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>DSRA BENEFIT TRUST PLAN</b>                                    | <b>B</b> Three-digit plan number (PN) ▶                            | <b>501</b> |
|  |  |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>DSRA BENEFIT TRUST</b> | <b>D</b> Employer Identification Number (EIN)<br><b>26-4594868</b> |            |

**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 carrier  
**NATIONAL GUARDIAN LIFE (SUPERIOR VISION PLAN)**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 26-4594868 | 66583         | 29352                                 | 5280  | 01/01/2013              | 12/31/2013 |

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|   |                                      |
|---|--------------------------------------|
| <b>(a) Total amount of commissions paid</b> | <b>(b) Total amount of fees paid</b> |
| 893   | 0                                    |

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

**FIRST PERSON**  
**9000 KEYSTONE CROSSING**

**INDIANAPOLIS IA 46240**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 893   |                                 |             |                       |

(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 |                       |
|   |                                 |             |                       |

(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 |                       |
|   |                                 |             |                       |

(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 |                       |
|   |                                 |             |                       |

(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 |                       |
|   |                                 |             |                       |

(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 |                       |
|   |                                 |             |                       |

(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 |                       |
|   |                                 |             |                       |

|  |  |  |
|--|--|--|
| <p align="center"><b>SCHEDULE A<br/>(Form 5500)</b></p> <p align="center">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p align="center">Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p align="center">Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2013</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
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|  |   |  |            |
|--|---|--|------------|
| For calendar plan year 2013 or fiscal plan year beginning                                  |   | and ending   |            |
| <b>A</b> Name of plan<br><b>DSRA BENEFIT TRUST PLAN</b>                                    | <b>B</b> Three-digit plan number (PN) ▶ |  | <b>501</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>DSRA BENEFIT TRUST</b> |   | <b>D</b> Employer Identification Number (EIN)<br><b>26-4594868</b> |            |

**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 carrier  
**RELIANCE**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 36-0883760 | 68381         | GL 150478                             | 1641  | 01/01/2013              | 12/31/2013 |

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|   |                                      |
|---|--------------------------------------|
| <b>(a) Total amount of commissions paid</b> | <b>(b) Total amount of fees paid</b> |
| 0   | 0                                    |

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

**FIRST PERSON**  
**9000 KEYSTONE CROSSING**

**INDIANAPOLIS IA 46240**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(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 |                       |
|   |                                 |             |                       |

(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 |                       |
|   |                                 |             |                       |

(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 |                       |
|   |                                 |             |                       |

(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 |                       |
|   |                                 |             |                       |

(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 |                       |
|   |                                 |             |                       |

(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 |                       |
|   |                                 |             |                       |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|          |   |          |  |
|----------|---|----------|--|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

|          |  |           |   |
|----------|--|-----------|---|
| <b>b</b> | Premiums paid to carrier .....   | <b>6b</b> |   |
| <b>c</b> | Premiums due but unpaid at the end of the year .....   | <b>6c</b> | 0 |
| <b>d</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount ..... | <b>6d</b> |   |
|          | Specify nature of costs ▶  |           |   |

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

**b** Balance at the end of the previous year ..... **7b**

|          |  |              |  |
|----------|--|--------------|--|
| <b>c</b> | Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> |  |
|          | (2) Dividends and credits .....                              | <b>7c(2)</b> |  |
|          | (3) Interest credited during the year .....                  | <b>7c(3)</b> |  |
|          | (4) Transferred from separate account .....                  | <b>7c(4)</b> |  |
|          | (5) Other (specify below) .....                              | <b>7c(5)</b> |  |
|          | ▶  |              |  |

(6) Total additions ..... **7c(6)**

**d** Total of balance and additions (add lines **7b** and **7c(6)**). ..... **7d**

|          |   |              |  |
|----------|---|--------------|--|
| <b>e</b> | Deductions:   |              |  |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> |  |
|          | (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> |  |
|          | (3) Transferred to separate account .....                                       | <b>7e(3)</b> |  |
|          | (4) Other (specify below) .....   | <b>7e(4)</b> |  |
|          | ▶   |              |  |

(5) Total deductions ..... **7e(5)**

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 0

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)      **b**  Dental      **c**  Vision      **d**  Life insurance  
**e**  Temporary disability (accident and sickness)      **f**  Long-term disability      **g**  Supplemental unemployment      **h**  Prescription drug  
**i**  Stop loss (large deductible)      **j**  HMO contract      **k**  PPO contract      **l**  Indemnity contract  
**m**  Other (specify) ►

