Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for: [X] single-employer plan [ ] multiple-employer plan (not multiemployer) [ ] one-participant plan

B This return/report is for: [ ] first return/report [ ] final return/report
[ ] an amended return/report [ ] short plan year return/report (less than 12 months)

C Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
RGA CASH BALANCE PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/2005

2a Plan sponsor's name and address (employer, if for single-employer plan)
ROCKFORD GASTROENTEROLOGY ASSOCIATES, LTD.

401 ROXBURY ROAD
ROCKFORD, IL 61107-5078

2b Employer Identification Number (EIN) 36-3081482

2c Plan sponsor's telephone number 815-397-7340

2d Business code (see instructions) 621111

3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")
ROCKFORD GASTROENTEROLOGY ASSOCIATES, LTD.
401 ROXBURY ROAD
ROCKFORD, IL 61107-5078

3b Administrator's EIN 36-3081482

3c Administrator's telephone number 815-397-7340

4 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. Sponsor's name

4b EIN

4c PN

5a Total number of participants at the beginning of the plan year	**5a**	112
b Total number of participants at the end of the plan year	**5b**	113
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	**5c**	

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

Part III Financial Information

7 Plan Assets and Liabilities		**(a) Beginning of Year**	**(b) End of Year**
a Total plan assets	**7a**	2182541	3534628
b Total plan liabilities	**7b**	0	0
c Net plan assets (subtract line 7b from line 7a)	**7c**	2182541	3534628

8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: **(1)** Employers	**8a(1)**	720606	
(2) Participants	**8a(2)**		
(3) Others (including rollovers)	**8a(3)**		
b Other income (loss)	**8b**	642949	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	**8c**		1363555
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	**8d**	11468	
e Certain deemed and/or corrective distributions (see instructions)	**8e**		
f Administrative service providers (salaries, fees, commissions)	**8f**		
g Other expenses	**8g**		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	**8h**		11468
i Net income (loss) (subtract line 8h from line 8c)	**8i**		1352087
j Transfers to (from) the plan (see instructions)	**8j**		

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1C 1G

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

Part V Compliance Questions

10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) [X] Yes [ ] No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? [ ] Yes [X] No

(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	12b	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline? [ ] Yes [ ] No [ ] N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? [ ] Yes [X] No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/22/2010	NANCY GARRY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/22/2010	NANCY GARRY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
RGA CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ROCKFORD GASTROENTEROLOGY ASSOCIATES, LTD.

D Employer Identification Number (EIN)
36-3081482

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2009

2 Assets:

a	Market value	**2a**	2182203
b	Actuarial value	**2b**	2182203

3 Funding target/participant count breakdown

			(1) Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	0	0
b	For terminated vested participants	**3b**	7	310346
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		20660
	(2) Vested benefits	**3c(2)**		2035974
	(3) Total active	**3c(3)**	105	2056634
d	Total	**3d**	112	2366980

4 If the plan is at-risk, check the box and complete items (a) and (b) [ ]

a	Funding target disregarding prescribed at-risk assumptions	**4a**	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**	

5	Effective interest rate	**5**	6.40 %
6	Target normal cost	**6**	525322

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

09/21/2010
Signature of actuary — Date

PATRICE A. BECKHAM, F.S.A.
Type or print name of actuary

08-03804
Most recent enrollment number

MILLIMAN, INC.
Firm name

402-393-9400
Telephone number (including area code)

1120 SOUTH 101ST ST., SUITE 400
OMAHA, NE 68124-1088
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	597439	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	597439	0
10	Interest on item 9 using prior year's actual return of -28.43 %	-169852	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		124077
b	Interest on (a) using prior year's effective rate of 5.99 %		7432
c	Total available at beginning of current plan year to add to prefunding balance		131509
d	Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	138968	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	288619	0

Part III Funding percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	118.45 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2009	154849				
07/22/2009	154849				
08/07/2009	82000				
10/16/2009	164454				
12/31/2009	164454				
			Totals ► 18(b)	720606	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	691880

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.64 %	6.40 %	6.56 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 0

22 Weighted average retirement age — **22**: 65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment — **27**:

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**		525322
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		331377	56010
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**		
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	**34**		581332

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	**36**	581332
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	691880
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	76456
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

