

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 multiple-employer plan; or ☐ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/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 here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>EMPLOYERS ADMINISTRATIVE SERVICES OF INDIANA RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ► <u>333</u> 1c Effective date of plan <u>01/01/1998</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>EMPLOYERS ADMINISTRATIVE SERVICES OF INDIANA</u> <u>3702 RUPP DR., STE. 200</u> <u>FT. WAYNE, IN 46815</u>	2b Employer Identification Number (EIN) <u>35-2025429</u> 2c Sponsor's telephone number <u>260-471-4968</u> 2d Business code (see instructions) <u>561490</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>10/12/2012</u>	<u>KENNETH C. LIZER</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/12/2012</u>	<u>KENNETH C. LIZER</u>
	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)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") EMPLOYERS ADMINISTRATIVE SERVICES OF INDIANA 3702 RUPP DR., STE. 200 FT. WAYNE, IN 46815	3b Administrator's EIN 35-2025429 3c Administrator's telephone number 260-471-4968
---	---

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
---	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	173
---	----------	-----

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	149
b Retired or separated participants receiving benefits.....	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	14
d Subtotal. Add lines 6a , 6b , and 6c	6d	164
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	164
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	142
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
--	----------	--

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

2E 2F 2G 2J 2K

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)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☐ Trust	(3) ☐ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)

(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

SCHEDULE A (Form 5500) 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 pursuant to ERISA section 103(a)(2).	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 EMPLOYERS ADMINISTRATIVE SERVICES OF INDIANA RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYERS ADMINISTRATIVE SERVICES OF INDIANA	D Employer Identification Number (EIN) 35-2025429

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 THE GUARDIAN INSURANCE & ANNUITY COMPANY, INC.
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-2656036	78778	300044	162	01/01/2011	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 commissions paid	(b) Total amount of fees paid
0	0

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	0		

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	71982
5 Current value of plan's interest under this contract in separate accounts at year end	5	6009651

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

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

b Balance at the end of the previous year	7b	68574
--	-----------	-------

c Additions: (1) Contributions deposited during the year	7c(1)	2019	
	7c(2)		
	7c(3)	1389	
	7c(4)		
	7c(5)		

(6) Total additions	7c(6)	3408
---------------------------	--------------	------

d Total of balance and additions (add b and c(6))	7d	71982
---	-----------	-------

e 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
----------------------------	--------------	---

f Balance at the end of the current year (subtract e(5) from d)	7f	71982
---	-----------	-------

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	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 (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)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

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

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. ▶

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 EMPLOYERS ADMINISTRATIVE SERVICES OF INDIANA RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYERS ADMINISTRATIVE SERVICES OF INDIANA	D Employer Identification Number (EIN) 35-2025429

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
--

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

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

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

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

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

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

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

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

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

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

(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)

STADION MONEY MANAGEMENT, INC.

58-2099805

(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?
26	INVEST ADVISOR	33565	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JACOB, HAXTON & BOORD, LLC

20-0754801

(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?
15 37 38 49	TPA	13820	Yes ☒ No ☐	Yes ☐ No ☒	3154	Yes ☐ No ☒

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

THE GUARDIAN INSURANCE & ANNUITY CO

13-2656036

(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?
15 38 49	CONTRACT ADMIN	0	Yes ☒ No ☐	Yes ☒ No ☐	2242	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)

DISTRIBUTION PARTNERS, INC.

42-1606202

(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?
49	MARKETING	0	Yes ☒ No ☐	Yes ☐ No ☒	4418	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
JACOB, HAXTON & BOORD, LLC	61	3154

(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.
EMPLOYERS ADMINISTRATIVE SERVICES 3702 RUPP DRIVE, SUITE 200 FT. WAYNE, IN 46815 35-2025429	MARKETING

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DISTRIBUTION PARTNERS, INC.	61	4418

(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.
EMPLOYERS ADMINISTRATIVE SERVICES 3702 RUPP DRIVE, SUITE 200 FT. WAYNE, IN 46815 35-2025429	MARKETING

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE GUARDIAN INSURANCE & ANNUITY CO	64 62	2242

(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.
EMPLOYERS ADMINISTRATIVE SERVICES 3702 RUPP DRIVE, SUITE 200 FT. WAYNE, IN 46815 35-2025429	FLOAT MARKETING ADMINISTRATIVE