**9** Experience-rated contracts:

|  |                 |                 |          |
|--|-----------------|-----------------|----------|
| <b>a</b> Premiums: (1) Amount received   | <b>9a(1)</b>    | 33251857        |          |
| (2) Increase (decrease) in amount due but unpaid   | <b>9a(2)</b>    |                 |          |
| (3) Increase (decrease) in unearned premium reserve  | <b>9a(3)</b>    |                 |          |
| (4) Earned ((1) + (2) - (3))   |                 | <b>9a(4)</b>    | 33251857 |
| <b>b</b> Benefit charges (1) Claims paid   | <b>9b(1)</b>    | 35508307        |          |
| (2) Increase (decrease) in claim reserves  | <b>9b(2)</b>    | -100048         |          |
| (3) Incurred claims (add (1) and (2))  |                 | <b>9b(3)</b>    | 35408259 |
| (4) Claims charged   |                 | <b>9b(4)</b>    | 32333181 |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --  |                 |                 |          |
| (A) Commissions  | <b>9c(1)(A)</b> |                 |          |
| (B) Administrative service or other fees   | <b>9c(1)(B)</b> | 1965995         |          |
| (C) Other specific acquisition costs   | <b>9c(1)(C)</b> |                 |          |
| (D) Other expenses   | <b>9c(1)(D)</b> | 405102          |          |
| (E) Taxes  | <b>9c(1)(E)</b> |                 |          |
| (F) Charges for risks or other contingencies   | <b>9c(1)(F)</b> | 665038          |          |
| (G) Other retention charges  | <b>9c(1)(G)</b> | 1810902         |          |
| (H) Total retention  |                 | <b>9c(1)(H)</b> | 4847037  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) |                 | <b>9c(2)</b>    |          |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement                                |                 | <b>9d(1)</b>    |          |
| (2) Claim reserves   |                 | <b>9d(2)</b>    | 2406981  |
| (3) Other reserves   |                 | <b>9d(3)</b>    |          |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)   |                 | <b>9e</b>       |          |

**10** Nonexperience-rated contracts:

|   |            |  |
|---|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier   | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.<br>Specify nature of costs ► | <b>10b</b> |  |

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ...  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ►



**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|          |   |          |  |
|----------|---|----------|--|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

|          |  |           |   |
|----------|--|-----------|---|
| <b>b</b> | Premiums paid to carrier .....   | <b>6b</b> |   |
| <b>c</b> | Premiums due but unpaid at the end of the year .....   | <b>6c</b> | 0 |
| <b>d</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount ..... | <b>6d</b> |   |
|          | Specify nature of costs ▶  |           |   |

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

**b** Balance at the end of the previous year ..... **7b**

|          |  |              |  |
|----------|--|--------------|--|
| <b>c</b> | Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> |  |
|          | (2) Dividends and credits .....                              | <b>7c(2)</b> |  |
|          | (3) Interest credited during the year .....                  | <b>7c(3)</b> |  |
|          | (4) Transferred from separate account .....                  | <b>7c(4)</b> |  |
|          | (5) Other (specify below) .....                              | <b>7c(5)</b> |  |
|          | ▶  |              |  |

(6) Total additions ..... **7c(6)**

**d** Total of balance and additions (add lines **7b** and **7c(6)**). ..... **7d**

|          |   |              |  |
|----------|---|--------------|--|
| <b>e</b> | Deductions:   |              |  |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> |  |
|          | (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> |  |
|          | (3) Transferred to separate account .....                                       | <b>7e(3)</b> |  |
|          | (4) Other (specify below) .....   | <b>7e(4)</b> |  |
|          | ▶   |              |  |

(5) Total deductions ..... **7e(5)**

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 0

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)     
  **b** Dental     
  **c** Vision     
  **d** Life insurance  
 **e** Temporary disability (accident and sickness)     
  **f** Long-term disability     
  **g** Supplemental unemployment     
  **h** Prescription drug  
 **i** Stop loss (large deductible)     
  **j** HMO contract     
  **k** PPO contract     
  **l** Indemnity contract  
 **m** Other (specify) ► **MEDICARE SUPPLEMENT**

**9** Experience-rated contracts:

|  |                 |                 |   |
|--|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received   | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid   | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve  | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3))   |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid   | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves  | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2))  |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged   |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --  |                 |                 |   |
| (A) Commissions  | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees   | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs   | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses   | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes  | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies   | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention  |                 | <b>9c(1)(H)</b> |   |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves   |                 | <b>9d(2)</b>    |   |
| (3) Other reserves   |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)   |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|  |            |       |
|--|------------|-------|
| <b>a</b> Total premiums or subscription charges paid to carrier  | <b>10a</b> | 80577 |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. | <b>10b</b> |       |
| Specify nature of costs ►  |            |       |

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ...  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ►

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|          |   |          |  |
|----------|---|----------|--|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

|          |  |           |   |
|----------|--|-----------|---|
| <b>b</b> | Premiums paid to carrier .....   | <b>6b</b> |   |
| <b>c</b> | Premiums due but unpaid at the end of the year .....   | <b>6c</b> | 0 |
| <b>d</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount ..... | <b>6d</b> |   |
|          | Specify nature of costs ▶  |           |   |