SCHEDULE SB (FORM 5500) - 2009

ADDENDUM TO
STATEMENT BY ENROLLED ACTUARY

NAME OF PLAN SPONSOR: Rockford Gastroenterology Associates, Ltd.
EMPLOYER IDENTIFICATION NUMBER: 36-3081482
NAME OF PLAN: RGA Cash Balance Plan

In preparing this schedule, I have relied upon information as to participants, retired participants and vested former participants as supplied by the plan administrator for the plan. Further, I have relied upon financial reports provided by the plan trustee in arriving at the value of assets and the amounts and dates of contributions used in this schedule. As part of this statement I have attached the "*Actuarial Basis*" and a "*Summary of Basic Plan Provisions*." The "*Actuarial Basis*" contains a statement as to the actuarial liabilities shown in Schedule SB (Form 5500) and the value of plan assets. The "*Summary of Basic Plan Provisions*" sets out the principal eligibility and benefit provisions upon which the valuation is based.

Patrice A Beckham — Signature of Actuary

9/21/10 — Date

Patrice A. Beckham — Print or Type Name of Actuary

08-03804 — Enrollment Number

1120 South 101st Street, Suite 400
Omaha, Nebraska 68124-1088

(402) 393-9400

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2009

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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan: RGA Cash Balance Plan

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: Rockford Gastroenterology Associates, Ltd.

D Employer Identification Number (EIN): 36-3081482

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2009

2	Assets:			
	a Market value		**2a**	2,182,203
	b Actuarial value		**2b**	2,182,203
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	0	0
	b For terminated vested participants	**3b**	7	310,346
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		20,660
	(2) Vested benefits	**3c(2)**		2,035,974
	(3) Total active	**3c(3)**	105	2,056,634
	d Total	**3d**	112	2,366,980
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		**4a**	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	6.40 %
6	Target normal cost		**6**	525,322

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Patrice A. Beckham — Signature of actuary

09/21/2010 — Date

Patrice A. Beckham, F.S.A. — Type or print name of actuary

08-03804 — Most recent enrollment number

Milliman, Inc. — Firm name

(402)393-9400 — Telephone number (including area code)

1120 South 101st St., Suite 400

Omaha NE 68124-1088 — Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	597,439	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	597,439	0
10	Interest on item 9 using prior year's actual return of (28.43)%	(169,852)	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		124,077
	b Interest on (a) using prior year's effective rate of 5.99 %		7,432
	c Total available at beginning of current plan year to add to prefunding balance		131,509
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	138,968	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	288,619	0

Part III Funding percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	118.45 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2009	154,849				
07/22/2009	154,849				
08/07/2009	82,000				
10/16/2009	164,454				
12/31/2009	164,454				
			Totals ▶ 18(b)	720,606	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	691,880

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.64 %	6.40 %	6.56 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 0

22 Weighted average retirement age — **22**: 65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**	525,322

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	331,377	56,010
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	**34**	581,332

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	**36**	581,332
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	691,880
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	76,456
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

Attachment to Schedule SB, Line 22 – Calculation of Weighted Average Retirement Age

Plan Name: RGA Cash Balance Plan
EIN/Plan: 36-3081482/003

We assume retirement at age 65, or attained age if older.

Attachment to Schedule SB, Line 23, Summary of Actuarial Methods/Assumptions
RGA Cash Balance Plan
EIN/PN: 36-3081482/003

The actuarial cost method is a particular technique used by the actuary for establishing the amount and incidence of annual actuarial costs. The actuarial cost method determines the portion of the ultimate cost of a pension plan that should be allocated to each year (known as the normal cost). The cost method is thus a budgeting tool that helps to ensure that the pension plan will be adequately and systematically funded.

The annual cost for a pension plan is determined using the unit credit cost method. The ultimate cost for a pension plan will be determined not by the cost method but by the benefits and expenses which become payable and the earnings which are obtained on the investments of the Plan. In addition, the choice of actuarial assumptions will affect the current level of contributions and pattern of future contributions.

Under the unit credit cost method, the target normal cost for each participant is equal to the present value of the projected benefit (salary increases may be included) one year from the valuation date minus the present value of accrued benefits as of the valuation date. The target normal cost for the Plan is the total of the individually computed target normal costs for all participants including the costs for any death or disability benefits under the Plan.