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
(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
(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
(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
(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
(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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 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 EMPLOYERS ADMINISTRATIVE SERVICES OF INDIANA RETIREMENT PLAN	B Three-digit plan number (PN)	333
---	---------------------------------------	-----

C Plan or DFE sponsor's name as shown on line 2a of Form 5500 EMPLOYERS ADMINISTRATIVE SERVICES OF INDIANA	D Employer Identification Number (EIN) 35-2025429
--	---

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)
--------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	THE GUARDIAN SEPARATE ACCOUNT T
--	---------------------------------

b Name of sponsor of entity listed in (a):	THE GUARDIAN INSURANCE & ANNUITY COMPANY
---	--

c EIN-PN	13-2656036-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6009651
-----------------	----------------	----------------------	---	---	---------

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 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 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 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 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 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 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
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
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
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
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
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
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
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
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
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
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
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
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
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 EMPLOYERS ADMINISTRATIVE SERVICES OF INDIANA RETIREMENT PLAN	B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYERS ADMINISTRATIVE SERVICES OF INDIANA	D Employer Identification Number (EIN) 35-2025429

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	21619	11922
(2) Participant contributions	1b(2)	23815	10759
(3) Other.....	1b(3)		147
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)	251079	210708
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	6556863	6009651
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	68574	71982
(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	6921950	6315169

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		2511
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	2511

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6921950	6312658
---	-----------	---------	---------

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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	120842	
(B) Participants	2a(1)(B)	374592	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		495434
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)	0	
(E) Participant loans	2b(1)(E)	12865	
(F) Other	2b(1)(F)	1389	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14254
(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)		0
(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)		0

		(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)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-297478
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		212210

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	323080	
(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)		323080
f Corrective distributions (see instructions)	2f		5764
g Certain deemed distributions of participant loans (see instructions).....	2g		16499
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	37157	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		37157
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		382500

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-170290
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		439002

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: **LTS CPA GROUP, LLC** (2) EIN: **27-3126302**

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		500000
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.).....		X	
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)

NATURAL SOLUTIONS

5b(2) EIN(s)	5b(3) PN(s)
35-1872225	001

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 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 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 EMPLOYERS ADMINISTRATIVE SERVICES OF INDIANA RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYERS ADMINISTRATIVE SERVICES OF INDIANA		D Employer Identification Number (EIN) 35-2025429
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-2656036		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2011 v.012611		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

EMPLOYER'S ADMINISTRATIVE SERVICES OF INDIANA RETIREMENT PLAN

Financial Statements
Years Ended December 31, 2011 and 2010

EMPLOYER'S ADMINISTRATIVE SERVICES OF INDIANA RETIREMENT PLAN

Financial Statements

Years Ended December 31, 2011 and 2010

INDEX

	PAGE
Independent Auditors' Report	1
Statements of Net Assets Available for Benefits	2
Statement of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4-12
Schedule of Assets Held for Investment Purposes	13

To the Administrator
Employer's Administrative Services of
Indiana Retirement Plan
Fort Wayne, Indiana

INDEPENDENT AUDITORS' REPORT

We were engaged to audit the financial statements of **Employer's Administrative Services of Indiana Retirement Plan** as of December 31, 2011 and 2010, and for the year ended December 31, 2011, and the supplemental schedule as of and for the year ended December 31, 2011 as listed in the accompanying index. 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 investments, investment transactions and related income, and the schedule of assets held for investment purposes which were certified by Guardian Insurance & Annuity Company, Inc., the custodian of the Plan's investment assets, 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 certification from the custodian as of and for the years ended December 31, 2011 and 2010 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 schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by Guardian Insurance & Annuity Company, Inc., have been audited by us in accordance with auditing standards generally accepted in the United States of America 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.