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

**b** Balance at the end of the previous year ..... **7b**

|          |  |              |  |
|----------|--|--------------|--|
| <b>c</b> | Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> |  |
|          | (2) Dividends and credits .....                              | <b>7c(2)</b> |  |
|          | (3) Interest credited during the year .....                  | <b>7c(3)</b> |  |
|          | (4) Transferred from separate account .....                  | <b>7c(4)</b> |  |
|          | (5) Other (specify below) .....                              | <b>7c(5)</b> |  |
|          | ▶  |              |  |

(6) Total additions ..... **7c(6)**

**d** Total of balance and additions (add lines **7b** and **7c(6)**). ..... **7d**

|          |   |              |  |
|----------|---|--------------|--|
| <b>e</b> | Deductions:   |              |  |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> |  |
|          | (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> |  |
|          | (3) Transferred to separate account .....                                       | <b>7e(3)</b> |  |
|          | (4) Other (specify below) .....   | <b>7e(4)</b> |  |
|          | ▶   |              |  |

(5) Total deductions ..... **7e(5)**

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 0

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)      **b**  Dental      **c**  Vision      **d**  Life insurance  
**e**  Temporary disability (accident and sickness)      **f**  Long-term disability      **g**  Supplemental unemployment      **h**  Prescription drug  
**i**  Stop loss (large deductible)      **j**  HMO contract      **k**  PPO contract      **l**  Indemnity contract  
**m**  Other (specify) ► **MEDICARE SUPPLEMENT**

**9** Experience-rated contracts:

|  |                 |                 |   |
|--|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received   | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid   | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve  | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3))   |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid   | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves  | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2))  |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged   |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --  |                 |                 |   |
| (A) Commissions  | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees   | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs   | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses   | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes  | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies   | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention  |                 | <b>9c(1)(H)</b> |   |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves   |                 | <b>9d(2)</b>    |   |
| (3) Other reserves   |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)   |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|   |            |         |
|---|------------|---------|
| <b>a</b> Total premiums or subscription charges paid to carrier   | <b>10a</b> | 1008147 |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.<br>Specify nature of costs ► | <b>10b</b> |         |

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ...  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ►

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|          |   |          |  |
|----------|---|----------|--|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

|          |  |           |   |
|----------|--|-----------|---|
| <b>b</b> | Premiums paid to carrier .....   | <b>6b</b> |   |
| <b>c</b> | Premiums due but unpaid at the end of the year .....   | <b>6c</b> | 0 |
| <b>d</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount ..... | <b>6d</b> |   |
|          | Specify nature of costs ▶  |           |   |

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

**b** Balance at the end of the previous year ..... **7b**

|          |  |              |  |
|----------|--|--------------|--|
| <b>c</b> | Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> |  |
|          | (2) Dividends and credits .....                              | <b>7c(2)</b> |  |
|          | (3) Interest credited during the year .....                  | <b>7c(3)</b> |  |
|          | (4) Transferred from separate account .....                  | <b>7c(4)</b> |  |
|          | (5) Other (specify below) .....                              | <b>7c(5)</b> |  |
|          | ▶  |              |  |

(6) Total additions ..... **7c(6)**

**d** Total of balance and additions (add lines **7b** and **7c(6)**). ..... **7d**

|          |   |              |  |
|----------|---|--------------|--|
| <b>e</b> | Deductions:   |              |  |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> |  |
|          | (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> |  |
|          | (3) Transferred to separate account .....                                       | <b>7e(3)</b> |  |
|          | (4) Other (specify below) .....   | <b>7e(4)</b> |  |
|          | ▶   |              |  |

(5) Total deductions ..... **7e(5)**

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 0

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)     
  **b** Dental     
  **c** Vision     
  **d** Life insurance  
 **e** Temporary disability (accident and sickness)     
  **f** Long-term disability     
  **g** Supplemental unemployment     
  **h** Prescription drug  
 **i** Stop loss (large deductible)     
  **j** HMO contract     
  **k** PPO contract     
  **l** Indemnity contract  
 **m** Other (specify) ► **MEDICARE SUPPLEMENT**

**9** Experience-rated contracts:

|  |                 |                 |   |
|--|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received   | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid   | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve  | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3))   |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid   | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves  | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2))  |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged   |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --  |                 |                 |   |
| (A) Commissions  | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees   | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs   | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses   | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes  | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies   | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention  |                 | <b>9c(1)(H)</b> |   |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves   |                 | <b>9d(2)</b>    |   |
| (3) Other reserves   |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)   |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|   |            |       |
|---|------------|-------|
| <b>a</b> Total premiums or subscription charges paid to carrier   | <b>10a</b> | 14249 |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.<br>Specify nature of costs ► | <b>10b</b> |       |

