

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 I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a single-employer plan;
	☒ a multiple-employer plan; or ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ an amended return/report;
	☐ the final return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558; ☐ special extension (enter description)
	☐ automatic extension; ☐ the DFVC program;

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>YORK RETIREMENT SAVINGS PLAN</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>01/21/2002</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>FOX HILL HOLDINGS, INC.</u> <u>99 CHERRY HILL ROAD SUITE 230</u> <u>PARSIPPANY, NJ 07054</u>	2b Employer Identification Number (EIN) <u>13-4198394</u> 2c Sponsor's telephone number <u>973-541-1330</u> 2d Business code (see instructions) <u>524290</u>

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 accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/10/2012</u>	<u>DAVID PANICO</u>
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
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3a Plan administrator's name and address (if same as plan sponsor, enter "Same") FOX HILL HOLDINGS, INC. 99 CHERRY HILL ROAD SUITE 230 PARSIPPANY, NJ 07054	3b Administrator's EIN 13-4198394 3c Administrator's telephone number 973-541-1330
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	1353
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	1169
b Retired or separated participants receiving benefits.....	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	256
d Subtotal. Add lines 6a , 6b , and 6c	6d	1426
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	
f Total. Add lines 6d and 6e	6f	1426
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	1227
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	74

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2T 2S 2J 2G 2E

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		This Form 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 <u>YORK RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FOX HILL HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>13-4198394</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

VANGUARD GROUP INC.

PO BOX 2900
VALLEY FORGE, PA 19482

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
72 57 37	CONTRACT ADMINISTRATOR	2045	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning	01/01/2011	and ending	12/31/2011
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A Name of plan YORK RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN)	001
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 FOX HILL HOLDINGS, INC.	D Employer Identification Number (EIN) 13-4198394
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD RETIREMENT SAVINGS TRUST
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b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY
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c EIN-PN 23-2186884-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3494482
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a Name of MTIA, CCT, PSA, or 103-12 IE:
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b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:
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b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:
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b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:
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b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:
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b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:
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b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-
12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-
12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="font-size: 24pt; font-weight: bold;">2011</div> This Form 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 YORK RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 FOX HILL HOLDINGS, INC.	D Employer Identification Number (EIN) 13-4198394	

	Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	111393	
	(2) Participant contributions	1b(2)	211457	
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	1122045	1144158
	(9) Value of interest in common/collective trusts.....	1c(9)	3189042	3494482
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	38347653	43243765
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	42981590	47882405

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	42981590	47882405
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2271826	
(B) Participants	2a(1)(B)	4793339	
(C) Others (including rollovers)	2a(1)(C)	745428	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7810593

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	43879	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		43879

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		95376
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-370808
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		7579040

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2673554	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2673554
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	4671	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4671
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2678225

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4900815
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GILBERT & CALABRESE, LLC

(2) EIN: 27-0249502

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

**York Retirement Savings Plan
Financial Statements
December 31, 2011**

**York Retirement Savings Plan
Financial Statements
December 31, 2011**

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Gilbert & Calabrese, LLC

Certified Public Accountants

Independent Auditors' Report

To the Plan Administrator of
The York Retirement Savings Plan
Parsippany, NJ

We were engaged to audit the statements of net assets available for benefits of the York Retirement Savings Plan as of December 31, 2011 and 2010 and the related statement of changes in net assets available for benefits for the year ended December 31, 2011 and the supplemental schedule of assets held for investments and schedule of reportable transactions as of December 31, 2011. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 12, which was certified by Vanguard Fiduciary Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2011 that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with generally accepted auditing standards and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Gilbert & Calabrese LLC

Gilbert & Calabrese, LLC
Certified Public Accountants

Flanders, New Jersey
October 4, 2012

York Retirement Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2011 and 2010

	Assets	2011	2010
Investments (at fair value)			
Registered investment companies		\$43,243,765	\$38,347,653
Vanguard Retirement Savings Trust		<u>3,494,482</u>	<u>3,189,042</u>
		46,738,247	41,536,695
Contribution receivable		-	322,850
Notes receivable from participants		<u>1,144,158</u>	<u>1,122,045</u>
Total assets		<u>47,882,405</u>	<u>42,981,590</u>
Net assets available for benefits		<u>\$47,882,405</u>	<u>\$42,981,590</u>

See independent auditors' report and notes to financial statements.