LTS CPA Group, LLC

LTS CPA Group, LLC

Fort Wayne, Indiana
October 3, 2012

EMPLOYER'S ADMINISTRATIVE SERVICES OF INDIANA RETIREMENT PLAN

Statements of Net Assets Available for Benefits December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
ASSETS:		
Investments at fair value (Notes B and C):		
Pooled separate accounts	\$ 6,009,651	\$ 6,556,863
Guaranteed fixed account	71,982	68,574
Total Investments	<u>6,081,633</u>	<u>6,625,437</u>
Receivables:		
Employer's contribution	11,922	21,619
Participants' contributions	10,759	23,815
Other receivables	147	-
Notes receivable from participants	210,708	251,079
	<u>233,536</u>	<u>296,513</u>
Total Assets	<u>6,315,169</u>	<u>6,921,950</u>
LIABILITIES:		
Excess contributions payable	-	-
Miscellaneous payables	2,511	-
Total Liabilities	<u>2,511</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 6,312,658</u></u>	<u><u>\$ 6,921,950</u></u>

The accompanying notes are an integral part of these financial statements.

EMPLOYER'S ADMINISTRATIVE SERVICES OF INDIANA RETIREMENT PLAN

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2011

ADDITIONS:

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:

Net investment gain (loss) from pooled separate accounts	\$ (297,478)
Interest	14,254
	<u>(283,224)</u>

Contributions:

Employer's	120,842
Participants'	374,592
Participants' rollovers	-
	<u>495,434</u>
Total Additions	<u>212,210</u>

DEDUCTIONS:

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	345,343
Administrative expenses	37,157
Transfers from plan	439,002
Total Deductions	<u>821,502</u>

NET INCREASE (DECREASE) (609,292)

Net assets available for plan benefits -
beginning of year 6,921,950

**NET ASSETS AVAILABLE FOR PLAN BENEFITS -
END OF YEAR** \$ 6,312,658

The accompanying notes are an integral part of these financial statements.

EMPLOYER'S ADMINISTRATIVE SERVICES OF INDIANA RETIREMENT PLAN

Notes to Financial Statements December 31, 2011 and 2010

NOTE A. DESCRIPTION OF PLAN

The following description of the Employer's Administrative Services of Indiana (Employer) Retirement Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. Employer means severally, all co-employers who participate in the Employer's Administrative Services of Indiana Retirement Plan.

General

The Plan is a defined contribution plan covering all employees of the Employers who have one year of service and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants may contribute up to the maximum allowed by law of their annual wages. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various insurance company pooled separate accounts and an insurance company general account as investment options for participants. A matching contribution at a rate established by the board of directors may be contributed by the Employers.

Additional amounts may be contributed at the option of the Employers' board of directors. Professional fees associated with plan administration can be paid by the Plan or the Company, at the Company's discretion.

EMPLOYER'S ADMINISTRATIVE SERVICES OF INDIANA RETIREMENT PLAN

Notes to Financial Statements (Continued) December 31, 2011 and 2010

NOTE A. DESCRIPTION OF PLAN (continued)

Participant Accounts

Each participant's account is credited with the participant's contribution and the Employers' matching contribution. The participant's account is also credited with an allocation of the Employers' profit sharing contributions and Plan earnings. Forfeitures are used to reduce employer contributions.

Allocations are based on participant compensation 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.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. Vesting varies from employer to employer, but generally a participant is 20 percent vested after 2 years of credited service, 40 percent after 3 years, 60 percent after 4 years, 80 percent after 5 years, and 100 percent after 6 years.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant Notes fund. Loans must be repaid, plus interest, within 5 years and must be amortized over the period of the loan with payments to be made at least quarterly. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates.

Payment of Benefits

On termination of service, participants shall be entitled to receive their accrued benefit as a cash lump sum payment. Forfeitures shall be used to reduce future employer contributions.

EMPLOYER'S ADMINISTRATIVE SERVICES OF INDIANA RETIREMENT PLAN

Notes to Financial Statements (Continued) December 31, 2011 and 2010

NOTE B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management Evaluation

Subsequent events were evaluated through October 3, 2012, which is the date the financial statements were available to be issued.

Basis of Accounting

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

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the plan document.

Investment Valuation

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note C for discussion of fair value measurements.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Administrative expenses are paid by the Plan or the Company, at the Company's discretion.

EMPLOYER'S ADMINISTRATIVE SERVICES OF INDIANA RETIREMENT PLAN

Notes to Financial Statements (Continued) December 31, 2011 and 2010

NOTE C. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements 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. The 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 used only when Level 1 or Level 2 inputs were not available.

Pooled Separate Accounts

The fair value of investments in pooled separate accounts managed by Guardian Insurance & Annuity Company, Inc. is based on the market value of the underlying investments, which represents the net asset value of shares held by the Plan at year end. The pooled separate accounts are classified within level 2 of the valuation hierarchy.