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ...  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ►

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|          |   |          |  |
|----------|---|----------|--|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

|          |  |           |   |
|----------|--|-----------|---|
| <b>b</b> | Premiums paid to carrier .....   | <b>6b</b> |   |
| <b>c</b> | Premiums due but unpaid at the end of the year .....   | <b>6c</b> | 0 |
| <b>d</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount ..... | <b>6d</b> |   |
|          | Specify nature of costs ▶  |           |   |

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

**b** Balance at the end of the previous year ..... **7b**

|          |  |              |  |
|----------|--|--------------|--|
| <b>c</b> | Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> |  |
|          | (2) Dividends and credits .....                              | <b>7c(2)</b> |  |
|          | (3) Interest credited during the year .....                  | <b>7c(3)</b> |  |
|          | (4) Transferred from separate account .....                  | <b>7c(4)</b> |  |
|          | (5) Other (specify below) .....                              | <b>7c(5)</b> |  |
|          | ▶  |              |  |

(6) Total additions ..... **7c(6)**

**d** Total of balance and additions (add lines **7b** and **7c(6)**). ..... **7d**

|          |   |              |  |
|----------|---|--------------|--|
| <b>e</b> | Deductions:   |              |  |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> |  |
|          | (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> |  |
|          | (3) Transferred to separate account .....                                       | <b>7e(3)</b> |  |
|          | (4) Other (specify below) .....   | <b>7e(4)</b> |  |
|          | ▶   |              |  |

(5) Total deductions ..... **7e(5)**

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 0

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)      **b**  Dental      **c**  Vision      **d**  Life insurance  
**e**  Temporary disability (accident and sickness)      **f**  Long-term disability      **g**  Supplemental unemployment      **h**  Prescription drug  
**i**  Stop loss (large deductible)      **j**  HMO contract      **k**  PPO contract      **l**  Indemnity contract  
**m**  Other (specify) ► **ADD**

**9** Experience-rated contracts:

|  |                 |                 |   |
|--|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received   | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid   | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve  | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3))   |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid   | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves  | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2))  |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged   |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --  |                 |                 |   |
| (A) Commissions  | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees   | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs   | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses   | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes  | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies   | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention  |                 | <b>9c(1)(H)</b> |   |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves   |                 | <b>9d(2)</b>    |   |
| (3) Other reserves   |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)   |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|   |            |       |
|---|------------|-------|
| <b>a</b> Total premiums or subscription charges paid to carrier   | <b>10a</b> | 56858 |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.<br>Specify nature of costs ► | <b>10b</b> |       |

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ...  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ►



**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|          |   |          |  |
|----------|---|----------|--|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

|          |  |           |   |
|----------|--|-----------|---|
| <b>b</b> | Premiums paid to carrier .....   | <b>6b</b> |   |
| <b>c</b> | Premiums due but unpaid at the end of the year .....   | <b>6c</b> | 0 |
| <b>d</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount ..... | <b>6d</b> |   |
|          | Specify nature of costs ▶  |           |   |

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

**b** Balance at the end of the previous year ..... **7b**

|          |  |              |  |
|----------|--|--------------|--|
| <b>c</b> | Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> |  |
|          | (2) Dividends and credits .....                              | <b>7c(2)</b> |  |
|          | (3) Interest credited during the year .....                  | <b>7c(3)</b> |  |
|          | (4) Transferred from separate account .....                  | <b>7c(4)</b> |  |
|          | (5) Other (specify below) .....                              | <b>7c(5)</b> |  |
|          | ▶  |              |  |

(6) Total additions ..... **7c(6)**

**d** Total of balance and additions (add lines **7b** and **7c(6)**). ..... **7d**

|          |   |              |  |
|----------|---|--------------|--|
| <b>e</b> | Deductions:   |              |  |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> |  |
|          | (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> |  |
|          | (3) Transferred to separate account .....                                       | <b>7e(3)</b> |  |
|          | (4) Other (specify below) .....   | <b>7e(4)</b> |  |
|          | ▶   |              |  |

(5) Total deductions ..... **7e(5)**

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 0

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)      **b**  Dental      **c**  Vision      **d**  Life insurance  
**e**  Temporary disability (accident and sickness)      **f**  Long-term disability      **g**  Supplemental unemployment      **h**  Prescription drug  
**i**  Stop loss (large deductible)      **j**  HMO contract      **k**  PPO contract      **l**  Indemnity contract  
**m**  Other (specify) ►