York Retirement Savings Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2011

Additions

Additions to net assets attributed to:

Net appreciation (depreciation) in fair value	\$ (1,387,663)
Interest / dividend income	1,156,110

Contributions

Participants'	4,793,339
Rollover	745,428
Employer's	<u>2,271,826</u>

Total additions	<u>7,579,040</u>
-----------------	------------------

Deductions

Deductions from net assets attributed to:

Participant withdrawals	2,673,554
Administrative expenses	<u>4,671</u>

Total deductions	<u>2,678,225</u>
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Net increase	4,900,815
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Net assets available for benefits:

Beginning of year	<u>42,981,590</u>
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End of year	<u>\$47,882,405</u>
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See independent auditors' report and notes to financial statements.

**York Retirement Savings Plan
Notes to Financial Statements
December 31, 2011**

Note 1- Description of Plan

The following description of the York Retirement Savings Plan provides only general information pertaining to the Plan. Participants should refer to the Plan agreement for a more comprehensive description of the Plan's provisions.

a. General

The Plan is a defined contribution plan covering all full-time employees of Fox Hill Holdings, Inc. (formerly York Risk Services Group, Inc.) and its subsidiaries a (the Company), who are age 18 or older. The Plan was also amended to become a multiple employer plan to allow affiliated company employees to participate in the plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

During 2011 the Plan was amended to change its name from the York Insurance Services Group, Inc. Retirement Savings Plan to the York Retirement Savings Plan.

b. Contributions

Each year, Participants are permitted to make elective deferrals in any amount from 1% up to 25% of their compensation. Newly hired employees are automatically enrolled in the Plan with an initial deferral amount of 2% which increases annually by 1%. Participants may opt-out or make changes to the deferral rate at any time. The employer contributes and allocates to an account for each Participant who has completed less than five years of service an amount equal to 50% of the first 6% of the Participant's Compensation, to the extent deferred. For each Participant who has completed five or more years of service an amount equal to 100% of the first 6% of the Participant's Compensation, to the extent deferred.

c. Participant Accounts

Each participant's account is credited with the participant's contribution and allocation of (a) the Company's contributions and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

d. Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. There is no vesting for the first three years of service, a participant is 100 percent vested after three years of credited service or upon reaching normal retirement age, or in the event of death or disability.

York Retirement Savings Plan
Notes to Financial Statements
December 31, 2011

Note 1- Description of Plan (Cont'd)

e. Investment Options

Upon enrolling in the Plan, a participant may direct contributions in one percent increments in any of the investment options offered through Vanguard under a pooled separate account arrangement. Thereafter the participant may change investment options or allocation of invested balance directly with Vanguard.

f. Participant Loans

Participants may borrow from their fund accounts up to 50 percent of their vested balances to a maximum of \$50,000. Loan terms range from 6 months to 15 years and are secured by the balance in the participant's account and bear interest at a rate of prime plus 1% in effect at the time the loan is processed. Principal and interest is paid ratably through participant's payroll deductions.

g. Payment of Benefits

As soon as administratively feasible, following the date on which a distribution is requested or is otherwise payable the participant will receive the value of the vested interest in their account as a lump-sum distribution. If the participant is still active in the Plan upon reaching normal retirement age of 65, the participant may elect to receive the value of the vested interest in their account as a lump-sum distribution. Active participants are permitted to withdraw elective deferrals upon attaining age 59½ or on account of certain qualifying hardships.

h. Forfeited Account Balances

Forfeited account balances may be used to reduce future employer contributions. Forfeitures shall be allocated to Participants in the same manner as the Employer's contribution.

**York Retirement Savings Plan
Notes to Financial Statements
December 31, 2011**

Note 2- Summary of Significant Accounting Policies

a. Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

b. Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

c. Investment Valuation

The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Units of the Vanguard Retirement Savings Trust are valued at net asset value at year-end. Notes receivable from participants are valued at cost, which approximates fair value. See note 5 for discussion of fair value measurement.