Guaranteed Fixed Account

These investments are made by the Plan in an Unallocated Group Variable Annuity Contract which are invested in the general assets of Guardian Insurance & Annuity Company, Inc. who guarantees a fixed interest rate. The Guaranteed fixed account is classified within level 3 of the valuation hierarchy.

EMPLOYER'S ADMINISTRATIVE SERVICES OF INDIANA RETIREMENT PLAN

Notes to Financial Statements (Continued) December 31, 2011 and 2010

NOTE C. FAIR VALUE MEASUREMENTS (continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2011 and 2010:

	As of December 31, 2011		
	Fair Value	Level 2	Level 3
Investments at fair value			
Pooled separate accounts:			
Amer Cent Inflation Adj Bond	\$ 36,702	\$ 36,702	
American Century Money Market	96,403	96,403	
American Century Equity Income	106,440	106,440	
American Century Real Estate	65,248	65,248	
American Century Div Bond	19,372	19,372	
American Century Mid Cap Value	55,236	55,236	
Benefit Stadion Conserv ETF	94,836	94,836	
Benefit Stadion Moderate ETF	1,307,482	1,307,482	
Benefit Stadion Growth EFT	473,859	473,859	
Blackrock Basic Value	71	71	
Blackrock Equity Dividend Fund	54,117	54,117	
Blackrock Global Allocation	117,781	117,781	
Columbia SmallCap Value I Fund	16,514	16,514	
Davis NY Venture Fund	14,352	14,352	
Dodge & Cox International	8,820	8,820	
Dodge & Cox Stock	5,942	5,942	
Fidelity High Income Advantage	58,759	58,759	
Fidelity Small Cap Fund	184,820	184,820	
Franklin Growth Fund	48,946	48,946	
Goldman Sachs Mid Cap Value	1,912	1,912	
Goldman Sachs Short-Dur Gov't	1,162	1,162	
Goldman Sachs Small Cap Value	4,038	4,038	
Ivy Asset Strategy	3,253	3,253	
JPMorgan Mid Cap Growth Fund	57,707	57,707	
Janus Balanced Fund	347	347	
Janus Forty Fund	66,264	66,264	
Janus Overseas Fund	55,474	55,474	
Lord Abbett Developing Growth	7,796	7,796	
PIMCO Short-Term Fund	127,552	127,552	
PIMCO Total Return Fund	105,563	105,563	
Perkins MidCap Value Fund	216,294	216,294	
RS Emerging Markets Fund	32,676	32,676	
RS Investment Quality Bond	79	79	

EMPLOYER'S ADMINISTRATIVE SERVICES OF INDIANA RETIREMENT PLAN

Notes to Financial Statements (Continued) December 31, 2011 and 2010

NOTE C. FAIR VALUE MEASUREMENTS (continued)

	As of December 31, 2011		
	Fair Value	Level 2	Level 3
SSgA Int'l Index SL Fund	\$ 317,352	\$ 317,352	
SSgA Russell SC Index SL Fund	242,550	242,550	
SSgA S&P 500 Index Fund	1,148,845	1,148,845	
SSgA Short Term Investment Fund	41,625	41,625	
SSgA U.S. Bond Index SL Fund	557,050	557,050	
T. Rowe Price Capital Appr	352	352	
T. Rowe Price Growth Stock	12,456	12,456	
T. Rowe Price Short Term Bond	1,322	1,322	
T. Rowe Price Retirement Income	3,171	3,171	
T. Rowe Price Retirement 2010	108,847	108,847	
T. Rowe Price Retirement 2020	138	138	
T. Rowe Price Retirement 2030	15,363	15,363	
T. Rowe Price Retirement 2040	48,539	48,539	
Templeton Foreign	37,353	37,353	
Templeton Global Bond	28,871	28,871	
Guaranteed Fixed Account	71,982		71,982
Total Investments at Fair Value	\$6,081,633	\$6,009,651	\$ 71,982