**9** Experience-rated contracts:

|  |                 |                 |   |
|--|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received   | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid   | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve  | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3))   |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid   | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves  | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2))  |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged   |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --  |                 |                 |   |
| (A) Commissions  | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees   | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs   | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses   | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes  | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies   | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention  |                 | <b>9c(1)(H)</b> |   |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves   |                 | <b>9d(2)</b>    |   |
| (3) Other reserves   |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)   |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|   |            |        |
|---|------------|--------|
| <b>a</b> Total premiums or subscription charges paid to carrier   | <b>10a</b> | 859828 |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.<br>Specify nature of costs ► | <b>10b</b> |        |

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ...  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ►

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|          |   |          |  |
|----------|---|----------|--|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

|          |  |           |   |
|----------|--|-----------|---|
| <b>b</b> | Premiums paid to carrier .....   | <b>6b</b> |   |
| <b>c</b> | Premiums due but unpaid at the end of the year .....   | <b>6c</b> | 0 |
| <b>d</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount ..... | <b>6d</b> |   |
|          | Specify nature of costs ▶  |           |   |

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

**b** Balance at the end of the previous year ..... **7b**

|          |  |              |  |
|----------|--|--------------|--|
| <b>c</b> | Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> |  |
|          | (2) Dividends and credits .....                              | <b>7c(2)</b> |  |
|          | (3) Interest credited during the year .....                  | <b>7c(3)</b> |  |
|          | (4) Transferred from separate account .....                  | <b>7c(4)</b> |  |
|          | (5) Other (specify below) .....                              | <b>7c(5)</b> |  |
|          | ▶  |              |  |

(6) Total additions ..... **7c(6)**

**d** Total of balance and additions (add lines **7b** and **7c(6)**). ..... **7d**

|          |   |              |  |
|----------|---|--------------|--|
| <b>e</b> | Deductions:   |              |  |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> |  |
|          | (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> |  |
|          | (3) Transferred to separate account .....                                       | <b>7e(3)</b> |  |
|          | (4) Other (specify below) .....   | <b>7e(4)</b> |  |
|          | ▶   |              |  |

(5) Total deductions ..... **7e(5)**

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 0

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)      **b**  Dental      **c**  Vision      **d**  Life insurance  
**e**  Temporary disability (accident and sickness)      **f**  Long-term disability      **g**  Supplemental unemployment      **h**  Prescription drug  
**i**  Stop loss (large deductible)      **j**  HMO contract      **k**  PPO contract      **l**  Indemnity contract  
**m**  Other (specify) ►

**9** Experience-rated contracts:

|  |                 |                 |   |
|--|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received .....   | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)) .....   |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid .....   | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)) .....  |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....   |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --  |                 |                 |   |
| (A) Commissions .....  | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....  | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention .....  |                 | <b>9c(1)(H)</b> |   |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....   |                 | <b>9d(2)</b>    |   |
| (3) Other reserves .....   |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....   |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|  |            |        |
|--|------------|--------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....  | <b>10a</b> | 345786 |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. ....<br>Specify nature of costs ► | <b>10b</b> |        |

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ►

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|          |   |          |  |
|----------|---|----------|--|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

|          |  |           |   |
|----------|--|-----------|---|
| <b>b</b> | Premiums paid to carrier .....   | <b>6b</b> |   |
| <b>c</b> | Premiums due but unpaid at the end of the year .....   | <b>6c</b> | 0 |
| <b>d</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount ..... | <b>6d</b> |   |
|          | Specify nature of costs ▶  |           |   |

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

**b** Balance at the end of the previous year ..... **7b**

|          |  |              |  |
|----------|--|--------------|--|
| <b>c</b> | Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> |  |
|          | (2) Dividends and credits .....                              | <b>7c(2)</b> |  |
|          | (3) Interest credited during the year .....                  | <b>7c(3)</b> |  |
|          | (4) Transferred from separate account .....                  | <b>7c(4)</b> |  |
|          | (5) Other (specify below) .....                              | <b>7c(5)</b> |  |
|          | ▶  |              |  |

(6) Total additions ..... **7c(6)**

**d** Total of balance and additions (add lines **7b** and **7c(6)**). ..... **7d**

|          |   |              |  |
|----------|---|--------------|--|
| <b>e</b> | Deductions:   |              |  |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> |  |
|          | (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> |  |
|          | (3) Transferred to separate account .....                                       | <b>7e(3)</b> |  |
|          | (4) Other (specify below) .....   | <b>7e(4)</b> |  |
|          | ▶   |              |  |

(5) Total deductions ..... **7e(5)**

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 0

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)      **b**  Dental      **c**  Vision      **d**  Life insurance  
**e**  Temporary disability (accident and sickness)      **f**  Long-term disability      **g**  Supplemental unemployment      **h**  Prescription drug  
**i**  Stop loss (large deductible)      **j**  HMO contract      **k**  PPO contract      **l**  Indemnity contract  
**m**  Other (specify) ▶