Purchases and sales of investments are recorded on a trade date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Capital gain distributions are included in dividend income.

d. Benefit Payments

Benefits are recorded when paid.

e. Subsequent Events

Subsequent events were evaluated through October 4, 2012, which is the date the financial statements were available to be issued.

f. Administrative Expenses

At its discretion, the plan sponsor pays most of the administrative expenses of the Plan.

Note 3- Related Party Transactions

The Plan invests in shares of mutual fund managed by an affiliate of Vanguard Fiduciary Trust Company (VFTC). VFTC acts as trustee for only those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions which are exempt from the prohibited transaction rules.

See independent auditors' report.

York Retirement Savings Plan
Notes to Financial Statements
December 31, 2011

Note 4- Investments

At December 31, 2011 the Plan's assets were allocated among the investment options as selected by the participants. The investment funds are administered by independent investment managers. The investment information and related investment income was prepared and certified as complete and accurate by the Trustee.

	2011	2010
Variable investment options with Vanguard:		
Vanguard 500 Index Fund Investor Shares	* \$ 4,384,307	* \$ 4,135,435
Vanguard Capital Opportunity Fund	1,728,561	2,052,121
Vanguard Emerging Markets Stock Index Fund	913,420	1,062,037
Vanguard Explorer Fund Investor Shares	1,477,966	1,312,785
Vanguard Extended Market Index Fund Investor Shares	35,602	39,070
Vanguard Intermediate-Term Investment Grade Investor Share	2,094,634	1,870,997
Vanguard International Growth Fund Investor Shares	1,470,632	1,655,494
Vanguard LifeStrategy Conservative Growth Fund	1,337,442	1,094,293
Vanguard LifeStrategy Growth Fund	2,136,929	1,966,657
Vanguard LifeStrategy Income Fund	917,696	803,727
Vanguard LifeStrategy Moderate Growth Fund	1,579,644	1,376,767
Vanguard Mid-Cap Index Fund Investor Shares	1,251,896	1,200,977
Vanguard PRIMECAP Fund Investor Shares	* 3,033,759	* 3,000,723
Vanguard Prime Money Market Fund	* 4,900,829	* 4,119,250
Vanguard Small-Cap Index Fund Investor Shares	1,906,067	1,926,446
Vanguard Target Retirement 2005 Fund	362,983	296,391
Vanguard Target Retirement 2010 Fund	275,031	25,638
Vanguard Target Retirement 2015 Fund	873,218	528,486
Vanguard Target Retirement 2020 Fund	499,469	193,911
Vanguard Target Retirement 2025 Fund	1,731,509	1,338,590
Vanguard Target Retirement 2030 Fund	733,602	248,979
Vanguard Target Retirement 2035 Fund	567,924	395,388
Vanguard Target Retirement 2040 Fund	433,332	116,786
Vanguard Target Retirement 2045 Fund	225,574	152,474
Vanguard Target Retirement 2050 Fund	120,750	54,004
Vanguard Target Retirement 2055 Fund	22,182	-
Vanguard Target Retirement Income	202,958	44,752

See independent auditors' report.

York Retirement Savings Plan
Notes to Financial Statements
December 31, 2011

Note 4- Investments (Continued)

	2011		2010
Variable investment options with Vanguard:			
Vanguard Total Bond Market Index Fund	2,047,583		1,466,039
Vanguard Wellington Fund Investor Shares	*	3,805,676	* 3,660,882
Vanguard Windsor Fund Investor Shares		2,046,339	* 2,080,643
Vanguard Windsor II Fund Investor Shares		<u>126,251</u>	<u>127,911</u>
		43,243,765	38,347,653
Vanguard Retirement Savings Trust		*	<u>3,494,482</u>
			* <u>3,189,042</u>
Total fair value of investments		<u>\$46,738,247</u>	<u>\$41,536,695</u>

* Denotes investments greater than 5% of net plan assets

Note 5- Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

See independent auditors' report.

York Retirement Savings Plan
Notes to Financial Statements
December 31, 2011

Note 5- Fair Value Measurements (continued)

Level 1 - The fair value of the mutual funds held by the Plan is based on quoted net asset values of the shares held by the Plan at year-end.

Level 2 - The Retirement Savings Trust is a Common Collective Trust. The fair value is based on shares held by the Plan at year end for the underlying securities held in the commingled accounts.

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets carried at fair value:

December 31, 2011	Level 1	Level 2	Total
Mutual Funds with Vanguard:			
Domestic Stock Funds	\$15,990,748	\$ -	\$15,990,748
Balanced Funds	15,825,919	-	15,825,919
Bond Funds	4,142,217	-	4,142,217
Money Market Funds	4,900,829	-	4,900,829
International Stock Funds	2,384,052	-	2,384,052
Vanguard Retirement Savings Trust	<u>-</u>	<u>3,494,482</u>	<u>3,494,482</u>
Total fair value of investments	<u>\$43,243,765</u>	<u>\$ 3,494,482</u>	<u>\$46,738,247</u>

December 31, 2010	Level 1	Level 2	Total
Mutual Funds with Vanguard:			
Domestic Stock Funds	\$15,876,111	\$ -	\$15,876,111
Balanced Funds	12,297,725	-	12,297,725
Bond Funds	3,337,036	-	3,337,036
Money Market Funds	4,119,250	-	4,119,250
International Stock Funds	2,717,531	-	2,717,531
Vanguard Retirement Savings Trust	<u>-</u>	<u>3,189,042</u>	<u>3,189,042</u>
Total fair value of investments	<u>\$38,347,653</u>	<u>\$ 3,189,042</u>	<u>\$41,536,695</u>

See independent auditors' report.

York Retirement Savings Plan
Notes to Financial Statements
December 31, 2011

Note 6- Contributions

During the plan year ended December 31, 2011 the Company's share of contributions were \$2,271,826 as a 401(k) matching contribution. Employee participant contributions were \$5,538,767 including rollover account balances.

Note 7- Forfeitures

During the plan year ended December 31, 2011 non-vested account balances forfeited by participants amounted to \$106,028. The Company used \$128,654 of the forfeitures to fund matching contributions. A balance of \$22,815 was held to offset future sponsor contributions.

Note 8- Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits. The Plan held substantially all its assets with one institution. In the event of failure of the institution, the Plan could be subject to losses.

Note 9- Plan Termination

Although the Company has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

Note 10-Plan Amendment

Certain Plan amendments were adopted during 2011. One of the amendments made a change to become a multiple employer plan to allow affiliated company employees to participate in the plan. The Plan was previously amended and restated during the year ended December 31, 2006. None of the changes in the Plan amendments effected existing participant benefits.

York Retirement Savings Plan
Notes to Financial Statements
December 31, 2011

Note 11- Tax Status

The Plan received a favorable determination letter from the Internal Revenue Service in March 2012. The administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, however an application is currently pending with the IRS Voluntary Correction Program (VCP) to make certain necessary corrections. No provision for income taxes has been included in the plan's financial statements.

Note 12- Information Prepared and Certified by the Trustee of the Plan

The following information included in the accompanying financial statements was obtained from data that has been prepared and certified as complete and accurate by the Trustee, Vanguard in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

	2011
Investments, at fair value:	
Mutual funds	\$43,243,765
Retirement Savings Trust	\$ 3,494,482
Investment income and net depreciation in fair values	\$ (231,553)
Schedule of assets held for investment purposes	See supplementary schedule
Schedule of reportable transactions	See supplementary schedule

York Retirement Savings Plan.
EIN #13-4198394 – Three digit Plan #001
December 31, 2011

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

(a)	(b) Identity of, Issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Vanguard 500 Index Inv	Registered Investment Company	37,861 units @ 115.80	\$3,865,449
*	Vanguard Capital Opportunity	Registered Investment Company	58,575 units @ 29.51	1,706,892
*	Vanguard Emerging Mkt Stk Index	Registered Investment Company	37,886 units @ 24.11	916,602
*	Vanguard Explorer Fund	Registered Investment Company	20,688 units @ 71.44	1,342,392
*	Vanguard Extend Mkt Index Inv	Registered Investment Company	905 units @ 39.34	26,756
*	Vanguard IT Inv Grade	Registered Investment Company	209,673 units @ 9.99	2,026,309
*	Vanguard Int'l Growth Fund	Registered Investment Company	89,946 units @ 16.35	1,533,318
*	Vanguard LifeSt Conserv Growth	Registered Investment Company	82,456 units @ 16.22	1,269,102
*	Vanguard LifeSt Growth Fund	Registered Investment Company	101,276 units @ 21.10	2,067,259
*	Vanguard LifeSt Income Fund	Registered Investment Company	64,901 units @ 14.14	869,019
*	Vanguard LifeSt Moderate Growth	Registered Investment Company	82,445 units @ 19.16	1,509,784
*	Vanguard Mid-Cap Index Fund Inv	Registered Investment Company	63,710 units @ 19.65	976,742
*	Vanguard PRIMECAP Fund	Registered Investment Company	49,138 units @ 61.74	2,917,766
*	Vanguard Prime Money Mkt	Registered Investment Company	4,900,829 units @ 1.00	4,900,829
*	Vanguard Sm-Cap Index Inv	Registered Investment Company	57,102 units @ 33.38	1,586,490
*	Vanguard Target Retirement 2005 Fund	Registered Investment Company	30,299 units @ 11.98	291,162
*	Vanguard Target Retirement 2010 Fund	Registered Investment Company	12,262 units @ 22.43	278,362
*	Vanguard Target Retirement 2015 Fund	Registered Investment Company	70,993 units @ 12.30	798,704
*	Vanguard Target Retirement 2020 Fund	Registered Investment Company	23,028 units @ 21.69	498,298
*	Vanguard Target Retirement 2025 Fund	Registered Investment Company	141,117 units @ 12.27	1,409,722
*	Vanguard Target Retirement 2030 Fund	Registered Investment Company	35,067 units @ 20.92	736,479
*	Vanguard Target Retirement 2035 Fund	Registered Investment Company	45,397 units @ 12.51	490,391
*	Vanguard Target Retirement 2040 Fund	Registered Investment Company	21,138 units @ 20.50	440,541
*	Vanguard Target Retirement 2045 Fund	Registered Investment Company	17,527 units @ 12.87	190,860

See independent auditors' report

**York Retirement Savings Plan.
EIN #13-4198394 – Three digit Plan #001
December 31, 2011**

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

(Continued)

(a)	(b) Identity of, Issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Vanguard Target Retirement 2050 Fund	Registered Investment Company	20.41	120,750
*	Vanguard Target Retirement 2055 Fund	Registered Investment Company	21.86	22,182
*	Vanguard Target Retirement Income	Registered Investment Company	11.53	202,958
*	Vanguard Total Bond Mkt Index Fd	Registered Investment Company	11.00	2,047,583
*	Vanguard Wellington Inv	Registered Investment Company	31.34	3,805,676
*	Vanguard Windsor Fund	Registered Investment Company	12.77	2,046,339
*	Vanguard Windsor II Fund Inv	Registered Investment Company	25.78	126,251
*	Vanguard Retirement Savings Trust	Common/Collective Trust	1.00	3,494,482
*	Loan Fund	4.25% - 9.25%	1,144,158	<u>1,144,158</u>
Total fair value of investment				<u>\$47,882,405</u>

See independent auditors' report.

York Retirement Savings Plan.
EIN #13-4198394 – Three digit Plan #001
December 31, 2011

Schedule H, Line 4j – Schedule of Reportable Transactions

(a) Identity of, Party Involved	(b) Description of investment, (including interest rate and maturity incase of loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain of (loss)
Vanguard	Prime Money Market	\$1,653,290					\$ 1,653,290	\$ -
Vanguard	Prime Money Market		\$ 889,874			889,874	\$ 889,874	\$ -

See independent auditors' report

2011

Federal Statements

Page 2

Client 25900-00

Fox Hill Holdings, Inc.
York Insurance Services Group, Inc)

13-4198394
Plan No. 001

10/04/12

03:27PM

Statement 3
Schedule H, Page 4, Line 4j
Schedule Of Reportable Transactions
York Retirement Savings Plan 13-4198394 001

<u>Identity Of Party</u>	<u>Description</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expenses</u>	<u>Cost Of Asset</u>	<u>Current Value</u>	<u>Net Gain (Loss)</u>
Vanguard	Prime Money Market		\$ 889,874.			\$ 889,874.	\$ 889,874.	
Vanguard	Prime Money Market	\$ 1,653,290.					1,653,290.	

2011

Federal Statements

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Client 25900-00

Fox Hill Holdings, Inc.
York Insurance Services Group, Inc)

13-4198394

Plan No. 001

10/04/12

02:58PM

Statement 2

Schedule H, Page 4, Line 4i

Schedule Of Assets (Held At End Of Year)

York Retirement Savings Plan 13-4198394 001

Party In Interest	Identification	Description	Cost	Current Amount
X	Participant Loans	4.25% - 10.25%		\$ 1,144,158.
X	Vanguard Retire Savi	Common/Collective Tr	\$ 3,494,482.	3,494,482.
X	Vanguard 500 Index	Reg Investment Co	3,865,449.	4,384,307.
X	Vanguard Capital Opp	Reg Investment Co	1,706,892.	1,728,561.
X	Vanguard Emerg Mkts	Reg Investment Co	916,602.	913,420.
X	Vanguard Explorer Fu	Reg Investment Co	1,342,392.	1,477,966.
X	Vanguard Extend Mkt.	Reg Investment Co	26,756.	35,602.
X	Vanguard Int'l Grwth	Reg Investment Co	1,533,318.	1,470,632.
X	Vanguard IT Inv Grad	Reg Investment Co	2,026,309.	2,094,634.
X	Vanguard LifeSt Cons	Reg Investment Co	1,269,102.	1,337,442.
X	Vanguard LifeSt Grwt	Reg Investment Co	2,067,259.	2,136,929.
X	Vanguard LifeSt Inco	Reg Investment Co	869,019.	917,696.
X	Vanguard LifeSt Mode	Reg Investment Co	1,509,784.	1,579,644.
X	Vanguard Mid-Cap Ind	Reg Investment Co	976,742.	1,251,896.
X	Vanguard Prime Money	Reg Investment Co	2,917,766.	3,033,759.
X	Vanguard PRIMECAP Fu	Reg Investment Co	4,900,829.	4,900,829.
X	Vanguard Sm-Cap Inde	Reg Investment Co	1,586,490.	1,906,067.
X	Vanguard Total Bond	Reg Investment Co	1,941,022.	2,047,583.
X	Vanguard Trgt 2005	Reg Investment Co	291,162.	362,983.
X	Vanguard Trgt 2010	Reg Investment Co	278,362.	275,031.
X	Vanguard Trgt 2015	Reg Investment Co	798,704.	873,218.
X	Vanguard Trgt 2020	Reg Investment Co	498,298.	499,469.
X	Vanguard Trgt 2025	Reg Investment Co	1,409,722.	1,731,509.
X	Vanguard Trgt 2030	Reg Investment Co	736,479.	733,602.
X	Vanguard Trgt 2035	Reg Investment Co	490,391.	567,924.
X	Vanguard Trgt 2040	Reg Investment Co	440,541.	433,332.
X	Vanguard Trgt 2045	Reg Investment Co	190,860.	225,574.
X	Vanguard Trgt 2050	Reg Investment Co	119,708.	120,750.
X	Vanguard Trgt 2055	Reg Investment Co	23,870.	22,182.
X	Vanguard Trgt Retire	Reg Investment Co	197,979.	202,958.
X	Vanguard Wellington	Reg Investment Co	3,544,798.	3,805,676.
X	Vanguard Windsor II	Reg Investment Co	126,950.	126,251.
X	Vanguard Windsor Inv	Reg Investment Co	2,180,940.	2,046,339.