	As of December 31, 2010		
	Fair Value	Level 2	Level 3
Investments at fair value			
Pooled separate accounts:			
Amer Cent Inflation Adj Bond	\$ 15,098	\$ 15,098	
American Century Equity Income	95,776	95,776	
American Century Real Estate	6,037	6,037	
American Century Div Bond	33,540	33,540	
American Century Vista	5,301	5,301	
Benefit Stadion Conserv ETF	97,244	97,244	
Benefit Stadion Modirate ETF	1,546,578	1,546,578	
Benefit Stadion Growth EFT	568,306	568,306	
Blackrock Equity Dividend Fund	41,516	41,516	
Blackrock Global Allocation	107,944	107,944	
Columbia Marsico Growth Fund	2,573	2,573	
Columbia SmallCap Value I Fund	29,300	29,300	
Davis NY Venture Fund	9,217	9,217	
Fidelity High Income Advantage	58,231	58,231	

EMPLOYER'S ADMINISTRATIVE SERVICES OF INDIANA RETIREMENT PLAN

Notes to Financial Statements (Continued) December 31, 2011 and 2010

NOTE C. FAIR VALUE MEASUREMENTS (continued)

	As of December 31, 2010		
	Fair Value	Level 2	Level 3
Fidelity Small Cap Fund	\$ 177,823	\$ 177,823	
Franklin Growth Fund	45,180	45,180	
Goldman Sachs Mid Cap Value	3,528	3,528	
Goldman Sachs Short-Dur Gov't	1,091	1,091	
Goldman Sachs Small Cap Value	3,483	3,483	
Ivy Asset Strategy	428	428	
JPMorgan Mid Cap Growth Fund	26,458	26,458	
Janus Forty Fund	167,442	167,442	
Janus Overseas Fund	118,498	118,498	
PIMCO Short-Term Fund	130,079	130,079	
PIMCO Total Return Fund	98,829	98,829	
Perkins MidCap Value Fund	187,713	187,713	
RS Emerging Markets Fund	107,466	107,466	
SSgA Int'l Index SL Fund	400,474	400,474	
SSgA Russell SC Index SL Fund	309,152	309,152	
SSgA S&P 500 Index Fund	1,261,984	1,261,984	
SSgA S&P MC Index SL Fund	1,590	1,590	
SSgA Short Term Investment Fund	134,445	134,445	
SSgA U.S. Bond Index SL Fund	537,085	537,085	
T. Rowe Price Growth Stock	10,160	10,160	
T. Rowe Price Short Term Bond	1,135	1,135	
T. Rowe Price Retirement Income	2,910	2,910	
T. Rowe Price Retirement 2010	150,617	150,617	
T. Rowe Price Retirement 2030	7,282	7,282	
T. Rowe Price Retirement 2040	55,350	55,350	
Guaranteed Fixed Account	68,574		68,574
Total Investments at Fair Value	\$6,625,437	\$6,556,863	\$ 68,574

EMPLOYER'S ADMINISTRATIVE SERVICES OF INDIANA RETIREMENT PLAN

Notes to Financial Statements (Continued) December 31, 2011 and 2010

NOTE C. FAIR VALUE MEASUREMENTS (continued)

The following tables reconcile the beginning and ending balances of fair value measurements using significant unobservable inputs (Level 3) of the guaranteed fixed account with the insurance company for the years ended December 31, 2011 and 2010:

	<u>2011</u>	<u>2010</u>
Beginning balance	\$ 68,574	\$ -
Contributions	2,019	1,060
Interest	1,389	728
Transfers from separate account	-	66,786
Distributions	-	-
Transfers to separate account	-	-
	<u> </u>	<u> </u>
Ending balance	<u>\$ 71,982</u>	<u>\$ 68,574</u>

The Plan's policy is to recognize transfers into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer.

The Plan's investments (including investments bought, sold and held during the year) appreciated (depreciated) in value by \$(297,478) and \$693,541 in 2011 and 2010 as follows:

	<u>2011</u>	<u>2010</u>
Pooled separate accounts	<u>\$ (297,478)</u>	<u>\$ 693,541</u>
Net Change In Fair Value	<u>\$ (297,478)</u>	<u>\$ 693,541</u>

NOTE D. PLAN TERMINATION

Although it has not expressed any intent to do so, the Employers have the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of plan termination, the account of each affected participant would become irrevocably vested and each participant would be paid the entire amount in the account of the participant.