**9** Experience-rated contracts:

|  |                 |                 |   |
|--|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received   | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid   | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve  | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3))   |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid   | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves  | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2))  |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged   |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --  |                 |                 |   |
| (A) Commissions  | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees   | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs   | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses   | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes  | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies   | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention  |                 | <b>9c(1)(H)</b> |   |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves   |                 | <b>9d(2)</b>    |   |
| (3) Other reserves   |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)   |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|   |            |        |
|---|------------|--------|
| <b>a</b> Total premiums or subscription charges paid to carrier   | <b>10a</b> | 832330 |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.<br>Specify nature of costs ▶ | <b>10b</b> |        |

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ...  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|  |  |   |
|--|--|---|
| <b>SCHEDULE C<br/>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><hr/> <b>2013</b><br><hr/> <b>This Form is Open to Public Inspection.</b> |
|--|--|---|

For calendar plan year 2013 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><br><b>DSRA BENEFIT TRUST PLAN</b>                                    | <b>B</b> Three-digit plan number (PN) ►                                | <b>501</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><br><b>DSRA BENEFIT TRUST</b> | <b>D</b> Employer Identification Number (EIN)<br><br><b>26-4594868</b> |            |

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions). . . . .  Yes  No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total comp. (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instr.).

(a) Enter name and EIN or address (see instructions)

MARSH

13-3109248

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 13                     | NONE  | 312790   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

BLUE CROSS BLUE SHIELD OF MICHIGAN

38-2069753

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 70                     | NONE  | 328296   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

FIRST PERSON BENEFIT

35-2045879

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16                     | NONE  | 189378   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fid. or provides contract administrator, consulting, custodial, invest. advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amt. of the indirect compensation. Complete as many entries as needed to report the required information for each source.

|  |   |  |
|--|---|--|
| <b>(a)</b> Enter service provider name as it appears on line 2             | <b>(b)</b> Service Codes (see instructions)   | <b>(c)</b> Enter amount of indirect compensation |
|  |   |  |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|  |   |  |
| <b>(a)</b> Enter service provider name as it appears on line 2             | <b>(b)</b> Service Codes (see instructions)   | <b>(c)</b> Enter amount of indirect compensation |
|  |   |  |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|  |   |  |
| <b>(a)</b> Enter service provider name as it appears on line 2             | <b>(b)</b> Service Codes (see instructions)   | <b>(c)</b> Enter amount of indirect compensation |
|  |   |  |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|  |   |  |

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
|   |                                      |  |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|   |                                      |  |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|   |                                      |  |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|   |                                      |  |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|   |                                      |  |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|   |                                      |  |

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**

(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total comp. (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instr.).

(a) Enter name and EIN or address (see instructions)

**T ROWE PRICE**

**52-0556948**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28                     | NONE  | 45461  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

**RUPP, BAASE, PFALZGRAF LLC**

**16-1583308**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29                     | NONE  | 10260  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

**GAINES KRINER ELLIOT LLP**

**16-0773396**

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10                     | NONE  | 18281  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total comp. (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instr.).

(a) Enter name and EIN or address (see instructions)

COMERICA BANK

38-0477375

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 21                     | NONE  | 10004  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
|                        |   |  | Yes <input type="checkbox"/> No <input type="checkbox"/>   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
|                        |   |  | Yes <input type="checkbox"/> No <input type="checkbox"/>   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Financial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2013**

**This Form is Open to Public  
Inspection**

For calendar plan year 2013 or fiscal plan year beginning and ending

|   |  |   |            |
|---|--|---|------------|
| <b>A</b> Name of plan   |  | <b>B</b> Three-digit plan number (PN) ►       | <b>501</b> |
| <b>DSRA BENEFIT TRUST PLAN</b>                                |  |   |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 |  | <b>D</b> Employer Identification Number (EIN) |            |
| <b>DSRA BENEFIT TRUST</b>                                     |  | <b>26-4594868</b>                             |            |

