Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Signature of DFE

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

> ▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public

					Inspection
Part I	Annual Report Iden	tification Information			
For cale	ndar plan year 2011 or fiscal p	olan year beginning 01/01/2011		and ending 12/31/2	011
A This	return/report is for:	a multiemployer plan;	a multipl	e-employer plan; or	
	·	a single-employer plan;	a DFE (s	specify)	
B This	return/report is:	the first return/report;	<u>—</u>	return/report;	
		an amended return/report;	a short p	olan year return/report (less th	an 12 months).
C If the	plan is a collectively-bargaine	d plan, check here			
D Chec	k box if filing under:	Form 5558;	automat	ic extension;	the DFVC program;
		special extension (enter des	cription)		
Part	II Basic Plan Inform	nation—enter all requested informa	ation		
	ne of plan ELINK ACQUISITION, LLC H	•			1b Three-digit plan number (PN) ▶ 501
					1c Effective date of plan 01/01/1997
	Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) 2b Employer Identification Number (EIN) 20-2978913				
	,				2c Sponsor's telephone number 847-238-5400
SUITE 4	RK BOULEVARD 15 , IL 60143-1260	500 PARK SUITE 41! ITASCA, I	T		2d Business code (see instructions) 454110
Caution	: A penalty for the late or inc	complete filing of this return/repor	rt will be assessed	unless reasonable cause is	established.
Under pe	enalties of perjury and other p	enalties set forth in the instructions, les the electronic version of this return	I declare that I have	examined this return/report, i	ncluding accompanying schedules,
SIGN	Filed with authorized/valid ele	ctronic signature.	07/12/2012	JOSEPH PSIODA	
HERE	Signature of plan administ	rator	Date	Enter name of individual si	gning as plan administrator
SIGN					
HERE	Signature of employer/pla	n sponsor	Date	Enter name of individual si	gning as employer or plan sponsor
SIGN					

Date

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

Form 5500 (2011) v.012611

Enter name of individual signing as DFE

Form 5500 (2011) Page **2**

	Plan administrator's name and address (if same as plan sponsor, enter "Sar URCELINK ACQUISITION, LLC	ne")			ministrator's EIN -2978913
	PARK BOULEVARD				ministrator's telephone
	ITE 415 SCA, IL 60143-1260			nu	mbei
4	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report:	n/report filed for t	this plan, enter the name, EIN	and	4b EIN
а	Sponsor's name				4c PN
5	Total number of participants at the beginning of the plan year			5	499
6	Number of participants as of the end of the plan year (welfare plans complete	te only lines 6a, (6b, 6c, and 6d).		
а	Active participants			6a	579
L				Ch	
b	Retired or separated participants receiving benefits			6b	
С	Other retired or separated participants entitled to future benefits			6c	
d	Subtotal. Add lines 6a, 6b, and 6c			6d	579
е	Deceased participants whose beneficiaries are receiving or are entitled to re	eceive benefits		6e	
f	Total. Add lines 6d and 6e			6f	579
•				01	0.0
g	Number of participants with account balances as of the end of the plan year complete this item)			6g	
h	Number of participants that terminated employment during the plan year with	h accrued benefi	ts that were		
	less than 100% vested			6h	
7	Enter the total number of employers obligated to contribute to the plan (only		·	7	1
8a	If the plan provides pension benefits, enter the applicable pension feature co	odes from the Lis	st of Plan Characteristic Codes	s in the i	nstructions:
h	If the plan provides welfare benefits, enter the applicable welfare feature coo	has from the List	of Plan Characteristic Codes	in the in	etructione:
	4A 4B 4D 4H 4L	acs from the List	or rian onaracionstic occes		Structions.
02	Plan funding arrangement (check all that apply)	Oh Dien han	efit arrangement (check all tha	ot onnly	
Ja	(1) X Insurance	(1)	Insurance	а арріу)	
	(2) Code section 412(e)(3) insurance contracts	(2)	Code section 412(e)(3)		e contracts
	(3) Trust	(3)	Trust		
	(4) General assets of the sponsor	(4)	General assets of the sp	onsor	
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	attached, and, wh	here indicated, enter the numb	oer attac	hed. (See instructions)
а	Pension Schedules	b General	Schedules		
	(1) R (Retirement Plan Information)	(1)	H (Financial Inform	nation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2)	I (Financial Inform	nation –	Small Plan)
	Purchase Plan Actuarial Information) - signed by the plan	(3)	X 8 A (Insurance Infor	mation)	
	actuary	(4)	C (Service Provide	er Inform	nation)
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5)	D (DFE/Participati	ng Plan	Information)
	Information) - signed by the plan actuary	(6)	G (Financial Trans	action S	Schedules)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

2011

This Form is Open to Public

		pursuant to I	ERISA section 103(a)(2)			111101011	Inspection
For calendar plan year 20	11 or fiscal plar	year beginning 01/01/2011		and en	ding 12	2/31/2011	•
A Name of plan SOURCELINK ACQUISIT		B Three	e-digit number (F	PN) •	501		
C Plan sponsor's name a SOURCELINK ACQUISIT		e 2a of Form 5500		D Emplo 20-297	-	cation Number (EIN)
		ing Insurance Contract Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance ca		O.					
	1	T	(a) Approximate p	ımbar of		Policy or co	intract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate not persons covered a policy or contract	t end of	(f) From	(g) To
36-2739571	79413	0705131		6	01/01/2	011	12/31/2011
2 Insurance fee and com descending order of the		ation. Enter the total fees and tot	al commissions paid. L	ist in item 3	the agents	s, brokers, and o	ther persons in
(a) Total a	(a) Total amount of commissions paid (b) Total amount of fees paid						
		5826					
3 Persons receiving com	missions and fe	ees. (Complete as many entries	as needed to report all	persons).			
	(a) Name a	nd address of the agent, broker,		m commiss	ions or fee	s were paid	
TINA L WRIGHT		14 R0	ASSOCIATES DSS AVENUE IS, MA 02054				
(b) Amount of sales ar	nd base	Fee	es and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpose	е		(e) Organization code
	5826						3
	(a) Name a	nd address of the agent, broker,	or other person to who	m commiss	ions or fee	s were paid	
			·				
(b) Amount of sales ar	nd base	Fee	es and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpose	Э		(e) Organization code
	A . NI .:	LOND O . IN I					

Schedule A (Form 5500)	2011	Page 2 - 1	<u> </u>	
	ame and address of the agent, broke	r. or other person to whom	commissions or fees were paid	
(4) 110	and and address of the agent, sience	n, or ourer percent to whem	commissions of 1666 Word paid	
(I) A		Fees and other commission	ns paid	(-) One of the first
(b) Amount of sales and base commissions paid	(c) Amount		(d) Purpose	(e) Organization code
•	, ,			
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(-) NI-				
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
	<u> </u>			
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	ame and address of the agent, broke	r, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
	T			1
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code