EMPLOYER'S ADMINISTRATIVE SERVICES OF INDIANA RETIREMENT PLAN

Notes to Financial Statements (Continued) December 31, 2011 and 2010

NOTE E. TAX STATUS

The Internal Revenue Service has determined and informed the sponsor of the volume submitter plan of which the Company has adopted by letter dated March 31, 2008, that the volume submitter document is designed in accordance with the applicable sections of the Internal Revenue Code. The plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

NOTE F. DISTRIBUTIONS TO TERMINATED PARTICIPANTS

The Plan holds assets allocated to the accounts of participants who were terminated as of the end of the plan year. As of December 31, 2011, the vested amounts in these accounts total \$306,993.

**EMPLOYER'S ADMINISTRATIVE SERVICES
OF INDIANA RETIREMENT PLAN**

Schedule of Assets Held for Investment Purposes
December 31, 2011

Plan Name: Employer's Administrative Services of
Indiana Retirement Plan

Plan Sponsor: Employer's Administrative Services of Indiana, LLC
Plan Number: 333
EIN: 35-2025429

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR - ATTACHMENT FOR SCHEDULE H, LINE 4i

(A)	IDENTITY OF ISSUE (B)	DESCRIPTION OF INVESTMENT (C)	Cost (D)	Current Value (E)
*	Guardian Insurance & Annuity Co., Inc.	Amer Cent Inflation Adj Bond	35,522	36,702
*	Guardian Insurance & Annuity Co., Inc.	American Century Money Market	96,420	96,403
*	Guardian Insurance & Annuity Co., Inc.	American Century Equity Income	92,515	106,440
*	Guardian Insurance & Annuity Co., Inc.	American Century Real Estate	62,551	65,248
*	Guardian Insurance & Annuity Co., Inc.	American Century Div Bond	17,419	19,372
*	Guardian Insurance & Annuity Co., Inc.	American Century Mid Cap Value	51,920	55,236
*	Guardian Insurance & Annuity Co., Inc.	Benefit Stadion Conserv ETF	97,642	94,836
*	Guardian Insurance & Annuity Co., Inc.	Benefit Stadion Moderate ETF	1,336,478	1,307,482
*	Guardian Insurance & Annuity Co., Inc.	Benefit Stadion Growth EFT	499,571	473,859
*	Guardian Insurance & Annuity Co., Inc.	Blackrock Basic Value	68	71
*	Guardian Insurance & Annuity Co., Inc.	Blackrock Equity Dividend Fund	47,727	54,117
*	Guardian Insurance & Annuity Co., Inc.	Blackrock Global Allocation	114,832	117,781
*	Guardian Insurance & Annuity Co., Inc.	Columbia SmallCap Value I Fund	14,876	16,514
*	Guardian Insurance & Annuity Co., Inc.	Davis NY Venture Fund	13,864	14,352
*	Guardian Insurance & Annuity Co., Inc.	Dodge & Cox International	9,631	8,820
*	Guardian Insurance & Annuity Co., Inc.	Dodge & Cox Stock	5,961	5,942
*	Guardian Insurance & Annuity Co., Inc.	Fidelity High Income Advantage	56,211	58,759
*	Guardian Insurance & Annuity Co., Inc.	Fidelity Small Cap Fund	172,204	184,820
*	Guardian Insurance & Annuity Co., Inc.	Franklin Growth Fund	44,023	48,946
*	Guardian Insurance & Annuity Co., Inc.	Goldman Sachs Mid Cap Value	1,714	1,912
*	Guardian Insurance & Annuity Co., Inc.	Goldman Sachs Short-Dur Gov't	1,143	1,162
*	Guardian Insurance & Annuity Co., Inc.	Goldman Sachs Small Cap Value	3,483	4,038
*	Guardian Insurance & Annuity Co., Inc.	Ivy Asset Strategy	3,251	3,253
*	Guardian Insurance & Annuity Co., Inc.	JPMorgan Mid Cap Growth Fund	58,397	57,707
*	Guardian Insurance & Annuity Co., Inc.	Janus Balanced Fund	342	347
*	Guardian Insurance & Annuity Co., Inc.	Janus Forty Fund	67,961	66,264
*	Guardian Insurance & Annuity Co., Inc.	Janus Overseas Fund	72,113	55,474
*	Guardian Insurance & Annuity Co., Inc.	Lord Abbett Developing Growth	7,857	7,796
*	Guardian Insurance & Annuity Co., Inc.	PIMCO Short-Term Fund	127,040	127,552
*	Guardian Insurance & Annuity Co., Inc.	PIMCO Total Return Fund	97,613	105,563
*	Guardian Insurance & Annuity Co., Inc.	Perkins MidCap Value Fund	201,599	216,294
*	Guardian Insurance & Annuity Co., Inc.	RS Emerging Markets Fund	35,382	32,676
*	Guardian Insurance & Annuity Co., Inc.	RS Investment Quality Bond	78	79
*	Guardian Insurance & Annuity Co., Inc.	SSgA Int'l Index SL Fund	346,616	317,352
*	Guardian Insurance & Annuity Co., Inc.	SSgA Russell SC Index SL Fund	211,387	242,550
*	Guardian Insurance & Annuity Co., Inc.	SSgA S&P 500 Index SL Fund	1,022,531	1,148,845
*	Guardian Insurance & Annuity Co., Inc.	SSgA Short Term Investment Fund	42,084	41,625
*	Guardian Insurance & Annuity Co., Inc.	SSgA U. S. Bond Index SL Fund	503,914	557,050
*	Guardian Insurance & Annuity Co., Inc.	T. Rowe Price Capital Appr	342	352
*	Guardian Insurance & Annuity Co., Inc.	T. Rowe Price Growth Stock	11,790	12,456
*	Guardian Insurance & Annuity Co., Inc.	T. Rowe Price Short Term Bond	1,291	1,322
*	Guardian Insurance & Annuity Co., Inc.	T. Rowe Price Retirement Income	2,934	3,171
*	Guardian Insurance & Annuity Co., Inc.	T. Rowe Price Retirement 2010	99,156	108,847
*	Guardian Insurance & Annuity Co., Inc.	T. Rowe Price Retirement 2020	136	138
*	Guardian Insurance & Annuity Co., Inc.	T. Rowe Price Retirement 2030	15,310	15,363
*	Guardian Insurance & Annuity Co., Inc.	T. Rowe Price Retirement 2040	45,521	48,539
*	Guardian Insurance & Annuity Co., Inc.	Templeton Foreign	44,534	37,353
*	Guardian Insurance & Annuity Co., Inc.	Templeton Global Bond	30,556	28,871
*	Guardian Insurance & Annuity Co., Inc.	Guaranteed Fixed	69,865	71,982
*	Participant Loans	4.00% - 8.25%		210,708

See Independent Auditors' Report

**EMPLOYER'S ADMINISTRATIVE SERVICES
OF INDIANA RETIREMENT PLAN**

Schedule of Assets Held for Investment Purposes
December 31, 2011

Plan Name: Employer's Administrative Services of
Indiana Retirement Plan

Plan Sponsor: Employer's Administrative Services of Indiana, LLC
Plan Number: 333
EIN: 35-2025429

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR - ATTACHMENT FOR SCHEDULE H, LINE 4i

(A)	IDENTITY OF ISSUE (B)	DESCRIPTION OF INVESTMENT (C)	Cost (D)	Current Value (E)
*	Guardian Insurance & Annuity Co., Inc.	Amer Cent Inflation Adj Bond	35,522	36,702
*	Guardian Insurance & Annuity Co., Inc.	American Century Money Market	96,420	96,403
*	Guardian Insurance & Annuity Co., Inc.	American Century Equity Income	92,515	106,440
*	Guardian Insurance & Annuity Co., Inc.	American Century Real Estate	62,551	65,248
*	Guardian Insurance & Annuity Co., Inc.	American Century Div Bond	17,419	19,372
*	Guardian Insurance & Annuity Co., Inc.	American Century Mid Cap Value	51,920	55,236
*	Guardian Insurance & Annuity Co., Inc.	Benefit Stadion Conserv ETF	97,642	94,836
*	Guardian Insurance & Annuity Co., Inc.	Benefit Stadion Moderate ETF	1,336,478	1,307,482
*	Guardian Insurance & Annuity Co., Inc.	Benefit Stadion Growth EFT	499,571	473,859
*	Guardian Insurance & Annuity Co., Inc.	Blackrock Basic Value	68	71
*	Guardian Insurance & Annuity Co., Inc.	Blackrock Equity Dividend Fund	47,727	54,117
*	Guardian Insurance & Annuity Co., Inc.	Blackrock Global Allocation	114,832	117,781
*	Guardian Insurance & Annuity Co., Inc.	Columbia SmallCap Value I Fund	14,876	16,514
*	Guardian Insurance & Annuity Co., Inc.	Davis NY Venture Fund	13,864	14,352
*	Guardian Insurance & Annuity Co., Inc.	Dodge & Cox International	9,631	8,820
*	Guardian Insurance & Annuity Co., Inc.	Dodge & Cox Stock	5,961	5,942
*	Guardian Insurance & Annuity Co., Inc.	Fidelity High Income Advantage	56,211	58,759
*	Guardian Insurance & Annuity Co., Inc.	Fidelity Small Cap Fund	172,204	184,820
*	Guardian Insurance & Annuity Co., Inc.	Franklin Growth Fund	44,023	48,946
*	Guardian Insurance & Annuity Co., Inc.	Goldman Sachs Mid Cap Value	1,714	1,912
*	Guardian Insurance & Annuity Co., Inc.	Goldman Sachs Short-Dur Gov't	1,143	1,162
*	Guardian Insurance & Annuity Co., Inc.	Goldman Sachs Small Cap Value	3,483	4,038
*	Guardian Insurance & Annuity Co., Inc.	Ivy Asset Strategy	3,251	3,253
*	Guardian Insurance & Annuity Co., Inc.	JPMorgan Mid Cap Growth Fund	58,397	57,707
*	Guardian Insurance & Annuity Co., Inc.	Janus Balanced Fund	342	347
*	Guardian Insurance & Annuity Co., Inc.	Janus Forty Fund	67,961	66,264
*	Guardian Insurance & Annuity Co., Inc.	Janus Overseas Fund	72,113	55,474
*	Guardian Insurance & Annuity Co., Inc.	Lord Abbett Developing Growth	7,857	7,796
*	Guardian Insurance & Annuity Co., Inc.	PIMCO Short-Term Fund	127,040	127,552
*	Guardian Insurance & Annuity Co., Inc.	PIMCO Total Return Fund	97,613	105,563
*	Guardian Insurance & Annuity Co., Inc.	Perkins MidCap Value Fund	201,599	216,294
*	Guardian Insurance & Annuity Co., Inc.	RS Emerging Markets Fund	35,382	32,676
*	Guardian Insurance & Annuity Co., Inc.	RS Investment Quality Bond	78	79
*	Guardian Insurance & Annuity Co., Inc.	SSgA Int'l Index SL Fund	346,616	317,352
*	Guardian Insurance & Annuity Co., Inc.	SSgA Russell SC Index SL Fund	211,387	242,550
*	Guardian Insurance & Annuity Co., Inc.	SSgA S&P 500 Index SL Fund	1,022,531	1,148,845
*	Guardian Insurance & Annuity Co., Inc.	SSgA Short Term Investment Fund	42,084	41,625
*	Guardian Insurance & Annuity Co., Inc.	SSgA U.S. Bond Index SL Fund	503,914	557,050
*	Guardian Insurance & Annuity Co., Inc.	T. Rowe Price Capital Appr	342	352
*	Guardian Insurance & Annuity Co., Inc.	T. Rowe Price Growth Stock	11,790	12,456
*	Guardian Insurance & Annuity Co., Inc.	T. Rowe Price Short Term Bond	1,291	1,322
*	Guardian Insurance & Annuity Co., Inc.	T. Rowe Price Retirement Income	2,934	3,171
*	Guardian Insurance & Annuity Co., Inc.	T. Rowe Price Retirement 2010	99,156	108,847
*	Guardian Insurance & Annuity Co., Inc.	T. Rowe Price Retirement 2020	136	138
*	Guardian Insurance & Annuity Co., Inc.	T. Rowe Price Retirement 2030	15,310	15,363
*	Guardian Insurance & Annuity Co., Inc.	T. Rowe Price Retirement 2040	45,521	48,539
*	Guardian Insurance & Annuity Co., Inc.	Templeton Foreign	44,534	37,353
*	Guardian Insurance & Annuity Co., Inc.	Templeton Global Bond	30,556	28,871
*	Guardian Insurance & Annuity Co., Inc.	Guaranteed Fixed	69,865	71,982
*	Participant Loans	4.00% - 8.25%		210,708

See Independent Auditors' Report