The target liability at any point in time for an active participant is the present value of the participant's accrued benefit. For persons receiving benefits or entitled to a deferred vested retirement income, the target liability is equal to the present value of their future benefit payments. The total target liability for the Plan is the total of the individually computed target liability amounts for all participants.

Certain assumptions are made in the calculation of the target liability, such as: interest rates, mortality, turnover, etc. which are assumed to hold for many years into the future. Since actual experience may differ somewhat from the assumptions, the costs determined by the valuation must be regarded as estimates of the true costs of the Plan.

The actuarial value of assets equals the fair market value of assets.

Attachment to Schedule SB, Line 23, Summary of Actuarial Methods/Assumptions
RGA Cash Balance Plan
EIN/PN: 36-3081482/003

Investment return

Funding – The valuation interest rates are the three segmented rates as of January 1, 2009, with phase in.

Segment one	Segment two	Segment three
5.64%	6.40%	6.56%

Salary increases

None assumed.

Explicit provision for expenses

None assumed.

Mortality rates

Pre-retirement: None.
Post-retirement: Annuitant tables as prescribed on the valuation date

Withdrawal and disability rates

None assumed.

Retirement rates

Participants are assumed to retire at age 65, or attained age if greater.

Form of payment

Lump sum equal to the hypothetical account balance.

Attachment to Schedule SB, Part V, Summary of Plan Provisions
RGA Cash Balance Plan
EIN/PN: 36-3081482/003

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1. Definitions

Accrued benefit
The actuarial equivalent of the participant's hypothetical account as of the normal retirement date, taking into account all pension credit allocations and interest adjustments.

Actuarial equivalent
For all purposes, actuarial equivalent means a form of benefit differing in time, period and/or manner of payment from another form of benefit but having the same value when computed based upon the following interest and mortality assumptions:

Interest: The interest on 30-year Treasury securities in effect for the fifth month preceding the plan year.

Mortality: 1994 Group Annuity Reserving Mortality Table under Revenue Ruling 2001-62.

Annual earnings
The total salary, overtime pay, and bonus earned during the plan year. In the year an employee becomes a participant, amounts paid prior to the date the employee becomes a participant will be excluded.

Applicable interest rate
The annual rate of interest on 30-year Treasury securities in effect for the fifth month preceding the plan year.

Effective date
The effective date of the Plan is January 1, 2005.

Eligible employee
Any employee except for collectively bargained employees, non-resident aliens, employees of affiliated employers, or independent contractors.

Entry date
Entry date means the first day of the year or the first day of the seventh month of the year that coincides with or next follows the date that the eligibility requirements are met.

Benefit account, earnings credit and interest credit
The balance of a participant's benefit account is the sum of their pay credits and interest credits:

Accrual of earnings credit
For each plan year in which an individual is an active participant and completes at least 1000 hours of service, the benefit account will be increased by the following earnings credits:

Employment Classifications	Pay Credit Amounts
Owners	4.5% of the value of the current IRC Section 415 dollar limit. The value is determined using 5% interest and the 1994 Group Annuity Reserving Table
Founding owner	4.5% of the value of the current IRC Section 415 dollar limit. For 2008 and later, the pay credit is capped at $80,000.
Others	2.25% of compensation. For 2006, the pay credit was equal to 2.60% of compensation. For 2007, the pay credit was equal to 2.50% of compensation. For 2008, the pay credit was equal to 2.40% of compensation.

Accrual of interest credits
For each plan year, and continuing until the last month before payment of a participant's benefit, the hypothetical account shall be credited with a hypothetical interest amount. The interest is credited by multiplying the balance of the participant's hypothetical account as of the beginning of the plan year by the applicable interest rate.

Limitation year
The limitation year is the 12-month period beginning January 1 and ending December 31.

Normal retirement age
A participant's normal retirement age is age 65.

One year break-in-service
A one-year break-in-service occurs in any plan year during which the employee completes 500 or fewer hours of service.

Plan year
The plan year is the 12-month period beginning January 1 and ending December 31.

Vested accrued benefit
A participant's vested accrued benefit as of a given date is equal to the product of his accrued benefit multiplied by his vested percentage as of that same date.

Vesting schedule
Participant's vested percentage will be based on the following schedule:

Years of vesting service	Vesting percentage
Less than 2	0%
2 or more	100%

Year of vesting service
A year of vesting service is credited for a plan year in which an employee has at least 1000 hours of service.

2. Participation

An employee who is not an excluded employee will become a participant in the Plan on the plan entry date that coincides with or next follows the later of the completion of one year of service or the attainment of age 21.

The plan entry date is the effective date and the first day of the plan year or the first day of the seventh month of the plan year after the effective date.

3. Normal retirement

The normal retirement pension is equal to the accrued benefit. The normal form of payment is a straight life annuity.

4. Early retirement

No early retirement is provided under the plan.

5. Optional benefit forms

Optional benefit forms are available and equal to the actuarial equivalent of the normal benefit form. Such distribution may be in one or more of the following forms:

Lump sum

Life annuity – a straight life annuity payable monthly and ending on the participant's death.

Joint & 50% survivor pension - monthly pension benefit payable during the joint lifetime of the participant and the joint annuitant; reduces to 50% of the original amount upon the death of the participant.

6. Pre-retirement death benefit

A participant's surviving beneficiary will be entitled to receive a death benefit in the event of the death of a participant prior to the commencement of a monthly pension benefit that is equal to the present value of the participant's vested accrued benefit.

7. Disability benefit

The plan does not provide for disability benefits.

8. Termination benefit

In the event of the termination of a participant's employment prior to his or her normal retirement date, the participant will be entitled to a deferred pension that is the actuarial equivalent of the vested accrued benefit payable at the normal retirement date.

Attachment to Schedule SB, Line 26, Schedule of Active Participants
RGA Cash Balance Plan
EIN/PN: 36-3081482/003

Number of Participants by Age and Service Groups

	Years of Service										
Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	Total
0-24	-	2	-	-	-	-	-	-	-	-	2
25-29	-	5	-	-	-	-	-	-	-	-	5
30-34	1	7	-	-	-	-	-	-	-	-	8
35-39	2	7	-	-	-	-	-	-	-	-	9
40-44	-	13	-	-	-	-	-	-	-	-	13
45-49	-	14	-	-	-	-	-	-	-	-	14
50-54	1	18	-	-	-	-	-	-	-	-	19
55-59	1	21	-	-	-	-	-	-	-	-	22
60-64	-	11	-	-	-	-	-	-	-	-	11
65-69	-	-	-	-	-	-	-	-	-	-	-
70&Up	2	-	-	-	-	-	-	-	-	-	2
Total	7	98	-	-	-	-	-	-	-	-	105

Average Compensation by Age and Service Groups

	Years of Service										
Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	Average
0-24	-	*	-	-	-	-	-	-	-	-	*
25-29	-	*	-	-	-	-	-	-	-	-	*
30-34	*	*	-	-	-	-	-	-	-	-	*
35-39	*	*	-	-	-	-	-	-	-	-	*
40-44	-	*	-	-	-	-	-	-	-	-	*
45-49	-	*	-	-	-	-	-	-	-	-	*
50-54	*	*	-	-	-	-	-	-	-	-	*
55-59	*	51,831	-	-	-	-	-	-	-	-	59,930
60-64	-	*	-	-	-	-	-	-	-	-	*
65-69	-	-	-	-	-	-	-	-	-	-	-
70&Up	*	-	-	-	-	-	-	-	-	-	*
Average	*	63,729	-	-	-	-	-	-	-	-	68,426

* If there are fewer than 20 participants in a cell, the average compensation is not reported.

Attachment to Schedule SB, Line 32, Shortfall Amortization
RGA Cash Balance Plan
EIN/PN: 36-3081482/003

The amount needed to amortize the Funding Shortfall to the Applicable Funding Target for the plan year beginning January 1, 2009 is determined below. The Funding Shortfall Amount is amortized in seven level payments using the current segment interest rates.

1. Applicable Funding Target	$2,366,980
2. Applicable Funding Target Percentage	94%
3. Plan Assets less Carryover and Prefunding Balances	1,893,584
4. Funding Shortfall Amount [(1) x (2) – (3), not less than $0]	331,377
5. Seven year amortization factor	5.91639
6. Shortfall Amortization for current year [(4) / (5)]	$56,010