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Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual this report.	idual contract	s with each carrier ma	y be treated	d as a unit for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end		. 4	
		ent value of plan's interest under this contract in separate accounts at year e			. 5	
_		racts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan ch	eck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in se	parate accounts)		
	а	Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶	ite participatio	on guarantee		
	b	Balance at the end of the previous year			. 7b	
	С	Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year				
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
		(6)Total additions			. 7c(6)	0
	ď	Total of balance and additions (add b and c(6))			. 7d	
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	. 7e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	7e(4)			
		•				
		(5) Total deductions			. 7e(5)	0
		Balance at the end of the current year (subtract e(5) from d)			. 7f	

Schedule A (Form 5500) 2011	Page 4
	of the same employer(s) or members of the same employee organizations(s), the tracts are experience-rated as a unit. Where contracts cover individual employe ay be treated as a unit for purposes of this report.
efit and contract type (check all applicable boxes) Health (other than dental or vision) Dental Temporary disability (accident and sickness) Long-term Stop loss (large deductible) HMO contractions Other (specify)	
erience-rated contracts:	
Premiums: (1) Amount received	
(2) Increase (decrease) in amount due but unpaid	
(3) Increase (decrease) in unearned premium reserve	9a(3)
(4) Earned ((1) + (2) - (3))	9a(4)
Benefit charges (1) Claims paid	
(2) Increase (decrease) in claim reserves	
(3) Incurred claims (add (1) and (2))	9b(3)
(4) Claims charged	9b(4)
Remainder of premium: (1) Retention charges (on an accrual basis	,
(A) Commissions	
(B) Administrative service or other fees	
(C) Other specific acquisition costs	

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

149907

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.

9c(1)(D) 9c(1)(E)

9c(1)(F)

a | X | Health (other than dental or vision)

Experience-rated contracts:

10 Nonexperience-rated contracts:

Specify nature of costs

Benefit and contract type (check all applicable boxes)

Part III

a Premiums: (1) Amount received..... (2) Increase (decrease) in amount due but unpaid.....

(D) Other expenses.....

(E) Taxes..... (F) Charges for risks or other contingencies

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

Total premiums or subscription charges paid to carrier

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.....

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Insurance Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

Pension Benefit Guaranty Co	orporation	Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).			This Form is Open to Public Inspection	
For calendar plan year 20	11 or fiscal pla	in year beginning 01/01/2011	a	and ending 12	/31/2011	
A Name of plan SOURCELINK ACQUISIT	ΓΙΟΝ, LLC HE	ALTH & WELFARE PLAN	В	Three-digit plan number (PI	N) •	501
C Plan sponsor's name a SOURCELINK ACQUISIT		ne 2a of Form 5500		Employer Identific 20-2978913	ation Number	(EIN)
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 ca		ANCE CO.				
		1		. 1		
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate numbe persons covered at end	of (f)	From	ontract year (g) To
57.04.44007			policy or contract year			
57-0144607	62049	E7970189	1	01/01/20	111	12/31/2011
2 Insurance fee and com descending order of the		ation. Enter the total fees and tota	Il commissions paid. List in	item 3 the agents	, brokers, and	other persons in
(a) Total a	(a) Total amount of commissions paid (b) Total amount of fees paid					
		71				
3 Persons receiving com	missions and	fees. (Complete as many entries a	as needed to report all perso	ons).		
	(a) Name	and address of the agent, broker,	or other person to whom cor	mmissions or fees	were paid	
PAUL CLARK			VERSIDE CHASE CIRCLE R, SC 29650			
(b) Amount of sales ar	ad base	Fee	s and other commissions pa	id		
commissions pa		(c) Amount	(d) P	urpose		(e) Organization code
	38					3
	(a) Name	and address of the agent, broker,	or other person to whom cor	nmissions or fees	were paid	
TINA WRIGHT	(1)	TBR A	SSOCIATES			
			SS AVENUE 3, MA 02054			
(b) Amount of policy and	ad boos	Fee	s and other commissions pa	id		
(b) Amount of sales an commissions pa		(c) Amount	-	urpose		(e) Organization code
	19					3
Fan Danamusul, Dadustia	n Act Nation	and OMP Central Numbers and	the instructions for Form	FF00	Caha	dulo A (Form 5500) 2011

Schedule A (Form 5500)	2011	Page 2 - 1	
(a) Na	me and address of the agent, bro	oker, or other person to whom commissions or fees were pa	aid
/ICKI L. KILBRIDE		I. OAK FOREST DR. EENVILLE, SC 29617	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
9			3
(a) Na	me and address of the agent, bro	oker, or other person to whom commissions or fees were pa	
FRANK FEREZ	299	99 SUNSET BLVD.	10
	WE	ST COLA, SC 29169	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
5			3
(a) Na	me and address of the agent, bro	oker, or other person to whom commissions or fees were pa	aid
7.7			-
(b) Associated solon and boso		Fees and other commissions paid	(a) Organization
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
<u> </u>			
(a) Na	me and address of the agent, bro	oker, or other person to whom commissions or fees were pa	aid
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, bro	oker, or other person to whom commissions or fees were pa	aid
(5)			
(II) Assessed of a little		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	1-7:	15) . 5.,555	

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Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual this report.	idual contract	s with each carrier ma	y be treated	d as a unit for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end		. 4	
		ent value of plan's interest under this contract in separate accounts at year e			. 5	
_		racts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan ch	eck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in se	parate accounts)		
	а	Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶	ite participatio	on guarantee		
	b	Balance at the end of the previous year			. 7b	
	С	Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year				
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
		(6)Total additions			. 7c(6)	0
	ď	Total of balance and additions (add b and c(6))			. 7d	
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	. 7e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	7e(4)			
		•				
		(5) Total deductions			. 7e(5)	0
		Balance at the end of the current year (subtract e(5) from d)			. 7f	

Schedule A (Form 5500) 2011		Page 4		
rt III Welfare Benefit Contract Infor If more than one contract covers the sar information may be combined for report the entire group of such individual contra	ne group of employees of the sing purposes if such contracts	are experience-rated	as a unit. Where contract	
Benefit and contract type (check all applicable bo	exes)			
a Health (other than dental or vision)	b Dental	c Vision		d Life insurance
e Temporary disability (accident and sickness	. 📙	ty q Supple	emental unemployment	h Prescription drug
i Stop loss (large deductible)	j HMO contract	k PPO o		I Indemnity contract
	· ·	. .⊔	Simuot	
m ☐ Other (specify) ► AD&D AND SPECIAL F	USK			
Experience-rated contracts:				
a Premiums: (1) Amount received		. 9a(1)		
(2) Increase (decrease) in amount due but u	npaid			
(3) Increase (decrease) in unearned premiur	n reserve	. 9a(3)		
(4) Earned ((1) + (2) - (3))		· <u>······</u>	9a(4)	
b Benefit charges (1) Claims paid		. 9b(1)		
(2) Increase (decrease) in claim reserves		. 9b(2)		
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charge	es (on an accrual basis)			
(A) Commissions		9c(1)(A)		
(B) Administrative service or other fees		9c(1)(B)		
(C) Other specific acquisition costs		9c(1)(C)		
(D) Other expenses		9c(1)(D)		

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

retention of the contract or policy, other than reported in Part I, item 2 above, report amount..... Specify nature of costs

10 Nonexperience-rated contracts:

Part III

(E) Taxes..... (F) Charges for risks or other contingencies.....

