| | Form 5500-SF Short Form Annual Return/Report of Small Employee | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------|---------------------------------------------------------|-----------------------------------|--------------------------------------|-----------------|--|--|
| | Department of the Treasury Internal Revenue Service | | | | | | | | |
| En | Department of Labor nployee Benefits Security Administration | Retirement Income Security Act of | 1974 (ERI | ISA), and sections 6057(b) and 6058 Code (the Code). | | This Form is 0 | Open to Public | | |
| P | ension Benefit Guaranty Corporation | Complete all entries in accord | dance witl | h the instructions to the Form 5500 |)-SF. | inspe | ection | | |
| | | entification Information | | | | | | | |
| - | calendar plan year 2011 or fisca | | | | 2/31/2 | | | | |
| | This return/report is for: | | • | e-employer plan (not multiemployer) | | a one-participar | nt plan | | |
| B - | This return/report is: L the first return/report L the final return/report | | | | | | | | |
| | | | • | an year return/report (less than 12 mo | onths) | - | | | |
| C | Check box if filing under: | Form 5558 | automatic | extension | | DFVC program | | | |
| | | special extension (enter descriptio | , | | | | | | |
| | | nation—enter all requested informa | ation | | 4 1- | <u></u> | | | |
| | Name of plan | NCE, INC. PROFIT SHARING PLAN | | | 10 | Three-digit plan number | | | |
| | | NCE, INC. I KOLTI SHAKING I EAN | | | | (PN) ► | 001 | | |
| | | | | | 1c | Effective date of p 01/01/19 | | | |
| | Plan sponsor's name and addrevent vestern INSURANCE ALLIA | ess; include room or suite number (er NCE, INC. | mployer, if | for a single-employer plan) | 2b | Employer Identifica (EIN) 61-1033 | | | |
| R O I | ROX 426000 | | | | 2c | Sponsor's telepho 502-429-9 | | | |
| P.O. BOX 436909 LOUISVILLE, KY 40253-6909 | | | | | 2d | Business code (se 524290 | e instructions) | | |
| 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") MIDWESTERN INSURANCE ALLIANCE, INC. P.O. BOX 436909 | | | | 3b | Administrator's EIN 61-1033238 | | | | |
| | | | | -6909 | 3c | Administrator's tele 502-429-9 | | | |
| 4 | If the name and/or EIN of the p name, EIN, and the plan numb | lan sponsor has changed since the la | ast return/i | report filed for this plan, enter the | 4b | EIN | | | |
| а | Sponsor's name | ier nom the last return/report. | | | 4c | PN | | | |
| | | the beginning of the plan year | | | 5a | | 72 | | |
| b | Total number of participants at | the end of the plan year | | | 5b | 70 | | | |
| C | Number of participants with ac | count balances as of the end of the p | olan year (d | defined benefit plans do not | 5c | | 62 | | |
| 6a | Were all of the plan's assets d | uring the plan year invested in eligibl | e assets? | (See instructions.) | | | X Yes No | | |
| b | | e annual examination and report of a | | | | | | | |
| | | See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo | | , | | | X Yes No | | |
| Pa | rt III Financial Informa | | 5111 5500- | ST and must mistead use torm 550 | | | | | |
| 7 | Plan Assets and Liabilities | | | (a) Beginning of Year | | (b) End of | Year | | |
| а | Total plan assets | | 7a | 2196856 | | •• | 2046751 | | |
| b | Total plan liabilities | | 7b | | | | | | |
| С | Net plan assets (subtract line 7 | b from line 7a) | 7c | 2196856 | | | 2046751 | | |
| 8 | Income, Expenses, and Transf | ers for this Plan Year | | (a) Amount | (b) Total | | | | |
| а | Contributions received or recei | vable from: | 8a(1) | 61314 | | | | | |
| | | | 8a(2) | 217238 | | | | | |
| | |) | 8a(3) | | | | | | |
| b | () () | | 8b | -102197 | | | | | |
| С | () | 8a(2), 8a(3), and 8b) | 8c | | | | 176355 | | |
| d | Benefits paid (including direct r | ollovers and insurance premiums | 8d | 326460 | | | | | |
| е | . , | ive distributions (see instructions) | 8e | | | | | | |
| f | | s (salaries, fees, commissions) | 8f | | | | | | |
| g | | 3 (Salaries, iees, commissions) | 8g | | | | | | |
| 9 h | · | Be, 8f, and 8g) | 8h | | | | 326460 | | |
| i | | e 8h from line 8c) | | | | | -150105 | | |
| j | | ee instructions) | 8j | | | | | | |
| - | | | | 1 | | | | | |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Page 2 - 1