**Part I Asset and Liability Statement**

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| <b>Assets</b>  |                 | <b>(a)</b> Beginning of Year | <b>(b)</b> End of Year |
|--|-----------------|------------------------------|------------------------|
| <b>a</b> Total noninterest-bearing cash  | <b>1a</b>       |                              |                        |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                 |                 |                              |                        |
| <b>(1)</b> Employer contributions  | <b>1b(1)</b>    |                              |                        |
| <b>(2)</b> Participant contributions   | <b>1b(2)</b>    |                              |                        |
| <b>(3)</b> Other   | <b>1b(3)</b>    |                              |                        |
| <b>c</b> General investments:  |                 |                              |                        |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit)   | <b>1c(1)</b>    |                              |                        |
| <b>(2)</b> U.S. Government securities  | <b>1c(2)</b>    |                              |                        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                      |                 |                              |                        |
| <b>(A)</b> Preferred   | <b>1c(3)(A)</b> |                              |                        |
| <b>(B)</b> All other   | <b>1c(3)(B)</b> |                              |                        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                |                 |                              |                        |
| <b>(A)</b> Preferred   | <b>1c(4)(A)</b> |                              |                        |
| <b>(B)</b> Common  | <b>1c(4)(B)</b> |                              |                        |
| <b>(5)</b> Partnership/joint venture interests   | <b>1c(5)</b>    |                              |                        |
| <b>(6)</b> Real estate (other than employer real property)                                   | <b>1c(6)</b>    |                              |                        |
| <b>(7)</b> Loans (other than to participants)  | <b>1c(7)</b>    |                              |                        |
| <b>(8)</b> Participant loans   | <b>1c(8)</b>    |                              |                        |
| <b>(9)</b> Value of interest in common/collective trusts                                     | <b>1c(9)</b>    |                              |                        |
| <b>(10)</b> Value of interest in pooled separate accounts                                    | <b>1c(10)</b>   |                              |                        |
| <b>(11)</b> Value of interest in master trust investment accounts                            | <b>1c(11)</b>   |                              |                        |
| <b>(12)</b> Value of interest in 103-12 investment entities                                  | <b>1c(12)</b>   |                              |                        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds)        | <b>1c(13)</b>   | <b>12,595,994</b>            | <b>6,341,119</b>       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) | <b>1c(14)</b>   |                              |                        |
| <b>(15)</b> Other  | <b>1c(15)</b>   |                              |                        |

|   | (a) Beginning of Year | (b) End of Year   |
|---|-----------------------|-------------------|
| <b>1d</b> Employer-related investments:                             |                       |                   |
| <b>(1)</b> Employer securities                                      | <b>1d(1)</b>          |                   |
| <b>(2)</b> Employer real property                                   | <b>1d(2)</b>          |                   |
| <b>e</b> Buildings and other property used in plan operation        | <b>1e</b>             |                   |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e)      | <b>1f</b>             | <b>12,595,994</b> |
| <b>Liabilities</b>  |                       |                   |
| <b>g</b> Benefit claims payable                                     | <b>1g</b>             |                   |
| <b>h</b> Operating payables   | <b>1h</b>             |                   |
| <b>i</b> Acquisition indebtedness                                   | <b>1i</b>             |                   |
| <b>j</b> Other liabilities  | <b>1j</b>             |                   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) | <b>1k</b>             |                   |
| <b>Net Assets</b>   |                       |                   |
| <b>l</b> Net assets (subtract line 1k from line 1f)                 | <b>1l</b>             | <b>6,341,119</b>  |

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

|   | (a) Amount      | (b) Total         |
|---|-----------------|-------------------|
| <b>Income</b>   |                 |                   |
| <b>a Contributions:</b>   |                 |                   |
| <b>(1) Received or receivable in cash from:</b> <b>(A)</b> Employers  | <b>2a(1)(A)</b> |                   |
| <b>(B)</b> Participants   | <b>2a(1)(B)</b> | <b>10,517,167</b> |
| <b>(C)</b> Others (including rollovers)   | <b>2a(1)(C)</b> | <b>26,448,736</b> |
| <b>(2) Noncash contributions</b>  | <b>2a(2)</b>    |                   |
| <b>(3) Total contributions.</b> Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> | <b>2a(3)</b>    | <b>36,965,903</b> |
| <b>b Earnings on investments:</b>   |                 |                   |
| <b>(1) Interest:</b>  |                 |                   |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit)              | <b>2b(1)(A)</b> |                   |
| <b>(B)</b> U.S. Government securities   | <b>2b(1)(B)</b> |                   |
| <b>(C)</b> Corporate debt instruments   | <b>2b(1)(C)</b> |                   |
| <b>(D)</b> Loans (other than to participants)   | <b>2b(1)(D)</b> |                   |
| <b>(E)</b> Participant loans  | <b>2b(1)(E)</b> |                   |
| <b>(F)</b> Other  | <b>2b(1)(F)</b> |                   |
| <b>(G) Total interest.</b> Add lines <b>2b(1)(A)</b> through <b>(F)</b>                                     | <b>2b(1)(G)</b> | <b>0</b>          |
| <b>(2) Dividends:</b> <b>(A)</b> Preferred stock  | <b>2b(2)(A)</b> |                   |
| <b>(B)</b> Common stock   | <b>2b(2)(B)</b> |                   |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds)   | <b>2b(2)(C)</b> | <b>228,649</b>    |
| <b>(D) Total dividends.</b> Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b>                         | <b>2b(2)(D)</b> | <b>228,649</b>    |
| <b>(3) Rents</b>  | <b>2b(3)</b>    |                   |
| <b>(4) Net gain (loss) on sale of assets:</b> <b>(A)</b> Aggregate proceeds                                 | <b>2b(4)(A)</b> | <b>12,366,022</b> |
| <b>(B)</b> Aggregate carrying amount (see instructions)   | <b>2b(4)(B)</b> | <b>11,899,200</b> |
| <b>(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result</b>                                       | <b>2b(4)(C)</b> | <b>466,822</b>    |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b> <b>(A)</b> Real estate                         | <b>2b(5)(A)</b> |                   |
| <b>(B)</b> Other  | <b>2b(5)(B)</b> |                   |
| <b>(C) Total unrealized appreciation of assets.</b><br>Add lines <b>2b(5)(A)</b> and <b>(B)</b>             | <b>2b(5)(C)</b> |                   |



|   | (a) Amount | (b) Total  |
|---|------------|------------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)      |            |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)      |            |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)      |            |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)      |            |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10)     | -48,774    |
| c Other income .....  | 2c         |            |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d         | 37,612,600 |

**Expenses**

|  |       |            |
|--|-------|------------|
| e Benefit payment and payments to provide benefits:                                  |       |            |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 6,175,561  |
| (2) To insurance carriers for the provision of benefits .....                        | 2e(2) | 37,039,344 |
| (3) Other .....  | 2e(3) |            |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                        | 2e(4) | 43,214,905 |
| f Corrective distributions (see instructions) .....                                  | 2f    |            |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |            |
| h Interest expense .....   | 2h    |            |
| i Administrative expenses: (1) Professional fees .....                               | 2i(1) | 37,508     |
| (2) Contract administrator fees .....  | 2i(2) | 488,215    |
| (3) Investment advisory and management fees .....                                    | 2i(3) | 55,473     |
| (4) Other .....  | 2i(4) | 71,374     |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) | 652,570    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    | 43,867,475 |

**Net Income and Reconciliation**

|  |       |            |
|--|-------|------------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    | -6,254,875 |
| l Transfers of assets:                                   |       |            |
| (1) To this plan .....                                   | 2l(1) |            |
| (2) From this plan .....                                 | 2l(2) |            |

**Part III Accountant's Opinion**

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):  
 (1)  Unqualified (2)  Qualified (3)  Disclaimer (4)  Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? Yes  No

c Enter the name and EIN of the accountant (or accounting firm) below:  
 (1) Name: **WITTLIN, CAIN & DRY, LLP** (2) EIN: **16-1594374**

d The opinion of an independent qualified public accountant is **not attached** because:  
 (1)  This form is filed for a CCT, PSA, or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

|   | Yes | No                                  | Amount |
|---|-----|-------------------------------------|--------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |     | <input checked="" type="checkbox"/> |        |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     | <input checked="" type="checkbox"/> |        |

|   | Yes | No | Amount |
|---|-----|----|--------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)  |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                               |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?  | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?   |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?  |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?  |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)  | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | X   |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?   |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?  |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                     |     |    |        |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year  Yes  No Amount:

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?  Yes  No  Not determined

**Part V Trust Information (optional)**

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

**Federal Statements****DSRA BENEFIT TRUST PLAN****Plan: 501****Statement 1 - Form 5500, Schedule H, Line 2i(4) - Other Expenses**

| <u>Description</u> | <u>Amount</u>    |
|--------------------|------------------|
| INSURANCE EXPENSE  | \$ 17,904        |
| PRINTING & MAILING | 18,105           |
| ADMIN EXPENSE      | 35,365           |
| Total              | <u>\$ 71,374</u> |

**Statement 2 - Schedule H, Line 4i - Schedule of Assets Held for Investment**

| <u>Party in Interest</u> | <u>Identity</u>   | <u>Description</u> | <u>Cost</u> | <u>Current Value</u> |
|--------------------------|-------------------|--------------------|-------------|----------------------|
|                          | SCHEDULE ATTACHED |                    | \$          | \$                   |

**Federal Statements**  
**DSRA BENEFIT TRUST PLAN**  
**Plan: 501**

**Statement 3 - Schedule H, Line 4j - Schedule of Reportable Transactions (5%)**

| <u>Name</u>        |  | <u>Purchase Price</u> | <u>Selling Price</u> | <u>Lease Rental</u> | <u>Expenses</u> | <u>Cost of Asset</u> | <u>Current Value</u> | <u>Net Gain or Loss</u> |
|--------------------|--|-----------------------|----------------------|---------------------|-----------------|----------------------|----------------------|-------------------------|
| <u>Description</u> |  |                       |                      |                     |                 |                      |                      |                         |
| SCHEDULE ATTACHED  |  | \$                    | \$                   | \$                  | \$              | \$                   | \$                   | \$                      |