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

Total premiums or subscription charges paid to carrier If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

9c(1)(E)

9c(1)(F)

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

,	,		RISA section 103(a)(2).	This For	m is Open to Public Inspection
For calendar plan year 20	11 or fiscal pla	n year beginning 01/01/2011	and er	nding 12/31/2011	•
A Name of plan SOURCELINK ACQUISIT	A Name of plan SOURCELINK ACQUISITION, LLC HEALTH & WELFARE PLAN B Three-digit plan number (PN) 501				
	C Plan sponsor's name as shown on line 2a of Form 5500 SOURCELINK ACQUISITION, LLC D Employer Identification Number (EIN) 20-2978913				
on a separat	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 ca		NCE CO.			
	(c) NAIC	(d) Contract or	(e) Approximate number of	Policy or c	ontract year
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	(g) To
57-0144607	62049	E7981319	59	01/01/2011	12/31/2011
2 Insurance fee and com descending order of the		ation. Enter the total fees and tota	· 		other persons in
(a) Total amount of commissions paid (b) Total amount of fees paid			4440		
	4718 1142				
3 Persons receiving com	missions and f	ees. (Complete as many entries a	as needed to report all persons).		
	(a) Name a	and address of the agent, broker, o	•	sions or fees were paid	
PAUL CLARK 309 RIVERSIDE CHASE CIR GREER, SC 29650					
(b) Amount of sales ar	nd base	Fees	s and other commissions paid		
commissions pa		(c) Amount	(c) Amount (d) Purpose		
2016 500 SALES AND SERVICE COMPENSATION 3				3	
	(a) Name a	and address of the agent, broker, of	or other person to whom commiss	sions or fees were paid	
TINA L WRIGHT TBR ASSOCIATES 14 ROSS AVENUE MILLIS, MA 02054					
(b) Amount of sales ar	nd hase	Fees	s and other commissions paid		
commissions pa		(c) Amount	(d) Purpos	e	(e) Organization code
	1021				3
For Paperwork Reduction	n Act Notice a	and OMB Control Numbers, see	the instructions for Form 5500	. Sche	dule A (Form 5500) 2011

Schedule A (Form 5500) 20	11	Page 2 - 1	
		er, or other person to whom commissions or fees were paid	d
CURTIS ENOCH DAVENPORT		NVILLE, SC 29607	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 265	(c) Amount 276	(d) Purpose SALES AND SERVICE COMPENSATION	code
(a) Name	and address of the agent, broke	er, or other person to whom commissions or fees were paid	d
FRANK FEREZ		SUNSET BLVD CCOLA, SC 29169	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 215	(c) Amount 297	(d) Purpose SALES AND SERVICE COMPENSATION	code 3
(a) Name	and address of the agent, broke	er, or other person to whom commissions or fees were pair	d
JANICE SMITH	2 REV	VIS CREEK CT SONVILLE, SC 29681	-
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
354	(C) Amount	SALES AND SERVICE COMPENSATION	3
	and address of the agent, broke	r, or other person to whom commissions or fees were paid	d l
VICKI L. KILBRIDE		OAK FOREST DRIVE ENVILLE, SC 29617	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 251	(c) Amount	(d) Purpose SALES AND SERVICE COMPENSATION	code 3
(a) Name	and address of the agent, broke	r, or other person to whom commissions or fees were paid	d
DONNA L. ROBINSON		MSDALE DRIVE ORS, SC 29687	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
179	2	SALES AND SERVICE COMPENSATION	3

Schedule A (Form 5500) 2	2011	Page 2 - 2	
(a) Nam	ne and address of the agent, bro	ker, or other person to whom commissions or fees were p	aid
RRY CATHERINE WAYNE		JZZELL CT PSONVILLE, SC 29681	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
165	.,		3
(a) Nam URA J. DAVENPORT	122	ker, or other person to whom commissions or fees were p DUPONT DRIVE EENVILLE, SC 29607	aid
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
144	(4)	SALES AND SERVICE COMPENSATION	3
(a) Nam	ne and address of the agent, bro	ker, or other person to whom commissions or fees were p	aid
AINE STUBLEY		CLEVELAND STREET EENVILLE, SC 29601	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 108	(c) Amount	(d) Purpose	code 3
		ker, or other person to whom commissions or fees were p	l

Fees and other commissions paid

Fees and other commissions paid

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

(d) Purpose

(d) Purpose

(c) Amount

(c) Amount

(b) Amount of sales and base commissions paid

(b) Amount of sales and base commissions paid

(e) Organization code

(e) Organization

code

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Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual this report.	idual contract	s with each carrier ma	y be treated	d as a unit for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end		. 4	
		ent value of plan's interest under this contract in separate accounts at year e			. 5	
_		racts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan ch	eck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in se	parate accounts)		
	а	Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶	ite participatio	on guarantee		
	b	Balance at the end of the previous year			. 7b	
	С	Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year				
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
		(6)Total additions			. 7c(6)	0
	ď	Total of balance and additions (add b and c(6))			. 7d	
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	. 7e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	7e(4)			
		•				
		(5) Total deductions			. 7e(5)	0
		Balance at the end of the current year (subtract e(5) from d)			. 7f	

Schedule A (Form 5500) 2011		Page 4		
rt III Welfare Benefit Contract Informat If more than one contract covers the same gre information may be combined for reporting pu the entire group of such individual contracts w	oup of employees of the same process if such contracts are ex	perience-rated as a uni	t. Where contrac	
Benefit and contract type (check all applicable boxes)				
a X Health (other than dental or vision)	b Dental	C Vision		d X 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		I Indemnity contract
m ☒ Other (specify) ►AD&D AND SPECIAL RISK	<i>,</i> –	Ш		⊔ ,
Calci (openity) / //Lab / at 2 cr 2 cm /2 / de //				
Experience-rated contracts:				
a Premiums: (1) Amount received	98	(1)		
(2) Increase (decrease) in amount due but unpaid	92	(2)		
(3) Increase (decrease) in unearned premium rese	erve 9a	(3)		
(4) Earned ((1) + (2) - (3))	<u></u>		9a(4)	
b Benefit charges (1) Claims paid	9k	(1)		
(2) Increase (decrease) in claim reserves	9k	(2)		
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (or	n an accrual basis)			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(I)(C)		
(D) Other expenses	9c(I)(D)		
(E) Taxes	9c(I)(E)		

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

40838

retention of the contract or policy, other than reported in Part I, item 2 above, report amount...... Specify nature of costs

10 Nonexperience-rated contracts:

Part III

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

9c(1)(F)

(F) Charges for risks or other contingencies

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....

Total premiums or subscription charges paid to carrier

If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Insurance Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

Pension Benefit Guaranty Corporation Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).				m is Open to Public Inspection			
For calendar plan year 20	11 or fiscal pla	an year beginning 01/01/2011		and en	ding 12	/31/2011	•
A Name of plan SOURCELINK ACQUISIT	TON, LLC HE	ALTH & WELFARE PLAN			e-digit number (Pl	N) •	501
C Plan sponsor's name a SOURCELINK ACQUISIT		ne 2a of Form 5500		D Emplo 20-297	-	ation Number (EIN)
	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 ca		ANCE CO.					
	(-) NIAIO	(1) Ocation (1)	(e) Approximate nu	ımber of		Policy or co	ontract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contract		(f)	From	(g) To
57-0144607	62049	E7996242	1	6	01/01/20	11	12/31/2011
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.							
(a) Total	amount of con	nmissions paid		(b) To	tal amount	of fees paid	
		587					73
3 Persons receiving com	missions and	fees. (Complete as many entries	as needed to report all	persons).			
g					ions or fees	were paid	
PAUL CLARK (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid 309 RIVERSIDE CHASE CIRCLE GREER, SC 29650							
(b) Amount of sales ar	nd base	Fee	es and other commission	ns paid			
commissions pa		(c) Amount	((d) Purpose	Э		(e) Organization code
	231	42 S <i>i</i>	ALES AND SERVICE CO	OMPENSA	TION		3
	(a) Name	and address of the agent, broker,	or other person to whor	n commiss	ions or fees	were paid	
TINA L. WRIGHT TBR ASSOCIATES 14 ROSS AVENUE MILLIS, MA 02054							
(b) Amount of sales ar	nd base	Fee	es and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpose)		(e) Organization code
	128						3
For Paperwork Reduction	n Act Notice	and OMB Control Numbers see	e the instructions for F	orm 5500		Scher	Jule A (Form 5500) 2011

Schedule A (Form 5500) 2	011	Page 2 - 1	
(a) Nam	e and address of the agent, broke	r, or other person to whom commissions or fees were pa	aid
HOWARD S. GARLAND		OX 1514 ELAND, MS 39158	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
43	31	SALES AND SERVICE COMPENSATION	3
(a) Nam	e and address of the agent, broke	r, or other person to whom commissions or fees were pa	aid
VICKI L. KILBRIDE	8 N. O	AK FOREST DRIVE NVILLE, SC 29617	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
43			
(a) Nam	e and address of the agent, broke	r, or other person to whom commissions or fees were pa	aid
RENA LARAE BATES	831 C	ENTRAL ACADEMY ROAD SVILLE, MS 38606	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
42			3
(a) Nam	e and address of the agent, broke	r, or other person to whom commissions or fees were pa	aid
FRANK FEREZ		SUNSET BLVD COLA, SC 29169	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
31			
(a) Nam	e and address of the agent, broke	r, or other person to whom commissions or fees were pa	aid
ROBERT T. PENN	P.O. B	GOX 10609 GON, MS 39289	
(b) Amount of color and have		Fees and other commissions paid	(a) Organization
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
26			3
			·

Schedule A (F	Form 5500) 2011	Page 2 - 2

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid 715 10TH STREET N. MALCOLM H. CARMICHAEL COLUMBUS, MS 39701 Fees and other commissions paid (e) Organization (b) Amount of sales and base commissions paid (c) Amount code (d) Purpose 22 (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid 2 REVIS CREEK CT. SIMPSONVILLE, SC 29681 JANICE A. SMITH Fees and other commissions paid (b) Amount of sales and base (e) Organization commissions paid (c) Amount (d) Purpose code 21 (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid Fees and other commissions paid (e) Organization (b) Amount of sales and base code commissions paid (c) Amount (d) Purpose (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid Fees and other commissions paid (b) Amount of sales and base (e) Organization commissions paid (c) Amount (d) Purpose code (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid Fees and other commissions paid (b) Amount of sales and base (e) Organization commissions paid (c) Amount (d) Purpose code

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Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual this report.	y be treated	d as a unit for purposes of		
4	Curre	ent value of plan's interest under this contract in the general account at year	end		. 4	
		ent value of plan's interest under this contract in separate accounts at year e			. 5	
_		racts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan ch	eck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in se	parate accounts)		
	а	Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶	ite participatio	on guarantee		
	b	Balance at the end of the previous year			. 7b	
	С	Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year				
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
		(6)Total additions			. 7c(6)	0
	ď	Total of balance and additions (add b and c(6))			. 7d	
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	. 7e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	7e(4)			
		>				
		(5) Total deductions			. 7e(5)	0
		Balance at the end of the current year (subtract e(5) from d)			. 7f	

Schedule A (Form 5500) 2011		Page 4		
If more than one contract covers the same information may be combined for reporting the entire group of such individual contract.	e group of employees of the sam g purposes if such contracts are	experience-rated as a u	nit. Where contract	
Benefit and contract type (check all applicable box	es)			
a Health (other than dental or vision)	b Dental	C Vision		d X Life insurance
e Temporary disability (accident and sickness	f Long-term disability	g Supplementa	al unemployment	h Prescription drug
i Stop loss (large deductible)	j HMO contract	k PPO contrac		I Indemnity contract
m ☒ Other (specify) ►AD&D AND SPECIAL RI		Ц		<u> </u>
The Strict (specify) Theat have of Earth In	SIC .			
Experience-rated contracts:				
a Premiums: (1) Amount received		9a(1)		
(2) Increase (decrease) in amount due but un	paid	9a(2)		
(3) Increase (decrease) in unearned premium	reserve	9a(3)		
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid		9b(1)		
(2) Increase (decrease) in claim reserves		9b(2)		
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges	s (on an accrual basis)			
(A) Commissions	9	c(1)(A)		
(B) Administrative service or other fees		c(1)(B)		
(C) Other specific acquisition costs		c(1)(C)		
(D) Other expenses	9	c(1)(D)		

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

6590

retention of the contract or policy, other than reported in Part I, item 2 above, report amount..... Specify nature of costs

10 Nonexperience-rated contracts:

Part III

(E) Taxes..... (F) Charges for risks or other contingencies

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

Total premiums or subscription charges paid to carrier

If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

Part IV	Provision of Information			
11 Did t	ne insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	_

9c(1)(E)

9c(1)(F)

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

2011

nursuant to EDICA continu 102(a)(2)					m is Open to Public Inspection		
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011							
A Name of plan SOURCELINK ACQUISIT	ΓΙΟΝ, LLC HEΑ	ALTH & WELFARE PLAN		e-digit number (PN)	501		
C Plan sponsor's name as shown on line 2a of Form 5500 SOURCELINK ACQUISITION, LLC D Employer Identification Number (E 20-2978913							
	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 ca		NCE CO.					
		<u> </u>	(a) Annual contracts	Deliana			
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	(f) From	ontract year (g) To		
57-0144607	62049	E7998784	33	01/01/2011	12/31/2011		
2 Insurance fee and com descending order of the		ation. Enter the total fees and total	al commissions paid. List in item 3	the agents, brokers, and o	other persons in		
(a) Total a	amount of com		(b) To	otal amount of fees paid			
		2356			306		
3 Persons receiving com	missions and f	ees. (Complete as many entries	as needed to report all persons).				
	(a) Name a		or other person to whom commiss	ions or fees were paid			
PAUL CLARK			IVERSIDE CHASE CIRCLE R, SC 29650				
(b) Amount of sales ar	nd base	Fee	s and other commissions paid				
commissions pa		(c) Amount	(d) Purpose	(e) Organization code			
	980	250 SA	LES AND SERVICE COMPENSA	TION	3		
	(a) Name a	and address of the agent, broker,	or other person to whom commiss	ions or fees were paid			
TINA L. WRIGHT TBR ASSOCIATES 14 ROSS AVENUE MILLIS, MA 02054							
(b) Amount of sales ar	nd hase	Fee	s and other commissions paid				
commissions pa		(c) Amount	(d) Purpose	<u></u>	(e) Organization code		
	491				3		
For Panerwork Reduction	n Act Notice	and OMB Control Numbers see	the instructions for Form 5500	Scher	dule A (Form 5500) 2011		

Schedule A (Form 550	0) 2011	Page 2 - 1	
(a) N	324	oker, or other person to whom commissions or fees were pa 4 SANDHURST DRIVE YTON, OH 45405	id
(b) Amount of sales and base	(c) Amount	Fees and other commissions paid	(e) Organization
commissions paid 224	i i i i i i i i i i i i i i i i i i i	(d) Purpose 4 SALES AND SERVICE COMPENSATION	code 3
(a) 1 SUSAN LACHAT	732	Oker, or other person to whom commissions or fees were pa 22 N. MAIN STREET YTON, OH 45415	lid
(b) Amount of color and base		Fees and other commissions paid	(a) Organization
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
214	· · · · · · · · · · · · · · · · · · ·	6 SALES AND SERVICE COMPENSATION	3
JANICE A. SMITH	2 R	oker, or other person to whom commissions or fees were pa EVIS CREEK MPSONVILLE, SC 29681	id
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose SALES AND SERVICE COMPENSATION	code 3
(a) 1	Name and address of the agent, bro	oker, or other person to whom commissions or fees were pa	id
PETRINA PRICHARD		2C EAST FRANKLIN STREET NTERVILLE, OH 45459	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose 9 SALES AND SERVICE COMPENSATION	code
78	1	9 SALES AND SERVICE COMPENSATION	3
		oker, or other person to whom commissions or fees were pa	id
FRANK FEREZ		99 SUNSET BLVD. EST COLA, SC 29169	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
89			3
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Schedule A (Form 5500)		Page 2 - 2	d
CKI L. KILBRIDE	8 N. O	r, or other person to whom commissions or fees were pai AK FOREST DRIVE NVILLE, SC 29617	u
(h) Amount of color and book		Fees and other commissions paid	(a) Ornanization
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
87	1	SALES AND SERVICE COMPENSATION	3
(a) Na	7322 N	r, or other person to whom commissions or fees were pai N. MAIN STREET ON, OH 45415	d
(b) Amount of sales and base		Fees and other commissions paid	
commissions paid 24	(c) Amount	(d) Purpose	code 3
(a) Na		r, or other person to whom commissions or fees were pai	d I
ICHAEL FRANKS		HIGH STREET MBUS, OH 43206	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
24			3
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were pai	d
14)		, or outer person to whom ostimination or 1000 their par	-
(h) Amount of color and been		Fees and other commissions paid	(a) Organi-ation
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code

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

(c) Amount

(b) Amount of sales and base commissions paid

Fees and other commissions paid

(d) Purpose

(e) Organization code

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Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual this report.	y be treated	d as a unit for purposes of		
4	Curre	ent value of plan's interest under this contract in the general account at year	end		. 4	
		ent value of plan's interest under this contract in separate accounts at year e			. 5	
_		racts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan ch	eck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in se	parate accounts)		
	а	Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶	ite participatio	on guarantee		
	b	Balance at the end of the previous year			. 7b	
	С	Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year				
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
		(6)Total additions			. 7c(6)	0
	ď	Total of balance and additions (add b and c(6))			. 7d	
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	. 7e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	7e(4)			
		>				
		(5) Total deductions			. 7e(5)	0
		Balance at the end of the current year (subtract e(5) from d)			. 7f	

	Schedule A (Form 5500) 2011		Pa	ge 4	
				90.	
rt I	If more than one contract covers the same ginformation may be combined for reporting p the entire group of such individual contracts.	roup of employees of the sa urposes if such contracts ar	re experienc	e-rated as a unit. Where contra	
Ben	efit and contract type (check all applicable boxes)				
а	Health (other than dental or vision)	b Dental	с	Vision	d X Life insurance
е	Temporary disability (accident and sickness)	f Long-term disability	g	Supplemental unemployment	h Prescription drug
i İ	Stop loss (large deductible)	j	~ =	PPO contract	I Indemnity contract
m				1	
••••	Office (specify) FAD&D AND SECTAL KISK				
Exp	erience-rated contracts:				
a	Premiums: (1) Amount received		9a(1)		
	(2) Increase (decrease) in amount due but unpaid	b	9a(2)		
	(3) Increase (decrease) in unearned premium res	serve	9a(3)		
	(4) Earned ((1) + (2) - (3))	<u></u>		9a(4)	
b	Benefit charges (1) Claims paid		9b(1)		
	(2) Increase (decrease) in claim reserves		9b(2)		
	(3) Incurred claims (add (1) and (2))			9b(3)	
	(4) Claims charged			9b(4)	
С	Remainder of premium: (1) Retention charges (c	n an accrual basis)			
	(A) Commissions		9c(1)(A)		
	(B) Administrative service or other fees		9c(1)(B)	-	
	(C) Other specific acquisition costs		9c(1)(C)		
	(D) Other expenses		9c(1)(D)	·	

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

20547

retention of the contract or policy, other than reported in Part I, item 2 above, report amount..... Specify nature of costs

10 Nonexperience-rated contracts:

Part III

(E) Taxes.....