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:

2E 2F 2G 2J 2K 2T 3D

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 | Duri | ng the plan year: | | Yes | No | | Amount | t |
| а | | there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | x | | | |
| b | | e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.) | 10b | | х | | | |
| C | Was | s the plan covered by a fidelity bond? | 10c | Х | | | | 1000000 |
| d | | he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty? | | Х | | | | |
| е | | | | | | | | 9237 |
| f | Has | the plan failed to provide any benefit when due under the plan? | 10f | | Х | | | |
| g | Did t | he plan have any participant loans? (If "Yes," enter amount as of year end.) | 10g | | Х | | | |
| h | | s is an individual account plan, was there a blackout period? (See instructions and 29 CFR).101-3.) | 10h | | x | | | |
| i | | h was answered "Yes," check the box if you either provided the required notice or one of the 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)) | | | | | | | | |
| 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 Not (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 | | | | | | | | |
| е | Will t | he 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 in any plan year? | | | Ì | ′es 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? | | | | | | | | |
| 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(| | | | | | | (3) PN(s) | |
| Caut | ion: 4 | penalty for the late or incomplete filing of this return/report will be assessed unless reasonab | le cai | use is | establ | ished. | | |
| | | planet, for the face of moon-place and got forth in the instructions. I declare that I have examined this rate | | | | | | abadula |

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 | Filed with authorized/valid electronic signature. | 05/31/2012 | MARC H. RISEN |
|------|---------------------------------------------------|------------|--------------------------------------------------------------|
| HERE | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN | | | |
| HERE | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |

| Form 5500-SF | | Return/F Benefit | Report of Small Employ | /ee | 0 | DMB Nos. 1210-0110 1210-0089 |
|------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------|-------------------------------------------|-------|------------------------------------|---------------------------------|
| Department of the Treasury Internal Revenue Service | This form is required to be file | 、 | 2 | 010 | | |
| Department of Labor Employee Benefits Security Administration | Retirement Income Security | | This Form is Open to Public Inspection | | | |
| Pension Benefit Guaranty Corporation | | dance with | the instructions to the Form 5500 | -SF. | 115 | |
| | dentification Information | 01/01/0 | 07.0 | | 10/01/0010 | |
| For calendar plan year 2010 or fisc | ai pian year beginning X single-employer plan | 01/01/2 | | | $\frac{12}{31}$ | |
| | | 1 | nployer plan (not multiemployer) | | one-participa | nt plan |
| B This return/report is for: | first return/report | final returr | • | 、 | | |
| | X an amended return/report | | year return/report (less than 12 mor | iths) | | |
| C Check box if filing under: | X Form 5558 | automatic | extension | | _ DFVC progra | m |
| P | special extension (enter descriptio | • | | ····· | | |
| | mation-enter all requested inform | nation | | 46 | | ····· |
| 1a Name of plan | ce Alliance, Inc. Prot | fit Cha | ring Plan | 10 | Three-digit plan number | |
| Midwestern insuran | ce Alliance, inc. Flo | LIC GHA | Ling Fian | | (PN) 🕨 | 001 |
| | | | | 1c | Effective date of | • |
| | | | | 01- | 01/01/1993 | |
| 2a Plan sponsor's name and add Midwestern Insuran | ress (employer, if for single-employer | r plan) | | | Employer Identif (EIN) 61 - 103 | |
| P.O. Box 436909 | | | | | | elephone number |
| Louisville | KY 40253-6909 | | | 2d | | see instructions) |
| | address (if same as Plan sponsor, ence Alliance, Inc. | enter "Same | ⁿ) | 3b | Administrator's I | |
| P.O. Box 436909 | | | | 3c | | elephone number |
| Louisville | KY 40253-690 |)9 | | | 502-429-9 | |
| 4 If the name and/or EIN of the pl | an sponsor has changed since the la | ast return/re | port filed for this plan, enter the | 4b | EIN | |
| name, EIN, and the plan numbe | er from the last return/report. Sponse | or's name | | 4c | PN | |
| 5a Total number of participants a | t the beginning of the plan year | | | 5a | T | 73 |
| | it the end of the plan year | | | 5b | | 74 |
| | with account balances as of the end c | | | 50 | - | |
| | | | | 5c | <u> </u> | 62 |
| 6a Were all of the plan's assets | during the plan year invested in eligit | ble assets? | (See instructions.) | | ······ | X Yes 🗌 No |
| b Are you claiming a waiver of t | he annual examination and report of (See instructions on waiver eligibility | an indepen | dent qualified public accountant (IQ | PA) | | X Yes 🗌 No |
| | her 6a or 6b, the plan cannot use F | | | | | لسا الما |
| Part III Financial Inform | | | | | | |
| 7 Plan Assets and Liabilities | | | (a) Beginning of Year | | (b) End | of Year |
| a Total plan assets | | 7a | 132143 | 0 | | 2196856 |
| b Total plan liabilities | | | | | | |
| C Net plan assets (subtract line | 7b from line 7a) | 7с | 132143 | 430 2 | | 2196856 |
| 8 Income, Expenses, and Trans | sfers for this Plan Year | | (a) Amount | | (b)] | lotal |
| a Contributions received or rece | | 8-11) | 6584 | 5 | | |
| | | | 65845 | | | |
| ••• | ~ | | 1,041 | 1 | | |
| | s) | | 68899 | 7 | | |
| | , 8a(2), 8a(3), and 8b) | | | | | |
| | rollovers and insurance premiums | | | | | 925261 |
| to provide benefits) | | | 4983 | 5 | | |
| | ctive distributions (see instructions) | | | _ | | |
| f Administrative service provide | ers (salaries, fees, commissions) | | | _ | | |
| 4 | | | | | | |
| | 8e, 8f, and 8g) | | | | | 49835 |
| | ne 8h from line 8c) | | | | | 875426 |
| • | see instructions) | | 5500 AF | 1 | | Form 5500-SE (2010) |