(F) Charges for risks or other contingencies

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

Total premiums or subscription charges paid to carrier

If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

9c(1)(E)

9c(1)(F)

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2011

nursuant to EDICA agetion 402(a)(2)					m is Open to Public Inspection		
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011							
A Name of plan SOURCELINK ACQUISIT	TION, LLC HEA	ALTH & WELFARE PLAN	В	Three-digit plan number (PN	N) •	501	
C Plan sponsor's name as shown on line 2a of Form 5500 SOURCELINK ACQUISITION, LLC D Employer Identification Number (20-2978913)							
on a separat	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 ca		esc					
	())) ()	40.0	(e) Approximate numbe	r of	Policy or co	ontract year	
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered at end policy or contract yea	of (f)	From	(g) To	
36-1236610	70670	P38248,256,257	579	01/01/20	11	12/31/2011	
2 Insurance fee and com descending order of the		nation. Enter the total fees and to	otal commissions paid. List in	item 3 the agents,	brokers, and c	other persons in	
(a) Total a	amount of com	nmissions paid		(b) Total amount of	of fees paid		
,		66150			·		
3 Persons receiving com	missions and	fees. (Complete as many entrie	s as needed to report all perso	ons).			
	(a) Name	and address of the agent, broke	r, or other person to whom cor	mmissions or fees	were paid		
TINA L WRIGHT		14 R	ASSOCIATES ROSS AVE. LIS, MA 02054				
(b) Amount of sales ar	nd hase	Fe	ees and other commissions pa	id			
commissions pa		(c) Amount	(d) Purpose			(e) Organization code	
66150						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 Fees and other commissions paid							
commissions pa		(c) Amount	(d) P	urpose		(e) Organization code	

Schedule A (Form 5500)	2011	Page 2 - 1	<u> </u>			
	ame and address of the agent, broke	r. or other person to whom	commissions or fees were paid			
(4) 110	and and address of the agent, sience	n, or ourer percent to whem	commissions of 1666 Word paid			
(I) A		Fees and other commission	ns paid	(-) One of the first		
(b) Amount of sales and base commissions paid	(c) Amount		(d) Purpose	(e) Organization code		
•	, ,					
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid			
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization		
commissions paid	(c) Amount		(d) Purpose	code		
(-) NI-						
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid			
	<u> </u>					
(b) Amount of sales and base		Fees and other commission		(e) Organization		
commissions paid	(c) Amount		(d) Purpose	code		
(a) Na	ame and address of the agent, broke	r, or other person to whom	commissions or fees were paid			
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization		
commissions paid	(c) Amount		(d) Purpose	code		
(a) Na	(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid					
	T			1		
(b) Amount of sales and base		Fees and other commission		(e) Organization		
commissions paid	(c) Amount		(d) Purpose	code		

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Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual this report.	idual contract	s with each carrier ma	y be treated	d as a unit for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end		. 4	
		ent value of plan's interest under this contract in separate accounts at year e			. 5	
_		racts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan ch	eck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in se	parate accounts)		
	а	Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶	ite participatio	on guarantee		
	b	Balance at the end of the previous year			. 7b	
	С	Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year				
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
		(6)Total additions			. 7c(6)	0
	ď	Total of balance and additions (add b and c(6))			. 7d	
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	. 7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		>				
		(5) Total deductions			. 7e(5)	0
		Balance at the end of the current year (subtract e(5) from d)			. 7f	

Page 4	
employer(s) or members of the same en perience-rated as a unit. Where contra- l as a unit for purposes of this report.	
 C ☐ Vision g ☐ Supplemental unemployment k ☐ PPO contract 	d Life insurance h Prescription dru l Indemnity contra

Pa	art III						
		If more than one contract covers the same gr information may be combined for reporting pu the entire group of such individual contracts of	urposes if such contracts	are experienc	ce-rated as a unit. Where co	ontracts co	
8	Bene	efit and contract type (check all applicable boxes)					
	a >	Health (other than dental or vision)	b Dental	С	Vision	d	Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disabil	lity g	Supplemental unemploymental	ent h	Prescription drug
	i	Stop loss (large deductible)	j HMO contract	, <u>s </u>	1	• 	Indemnity contract
	'	<u>-</u>	I HIMO contract	^ _	PPO contract	יַ	_ indemnity contract
	m	Other (specify)					
9	Exne	rience-rated contracts:					
Ŭ	•	Premiums: (1) Amount received		9a(1)	180	00860	
		(2) Increase (decrease) in amount due but unpaid		_ ` '			
		(3) Increase (decrease) in unearned premium res					
		(4) Earned ((1) + (2) - (3))			98	a(4)	1800860
	b	Benefit charges (1) Claims paid		9b(1)	153	36888	
		(2) Increase (decrease) in claim reserves		. 9b(2)			
		(3) Incurred claims (add (1) and (2))			9t	o(3)	1536888
		(4) Claims charged			9t	o(4)	
	С	Remainder of premium: (1) Retention charges (o	n an accrual basis)				
		(A) Commissions		9c(1)(A)		66150	
		(B) Administrative service or other fees			19	95508	
		(C) Other specific acquisition costs					
		(D) Other expenses		1 1 1 1		2314	
		(E) Taxes					
		(F) Charges for risks or other contingencies.		- (1)(-)			
		(G) Other retention charges			10.1	4)(1)	
		(H) Total retention	_			1)(H)	263972
		(2) Dividends or retroactive rate refunds. (These		<u></u>		c(2)	
		Status of policyholder reserves at end of year: (1	'			d(1)	
		(2) Claim reserves				d(2)	
		(3) Other reserves				d(3)	
46		Dividends or retroactive rate refunds due. (Do no	ot include amount entere	ed in c(2) .)		9e	
1(nexperience-rated contracts:				0-	
	_	Total premiums or subscription charges paid to o				0a	144454
		If the carrier, service, or other organization incurretention of the contract or policy, other than repo	, .		•	0b	
			, - ubc	,	•		

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	_

Specify nature of costs

Schedule A (Form 5500) 2011

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

For calendar plan year 2011 or fiscal plan year beginning

Insurance Information

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

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

and ending

12/31/2011

01/01/2011

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

A Name of plan SOURCELINK ACQUISITION, LLC HEALTH & WELFARE PLAN			B Three	e-digit number (PN)	501	
				-		
C Plan sponsor's name as shown on line 2a of Form 5500 SOURCELINK ACQUISITION, LLC			D Emplo	yer Identification Number 8913	(EIN)	
		ing Insurance Contract C Individual contracts grouped as a				
1 Coverage Information:						
(a) Name of insurance car UNUM	rier					
4 > =	(c) NAIC	(d) Contract or	(e) Approximate nu		Policy or o	contract year
(b) EIN	code	identification number	persons covered at policy or contract		(f) From	(g) To
01-0278678	62235	144189	45	5	01/01/2011	12/31/2011
2 Insurance fee and commodescending order of the		ation. Enter the total fees and total	ıl commissions paid. Lis	st in item 3	the agents, brokers, and	other persons in
(a) Total a	mount of comr			(b) To	otal amount of fees paid	
11420 1332						
3 Persons receiving comm	missions and fe	ees. (Complete as many entries	as needed to report all p	ersons).		
	(a) Name a	nd address of the agent, broker,		n commiss	ions or fees were paid	
TINA L. WRIGHT		14 RO	SSOCIATES SS AVE S, MA 02054			
(b) Amount of sales an	d base	Fee	s and other commission	s paid		
commissions pai		(c) Amount	(d) Purpose		(e) Organization code	
	11420	1332 SA	LES AND SERVICE CO	MPENSA	TION	3
	(a) Name a	nd address of the agent, broker,	or other person to when	commiss	ione or fees wore paid	
	(a) Name a	nd address of the agent, broker,	or other person to whom	I COMMINISS	ions or fees were paid	
(b) Amount of sales an	d base	Fee	s and other commission	s paid		_
commissions pai		(c) Amount	(d) Purpose	9	(e) Organization code
For Paperwork Reduction	n Act Notice a	nd OMB Control Numbers, see	the instructions for F	orm 5500.	Sche	edule A (Form 5500) 2011 v.012611

Schedule A (Form 5500)	2011	Page 2 - 1	<u> </u>			
	ame and address of the agent, broke	r. or other person to whom	commissions or fees were paid			
(4) 110	and and address of the agent, sience	n, or ourer percent to whem	commissions of 1666 Word paid			
(L) A		Fees and other commission	ns paid	(-) One of the first		
(b) Amount of sales and base commissions paid	(c) Amount		(d) Purpose	(e) Organization code		
•	, ,					
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid			
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization		
commissions paid	(c) Amount		(d) Purpose	code		
(-) NI-						
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid			
	<u> </u>					
(b) Amount of sales and base		Fees and other commission		(e) Organization		
commissions paid	(c) Amount		(d) Purpose	code		
(a) Na	ame and address of the agent, broke	r, or other person to whom	commissions or fees were paid			
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization		
commissions paid	(c) Amount		(d) Purpose	code		
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid			
	T			1		
(b) Amount of sales and base		Fees and other commission		(e) Organization		
commissions paid	(c) Amount		(d) Purpose	code		

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Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual this report.	idual contract	s with each carrier ma	y be treated	d as a unit for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end		. 4	
		ent value of plan's interest under this contract in separate accounts at year e			. 5	
_		racts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan ch	eck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in se	parate accounts)		
	а	Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶	ite participatio	on guarantee		
	b	Balance at the end of the previous year			. 7b	
	С	Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year				
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
		(6)Total additions			. 7c(6)	0
	ď	Total of balance and additions (add b and c(6))			. 7d	
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	. 7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		>				
		(5) Total deductions			. 7e(5)	0
		Balance at the end of the current year (subtract e(5) from d)			. 7f	

Schedule A (Form 5500) 2011		Pa	ge 4		
Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting pu the entire group of such individual contracts w	oup of employees of the sar urposes if such contracts are	e experienc	e-rated as a unit. When	re contract	
efit and contract type (check all applicable boxes) Health (other than dental or vision) Temporary disability (accident and sickness) Stop loss (large deductible) Other (specify) AD&D	b ☐ Dental f ☒ Long-term disability j ☐ HMO contract	c g k	Vision Supplemental unemple PPO contract	oyment	d X Life insurance h ☐ Prescription drug I ☐ Indemnity contract
erience-rated contracts:					
Premiums: (1) Amount received		9a(1)			
(2) Increase (decrease) in amount due but unpaid	1	9a(2)			
(3) Increase (decrease) in unearned premium res	erve	9a(3)			
(4) Earned ((1) + (2) - (3))	<u></u>			9a(4)	
Benefit charges (1) Claims paid	<u> </u>	9b(1)			
(2) Increase (decrease) in claim reserves		9b(2)			
(3) Incurred claims (add (1) and (2))				9b(3)	
(4) Claims charged				9b(4)	
Remainder of premium: (1) Retention charges (o	n an accrual basis)	— т			
(A) Commissions		9c(1)(A)			
(B) Administrative service or other fees		9c(1)(B)			
(C) Other specific acquisition costs	ç	9c(1)(C)			

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

88792

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.

9c(1)(D) 9c(1)(E)

9c(1)(F)

a Health (other than dental or vision)

m X Other (specify) ▶AD&D

Experience-rated contracts:

10 Nonexperience-rated contracts:

Benefit and contract type (check all applicable boxes)

Part III

a Premiums: (1) Amount received..... (2) Increase (decrease) in amount due but unpaid......

(D) Other expenses.....

(E) Taxes..... (F) Charges for risks or other contingencies

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

Total premiums or subscription charges paid to carrier

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.....

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

For calendar plan year 2011 or fiscal plan year beginning

Insurance Information

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

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

and ending

12/31/2011

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

A Name of plan SOURCELINK ACQUISITION, LLC HEALTH & WELFARE PLAN			B Three plan	e-digit number (PN)	501	
			·	· ,		
C Plan sponsor's name as shown on I SOURCELINK ACQUISITION, LLC	C Plan sponsor's name as shown on line 2a of Form 5500 SOURCELINK ACQUISITION, LLC				EIN)	
	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 UNUM						
(c) NAIC	(d) Contract or	(e) Approximate nui		Policy or co	ontract year	
(b) EIN (c) NAIC code	identification number	persons covered at policy or contract		(f) From	(g) To	
01-0278678 62235	144190	122	2	01/01/2011	12/31/2011	
2 Insurance fee and commission information descending order of the amount paid		I commissions paid. Lis	st in item 3	the agents, brokers, and o	other persons in	
(a) Total amount of co	<u> </u>		(b) Total amount of fees paid			
5532 513						
3 Persons receiving commissions and						
	and address of the agent, broker, o	or other person to whom SSOCIATES	n commissi	ions or fees were paid		
TINA L. WRIGHT	14 RO	SS AVE 6, MA 02054				
(b) Amount of sales and base	Fees	and other commission	s paid			
commissions paid	(c) Amount	(d) Purpose			(e) Organization code	
5532	513 SAI	SALES AND SERVICE COMPENSATION		TION	3	
(a) Name	and address of the agent, broker, o	or other person to whom	n commissi	ions or fees were paid		
(b) Amount of sales and base		and other commission	s paid		_	
commissions paid	(c) Amount	(1	d) Purpose	9	(e) Organization code	
For Paperwork Reduction Act Notice	and OMB Control Numbers, see	the instructions for Fo	orm 5500.	Scheo	dule A (Form 5500) 2011 v.012611	

Schedule A (Form 5500)	2011	Page 2 - 1	<u> </u>			
(a) Na	ame and address of the agent, broke	r. or other person to whom	commissions or fees were paid			
(4) 110	and and address of the agent, sience	n, or ourer percent to whem	commissions of 1666 Word paid			
(L) A		Fees and other commission	ns paid	(-) One of the first		
(b) Amount of sales and base commissions paid	(c) Amount		(d) Purpose	(e) Organization code		
•	, ,					
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid			
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization		
commissions paid	(c) Amount		(d) Purpose	code		
(-) NI-						
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid			
	<u> </u>					
(b) Amount of sales and base		Fees and other commission		(e) Organization		
commissions paid	(c) Amount		(d) Purpose	code		
(a) Na	ame and address of the agent, broke	r, or other person to whom	commissions or fees were paid			
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization		
commissions paid	(c) Amount		(d) Purpose	code		
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid			
	T			1		
(b) Amount of sales and base		Fees and other commission		(e) Organization		
commissions paid	(c) Amount		(d) Purpose	code		

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_						
		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contract	s with each carrier ma	y be treated	d as a unit for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end		. 4	
		ent value of plan's interest under this contract in separate accounts at year e			. 5	
_		racts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan ch	eck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in se	parate accounts)		
	а	Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶	ite participatio	on guarantee		
	b	Balance at the end of the previous year			. 7b	
	С	Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year				
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
		(6)Total additions			. 7c(6)	0
	ď	Total of balance and additions (add b and c(6))			. 7d	
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	. 7e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	7e(4)			
		>				
		(5) Total deductions			. 7e(5)	0
		Balance at the end of the current year (subtract e(5) from d)			. 7f	

Schedule A (Form 5500) 2011		Pa	ge 4		
Welfare Benefit Contract Informat If more than one contract covers the same gi information may be combined for reporting p the entire group of such individual contracts	roup of employees of the samurposes if such contracts are	experienc	ce-rated as a unit. Where c	ontract	
efit and contract type (check all applicable boxes)					
Health (other than dental or vision)	b Dental	С	Vision		d X Life insurance
Temporary disability (accident and sickness)	f Long-term disability	g	Supplemental unemployn	nent	h Prescription drug
Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract
Other (specify)			'		_
erience-rated contracts:					
Premiums: (1) Amount received		9a(1)			
(2) Increase (decrease) in amount due but unpaid	t	9a(2)			
(3) Increase (decrease) in unearned premium res	serve	9a(3)			
(4) Earned ((1) + (2) - (3))	<u></u>			a(4)	
Benefit charges (1) Claims paid		9b(1)			
(2) Increase (decrease) in claim reserves		9b(2)			
(3) Incurred claims (add (1) and (2))			ç	b(3)	
(4) Claims charged				b(4)	
Remainder of premium: (1) Retention charges (c	n an accrual basis)				
(A) Commissions	9	c(1)(A)			
(B) Administrative service or other fees		c(1)(B)			
(C) Other specific acquisition costs		c(1)(C)			

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

34214

retention of the contract or policy, other than reported in Part I, item 2 above, report amount..... Specify nature of costs

10 Nonexperience-rated contracts:

a Health (other than dental or vision)

Experience-rated contracts:

Benefit and contract type (check all applicable boxes)

Part III

a Premiums: (1) Amount received...... (2) Increase (decrease) in amount due but unpaid.....

(C) Other specific acquisition costs..... (D) Other expenses.....

(E) Taxes..... (F) Charges for risks or other contingencies

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

Total premiums or subscription charges paid to carrier

If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

9c(1)(D) 9c(1)(E)

9c(1)(F)

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

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

Part Annual Report Identification Inform	nation					
For calendar plan year 2011 or fiscal plan year beginning	144011	and en	ndina			
A This return/report is for: a multiemployer pla						
X a single-employer p	•	a DFE (spec	cify)			
	·	-				
B This return/report is: the first return/report	rt;	the final retu	ırn/report;			
an amended return	report;	a short plan	year return/report (less than 12 months).			
C If the plan is a collectively-bargained plan, check her	e	<u></u>	▶∐			
D Check box if filing under: Form 5558;		automatic ex	xtension; the DFVC program;			
special extension (e	enter description)					
Part II Basic Plan Information -enter all reque	ested information					
1 a Name of plan			1b Three-digit plan			
SOURCELINK ACQUISITION, LLC	•		number (PN) ▶ 501			
HEALTH & WELFARE PLAN			1c Effective date of plan			
			01/01/1997			
2 a Pian sponsor's name and address, including room or suite		le-employer plan)	2b Employer Identification			
SOURCELINK ACQUISITION, LLC			Number (EIN)			
500 PARK BOULEVARD			20-2978913			
SUITE 415			2c Sponsor's telephone number			
ITASCA						
IL 60143-1260			847-238-5400 2d Business code (see			
	instructions)					
	454110					
494110						
Caution: A penalty for the late or incomplete filing of the	nis return/report will be a	ssessed unless reason:	able cause is established.			
Under penalties of pedury and other penalties set forth in the inst	ructions. I declare that I have	examined this return/report	Including accompanying schedules,			
statements and attachments, as well as the electronic version of	this return/report, and to the i	pest of my knowledge and be	elief, it is true, correct, and complete.			
0/1/						
SIGN M'	111217	JOSEPH PSIO	DA			
Signature of plan administrator	Date	Enter name of individu	al signing as plan administrator			
200 A	1 , ,					
SIGN HERE M	1/11/2012	JOSEPH PSIO	DA			
Signature of employer/plan sponsor	Date	Enter name of individu	al signing as employer or plan sponsor			
CION	1					
SIGN HERE		ļ.,				
Signature of DFE	Date	Enter name of individu	al signing as DFE			

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

Form 5500 (2011) v.012611

	Form 5500 (2011) Fage 2			
3 a SAI	an administrator's name and address (if same as plan sponsor, enter "Same") 3b Administra		tor's EIN	
		C Administra	tor's te	lephone
		number		
				1 4 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
			•	
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, ente	r the name,		4b EIN
9	EIN and the plan number from the last return/report: Sponsor's name		1	4c PN
a	Sportson & frame			
5	Total number of participants at the beginning of the plan year		_5	499
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and	6d).		
_	Active participants		6a	579
a	Active participants			
b	Retired or separated participants receiving benefits		6b	0
			6c	0
С	Other retired or separated participants entitled to future benefits		90	0
d	Subtotal. Add lines 6a, 6b, and 6c		6d	579
			_	0
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f	Total. Add lines 6d and 6e.		6f	579
-		•		
g	Number of participants with account balances as of the end of the plan year (only defined contribution plan		e	0
	complete this item)		6g	<u> </u>
h	Number of participants that terminated employment during the plan year with accrued benefits that were			
	less than 100% vested		6h	00
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete		7	
8a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha	racteristic Code	es in th	e instructions:
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteristic Codes	in the	instructions:
-	4A 4B 4D 4H 4L			
	Oh Du harft			la V
9 a	Plan funding arrangement (check all that apply) 9b Plan benefit arrangement (1) X Insurance (1) X Insurance	ent (check all th	аг арр	(¥)
		on 412(e)(3) ins	suranc	e contracts
	(3) Trust (3) Trust			
		sets of the spo	nsor	
10	Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the num	ber attached. (S	ee instr	uctions)
а	Pension Schedules b General Schedules	l Information		
	(1) It (township)	l Information)	Small F	Nan)
	(2) mb (maniompo) of Southern Co.	Information – Se Information)	Judii F	iany
	, - , , , , , , , , , , , , , , , , , ,	e information) Provider Inform	istion)	
		rticipating Plan		ation)
	(4)	I Transaction S		