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Form 5500-SF 2010

Page 2-

| | 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: 2E 2F 2G 2J 2K 2T 3D | | | | | | | |
| b | a service of the service of the service of the service of the latest of the service of the servi | | | | | | |
| | | | | | | | |
| Part | V Compliance Questions | | | rr | | | |
| 10 | During the plan year: | | Yes | No | A | nount | |
| а | 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 | | | |
| с | Was the plan covered by a fidelity bond? | 10c | x | | | 1000000 | |
| 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 | | | 7274 | |
| 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 | | Х | | | |
| h | h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520, 101-3.) | | | | | | |
| 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 | | | | | | |
| Part | VI Pension Funding Compliance | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor | nplete | Schee | dule SE | (Form | | |
| | 5500)) | ···· | ···· | | | Yes No | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod | e or se | ection | 302 of I | ERISA? | Yes X No | |
| _ | (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) | otiono | and | nator th | a data of the | lattor ruling | |
| а | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- granting the waiver | nth | , anu (| Day | Y | ear | |
| lf | 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 | | | |
| С | 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 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? | | | | | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | | - 1 | 13a | | | |
| b | b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X No | | | | | | |
| с | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.) | the pla | an(s) to | > | | | |
| | 3c(1) Name of plan(s): | | 13 | 3c(2) El | N(s) | 1 3c(3) PN(s) | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | l | | | | J | |

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 | Mary Com | 5/29/12 | Marc H. Risen |
|------|------------------------------------|---------|--------------------------------------------------------------|
| HERE | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN | Mitte | 5/2/12 | Marc H. Risen |
| HERE | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |

| Form 5500-SF | | | Report of Small Employ | /ee | OMB Nos. 1210-0110 1210-0089 |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------|-------------|----------------------------------------------------|
| Department of the Treasury Internal Revenue Service | | Benefit | ridii tions 104 and 4065 of the Employee | - | 2011 |
| Department of Labor Employee Benefits Security Administration | Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of | | | | |
| Pension Benefit Guaranty Corporation | | lance with | the instructions to the Form 5500 |)-SF. | Inspection |
| Part I Annual Report lo | dentification Information | 01/01/2 | 011 ond coding | | 12/31/2011 |
| For calendar plan year 2011 or fisc | | | _ | ۲ | |
| A materianceportrator. | | • | employer plan (not multiemployer) | ļ | a one-participant plan |
| B This return/report is: | the first return/report | | turn/report | ntha) | |
| _ | | | n year return/report (less than 12 mo | onuns) I | |
| C Check box if filing under: | Form 5558 | automatic | extension | 1 | DFVC program |
| | special extension (enter descriptio | | | | |
| Part II Basic Plan Inform | mation-enter all requested information | ation | | 1b | Three-digit |
| | Alliance, Inc. Profit | Sharing | g Plan | | plan number |
| | | | _ | | (PN) • 001 |
| | | | | | Effective date of plan 01/01/1992 |
| 2a Plan sponsor's name and addr Midwestern Insurance All | ress; include room or suite number (e | mployer, if | for a single-employer plan) | 1 | Employer Identification Number (EIN) 61-1033238 |
| P.O. Box 436909 | rance, me. | | | | Sponsor's telephone number |
| | | | | | 502-429-9990 |
| Louisville | KY 40253-6909 | | | 2d | Business code (see instructions) |
| | | | | | 524290 |
| 3a Plan administrator's name and Midwestern Insurance All P.O. Box 436909 | l address (if same as plan sponsor, er iance, Inc. | nter "Same' | ') | | Administrator's EIN 61-1033238 |
| Louisville | KY 40253-6909 | | | 30 | Administrator's telephone number 502-429-9990 |
| 4 If the name and/or EIN of the | plan sponsor has changed since the l | ast return/r | eport filed for this plan, enter the | 4b | EIN |
| name, EIN, and the plan num | ber from the last return/report. | | | 10 | |
| a Sponsor's name | t the beginning of the plan year | | | 4c 5a | 72 |
| | | | | 5a 5b | 72 |
| • | it the end of the plan year ccount balances as of the end of the p | | | uc | /// |
| C Number of participants with a complete this item) | ccount balances as of the end of the p | Jan year (o | | 5c | 62 |
| | during the plan year invested in eligib | | | | X Yes No |
| | the annual examination and report of | | | | X Yes 🗌 No |
| | (See instructions on waiver eligibility her 6a or 6b, the plan cannot use F | | • | | |
| Part III Financial Inform | | | | | |
| 7 Plan Assets and Liabilities | | | (a) Beginning of Year | | (b) End of Year |
| | | . 7a | 219685 | 56 | 2046751 |
| b Total plan liabilities | | . 7b | | _ | |
| C Net plan assets (subtract line | 7b from line 7a) | . <u>7c</u> | 2196856 | | 2046751 |
| 8 Income, Expenses, and Trans | | | (a) Amount | | (b) Total |
| a Contributions received or received (1) Employers | eivable from: | . 8a(1) | 61314 | | |
| | | . 8a(2) | 21723 | | |
| | s) | | | | |
| | , | | -10219 | 97 | |
| | , 8a(2), 8a(3), and 8b) | . <u>8c</u> | | | 176355 |
| | t rollovers and insurance premiums | . 8d | 3264 | 60 | |
| | ctive distributions (see instructions) | | | | |
| | ers (salaries, fees, commissions) | | | | |
| | | - | | | |
| a crist orbonoogramming | | · | | | |
| h Total expenses (add lines 8d. | | . 8h | | | 326460 |
| | , 8e, 8f, and 8g) ne 8h from line 8c) | | | | 326460 |

| | t IV Plan Characteristics | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------|----------|----------------|------------------------|--------------|
| 9a | If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2E 2F 2G 2J 2K 2T 3D | acteris | stic Co | des in t | he instructio | ns: | |
| b | If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara | cterist | ic Cod | es in th | e instruction | IS: | |
| Par | t V Compliance Questions | | | • | | | |
| 10 | During the plan year: | | Yes | No | A | mount | |
| | 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) | | | | | | |
| b | b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | | | | | | |
| с | Was the plan covered by a fidelity bond? | | | | | 10 | 00000 |
| 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 | | х | | | |
| е | | 10e | x | | | | 9237 |
| 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 | 1 | Х | | | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | х | | | |
| 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 con 5500)) | nplete | Scheo | dule SB | (Form |] Yes | No |
| | | | | | | | |
| lf | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13 | | Г | 401 | | | |
| b | | | | 12b | | | |
| c | | | | 12c | | | |
| d | 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 | 13a Has a resolution to terminate the plan been adopted in any plan year? | | | | | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a | | | | | | |
| b | b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | | | | | |
| 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) | | | | | | PN(s) |
| | | | | | | | |
| Cau | tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasona | ble ca | use is | establ | ished. | <u>.</u> | |
| Und SB (| er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return of, it is true, correct, and complete. | turn/re | eport, i | ncludin | g, if applicat | ile, a Sch nowledge | edule and |
| Delle | at, it is true, correct, and complete. | lsen | | | | | |

| SIGN | Mars H 1/2 | 5/29/12 | Marc H. Risen |
|------|------------------------------------|---------|--------------------------------------------------------------|
| HERE | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN | 1/2 H // -> | Sturke | Marc H. Risen |
| HERE | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |