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 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
LDI MECHANICAL INC 401K RET PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 09/01/2005

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

LDI MECHANICAL, INC.

1587 E BENTLEY DR
CORONA, CA 92879

2b Employer Identification Number (EIN) 74-2946953

2c Sponsor's telephone number 951-340-9685

2d Business code (see instructions) 238220

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	Filed with authorized/valid electronic signature.	10/15/2012	REYNALDO ALMAZAR
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
LDI MECHANICAL, INC.

1587 E BENTLEY DR
CORONA, CA 92879

3b Administrator's EIN
74-2946953

3c Administrator's telephone number
951-340-9685

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**	368
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**	258
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	258
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	258
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	202
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 2T 3D

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

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)		Trust
(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)	X	**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)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**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
LDI MECHANICAL INC 401K RET PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
LDI MECHANICAL, INC.

D Employer Identification Number (EIN)
74-2946953

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
HARTFORD LIFE INSURANCE COMPANY

(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
06-0974148	88072	GA-711859	202	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
5692	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

CENTAURUS FINANCIAL INC
SUITE 200 2300 E KATELLA AVE
ANAHEIM, CA 92806

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5692			3

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

(b) Amount of sales and base 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**	0
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	2536647

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.	**6d**	

Specify nature of costs ▶

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 FUNDING AGREEMENT

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**	0		
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	0		
	(4) Transferred from separate account	**7c(4)**	0		
	(5) Other (specify below)	**7c(5)**	0		
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add **b** and **c(6)**).			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	0		
	(2) Administration charge made by carrier	**7e(2)**	0		
	(3) Transferred to separate account	**7e(3)**	0		
	(4) Other (specify below)	**7e(4)**	0		
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)			**7f**	0

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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
LDI MECHANICAL INC 401K RET PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
LDI MECHANICAL, INC.

D Employer Identification Number (EIN)
74-2946953

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)

HARTFORD LIFE INSURANCE COMPANY

06-0974148

(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 23 37 38 49 50 54 55 56 59 60 62 63 64 65 66	NA	14953	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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?
67 99			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORNINGSTAR ASSOCIATES, LLC

36-4317381

(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	NA	0	Yes [X] No [ ]	Yes [ ] No [X]	44	Yes [ ] No [X]

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)

MESIROW FINANCIAL INVESTMENT MANAGE

36-3429599

(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?
27 49	NA	0	Yes [X] No [ ]	Yes [ ] No [X]	56	Yes [ ] No [X]

(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
HARTFORD LIFE INSURANCE COMPANY	15 23 37 38 49 50 54 55 56 59 60 62 63 64 65 66 67 99	0

(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.
SEE ATTACHED 06-0974148	SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORNINGSTAR ASSOCIATES, LLC	49	44

(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.
HARTFORD LIFE INSURANCE COMPANY 06-0974148	SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MESIROW FINANCIAL INVESTMENT MANAGE	27 49	56

(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.
HARTFORD LIFE INSURANCE COMPANY 06-0974148	SEE ATTACHED

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

(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

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(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
LDI MECHANICAL INC 401K RET PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
LDI MECHANICAL, INC.

D Employer Identification Number (EIN)
74-2946953

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: SEPARATE ACCOUNT 401

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

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)
06-0974148-000	P	2536647

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
LDI MECHANICAL INC 401K RET PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
LDI MECHANICAL, INC.

D Employer Identification Number (EIN)
74-2946953

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)	264188	264188
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(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)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	0
(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)	112377	100178
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	2528651	2536647
(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)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(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	2905216	2901013
Liabilities			
g Benefit claims payable	1g	16739	5773
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	16739	5773
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2888477	2895240

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)	0	
(B) Participants	2a(1)(B)	133163	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		133163
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(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)	5791	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5791
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	0	
(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)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-46224
(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)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		92730
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	65239	
(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)		65239
f Corrective distributions (see instructions)	2f		5773
g Certain deemed distributions of participant loans (see instructions)	2g		0
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)		
(4) Other	2i(4)	14955	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		14955
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		85967
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6763
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: MCGLADREY LLP **(2)** EIN: 42-0714325

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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**		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?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		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)	**5b(2)** EIN(s)	**5b(3)** PN(s)

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
LDI MECHANICAL INC 401K RET PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
LDI MECHANICAL, INC.

D Employer Identification Number (EIN)
74-2946953

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**

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): 06-0974148

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** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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** 0

b Enter the amount contributed by the employer to the plan for this plan year **6b** 0

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** 0

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**

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):

LDI Mechanical, Inc. 401(k) Retirement Savings Plan

Financial Report
December 31, 2011

McGladrey

Assurance ▪ Tax ▪ Consulting

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McGladrey

Independent Auditor's Report

To the Plan Administrator
LDI Mechanical, Inc.
401(k) Retirement Savings Plan
Corona, CA

We were engaged to audit the accompanying statements of net assets available for benefits of the LDI Mechanical, Inc. 401(k) Retirement Savings Plan (the Plan) as of December 31, 2011 and 2010, the related statement of changes in net assets available for benefits for the year ended December 31, 2011, and the supplemental schedule as listed in the table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by Hartford Life Insurance Company, the custodian of the Plan, except for comparing this information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the custodian holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the custodian regarding the completeness and accuracy, to the best of their knowledge, of the information summarized in Note 3 that was provided to the Plan Administrator by the custodian as of and for the year ended December 31, 2011 and as of December 31, 2010.

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 supplemental schedule taken as a whole. The supplemental schedule is presented for the purposes of additional analysis and is not a required part of the financial statements but is required by ERISA. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided by the custodian, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, except for the omission of the information discussed in the preceding paragraph, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

McGladrey LLP

Los Angeles, CA
October 12, 2012

Member of the RSM International network of independent accounting, tax and consulting firms.

LDI Mechanical, Inc. 401(k) Retirement Savings Plan

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

		2011		2010
Assets				
Investments, participant-directed (Note 3)	**$**	**2,536,647**	$	2,528,651
Receivables:				
Notes from participants (Note 3)		**100,178**		112,377
Contributions, employer correction (Note 7)		**264,188**		264,188
		2,901,013		2,905,216
Liabilities				
Corrective Distributions Payable		**5,773**		16,739
Net assets available for benefits	**$**	**2,895,240**	$	2,888,477

See Notes to Financial Statements.

LDI Mechanical, Inc. 401(k) Retirement Savings Plan

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

Additions to net assets attributed to:		
Investment income (loss) (Note 3):		
Net depreciation in fair value of investments	$	(92,166)
Interest and dividends		45,942
Total investment (loss)		(46,224)
Interest income on notes receivable (Note 3)		5,791
Contributions, participant		133,163
Total additions		92,730
Deductions from net assets attributed to:		
Benefits paid		65,239
Corrective distributions		5,773
Administrative expenses		14,955
Total deductions		85,967
Net increase		6,763
Net assets available for benefits:		
Beginning of year		2,888,477
End of year	$	2,895,240

See Notes to Financial Statements.

Note 1. Plan Description

The following description of the LDI Mechanical, Inc. 401(k) Retirement Savings Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan, established on September 1, 2005, is a single-employer, defined-contribution 401(k) plan covering substantially all employees of LDI Mechanical, Inc. (the Company) who have attained the minimum age of 18 years and who have completed three months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan has been amended at various times to comply with the laws and regulations of the Internal Revenue Service (IRS), the U.S. Department of Labor (DOL) and other tax legislation.

Contributions: Each year, participants may make salary deferral contributions up to the maximum percentage allowable under the Internal Revenue Code (IRC), and as defined in the Plan. The Plan also provides for a discretionary Company matching contribution. Participants may roll over amounts representing distributions from other qualified plans. No discretionary Company matching contributions were made during the year ended December 31, 2011.

Participant accounts: Each participant's account is credited with the participant's deferrals and allocations of (1) the Company's matching contribution, (2) Plan earnings and (3) Plan expenses. Allocations are based on eligible participant compensation or participant 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 balance.

Vesting: Participants are fully vested in their contributions and the earnings thereon. Vesting in employer contributions is based on years of continuous service. Participants are 100 percent vested in employer contributions after one year of credited service.

Payment of benefits: If a participant's employment ceases as a result of retirement (as defined by the Plan), death or disability, the participant or the participant's beneficiaries are entitled to the entire account balance. If a participant terminates for any other reason, the participant is entitled to receive only the vested percentage of the account. Benefits to which a participant is entitled under the Plan will be distributed as follows: vested account balances in excess of $5,000 will have distributions as soon as administratively feasible following the participant's employment termination date with the optional forms of payment available: (a) a lump-sum distribution of the entire vested account balance, (b) a single-sum distribution of a portion of the vested account balance or (c) installments for a specified term. Vested account balances of $5,000 or less will have a distribution made in a lump sum as soon as administratively feasible following the participant's employment termination date.

Forfeitures: Forfeitures are first used to pay for Plan administrative expenses. Any remaining forfeitures are then used to reduce employer contributions to the Plan. There were approximately $4,000 and $14,000 of unallocated forfeitures remaining as of December 31, 2011 and 2010, respectively. Approximately $10,000 of forfeitures was used to pay Plan expenses during 2011.

Participant loans: 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 percent of their vested account balance. Loan terms range from one to five years, or for a period up to 30 years if the loan proceeds are used to purchase a primary residence. The loans are secured by the vested balance in the participant's account and bear interest at a rate commensurate with local prevailing rates. Principal and interest are paid ratably through payroll deductions.

Note 1. Plan Description (Continued)

Participants' investment options: Participants must direct their salary deferral contributions and their share of the Company's contributions into various investments as made available and determined by the Plan Administrator, which are more fully described in the Plan's literature.

Administrative expenses: Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

Plan termination: Although it has not expressed any intent to do so, the Company has the right 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 2. Summary of Significant Accounting Policies

Basis of accounting: The financial statements of the Plan are prepared on the accrual basis of accounting.

New accounting pronouncement: In May 2011, the Financial Accounting Standards Board issued updated accounting guidance related to fair value measurements and disclosures that result in common fair value measurements and disclosures between accounting principles generally accepted in the United States of America and International Financial Reporting Standards. This guidance includes amendments that clarify the application of existing fair value measurement requirements, in addition to other amendments that change principles or requirements for measuring fair value and for disclosing information about fair value measurements. This guidance is effective for annual periods beginning after December 15, 2011. The Plan Administrator is currently evaluating the impact of adoption on the Plan's financial statements.

Valuation of investments and income recognition: Investments in insurance company pooled separate accounts are reported at a value that represents the estimated fair market value as reported to the Plan by the Plan's asset custodian, Hartford Life Insurance Company (Hartford).

Fair value measurements: The authoritative guidance describes a fair value hierarchy based on three levels of inputs, of which the first two are considered observable and the last unobservable, that may be used to measure fair value:

- Level 1: Quoted prices in active markets for *identical* assets or liabilities.
- Level 2: Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for *similar* assets or liabilities; quoted prices in markets that are not active; or other inputs that can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are treated as distributions based upon the terms of the Plan document.

Note 2. Summary of Significant Accounting Policies (Continued)

Payment of benefits: Benefits are recorded when paid.

Use of estimates: The preparation of the Plan's financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

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 statements of net assets available for benefits.

Subsequent events: The Plan Administrator has evaluated subsequent events through October 12, 2012, the date the financial statements were available to be issued.

Note 3. Information Certified or Provided by Hartford

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified or provided by the custodian, Hartford, except for comparing such information certified by the custodian to information included in the Plan's financial statements and supplemental schedule.

The Plan has investment contracts with Hartford who held contributions in pooled separate accounts. The accounts were credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses by Hartford.

The information in the following table for participant-directed investments included in these financial statements at fair value was certified by the custodian as complete and accurate to the best of its knowledge. Investments that represent 5 percent or more of the Plan's net assets as of December 31 are separately identified.

	2011	2010
Pooled separate accounts, at estimated fair value:		
American Funds Cap Wld Gr & Inc	$ 264,429	$ 293,846
The Hartford Money Market	475,023	506,445
Pimco Total Return	251,279	241,174
The Hartford Index HLS	251,654	*
Franklin Income	174,570	*
Other	1,119,692	1,487,186
	$ 2,536,647	$ 2,528,651
Participant notes receivable	$ 100,178	$ 112,377

Note 3. Information Certified or Provided by Hartford (Continued)

Hartford also certified the completeness and accuracy of $92,166 of net depreciation in fair value of investments, $45,942 of interest related to the aforementioned investments, and $5,791 of interest on participant notes receivable for the year ended December 31, 2011 to the best of its knowledge, based on the records Hartford maintains.

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2011			
Investment Category	Fair Value	Level 1	Level 2	Level 3
Pooled separate accounts:				
Asset allocation/balanced	$ 274,815	$ -	$ 274,815	$ -
Bonds	458,061	-	458,061	-
International/global	429,023	-	429,023	-
Large cap	572,310	-	572,310	-
Mid cap	193,107	-	193,107	-
Small cap	66,290	-	66,290	-
Money market	475,023	-	475,023	-
Specialty	68,018	-	68,018	-
	$ 2,536,647	$ -	$ 2,536,647	$ -

	2010			
Investment Category	Fair Value	Level 1	Level 2	Level 3
Pooled separate accounts:				
Asset allocation/balanced	$ 225,457	$ -	$ 225,457	$ -
Bonds	426,626	-	426,626	-
International/global	179,257	-	179,257	-
Large cap	252,386	-	252,386	-
Mid cap	210,975	-	210,975	-
Small cap	663,844	-	663,844	-
Money market	506,445	-	506,445	-
Specialty	63,661	-	63,661	-
	$ 2,528,651	$ -	$ 2,528,651	$ -

There were no transfers in or out of Level 1, 2 or 3 during the years ended December 31, 2011 and 2010.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to methodologies used at December 31, 2011 and 2010.

Pooled separate accounts: The valuation of shares of pooled separate accounts are based primarily on underlying securities that have observable Level 2 pricing inputs, including quoted prices for similar assets in active or nonactive markets.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future net values. Furthermore, while the Plan believes its valuation methodologies are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Note 3. Information Certified or Provided by Hartford (Continued)

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share as of December 31, 2011:

Investment	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Pooled separate accounts:				
Asset allocation/balanced [(a)]	$ 274,815	$ -	Daily	None
Bonds [(b)]	458,061	-	Daily	None
International/global [(c)]	429,023	-	Daily	None
Large cap [(d)]	572,310	-	Daily	None
Mid cap [(e)]	193,107	-	Daily	None
Small cap [(f)]	66,290	-	Daily	None
Money market [(g)]	475,023	-	Daily	None
Specialty [(h)]	68,018	-	Daily	None
	$ 2,536,647	$ -		

(a) This category seeks current income and capital appreciation appropriate for the asset allocation associated with its target retirement date. The Underlying Fund invests in Investment Company Funds in proportions that are balanced to meet the current target of the Fund, which will move toward preservation of capital and production of income as the target retirement date approaches. The target of the Fund changes over time, so the mix of fixed-income funds and equity funds will change to reflect the periodic modifications in the Fund's target.

(b) This category invests in funds that seek a high level of current income consistent with a high-quality portfolio. Investments include investment-grade, publicly traded debt securities, and U.S. government and agency securities, including mortgage-backed securities and zero coupon securities.

(c) This category seeks long-term growth by investing in common stocks of non-U.S. companies. Investments are normally diversified across different countries and regions of the world.

(d) This category primarily invests in equity securities of U.S. companies with large market capitalization. Selected funds within this category may invest in stocks of foreign companies, convertible debt securities and real estate investments funds.

(e) This category seeks long-term growth by primarily investing in U.S. equity securities of companies with midsize market capitalization. Selected funds within this category may invest in stocks of foreign companies, U.S. and foreign preferred stocks, convertible debt securities, equity-equivalent securities, nonleveraged stock index futures and options notes, bonds and other debt securities.

(f) This category seeks long-term growth by primarily investing in U.S. equity securities of companies with small-size market capitalization. Selected funds within this category may invest in stocks of foreign companies, U.S. and foreign preferred stocks, convertible debt securities, equity-equivalent securities, nonleveraged stock index futures and options notes, bonds and other debt securities.

(g) The investment objective of this category is to seek maximum current income consistent with liquidity and preservation of capital. This category consists entirely of cash, cash equivalents and quality debt securities.

Note 3. Information Certified or Provided by Hartford (Continued)

(h) This category seeks high total return through growth of capital and current income. This category normally invests at least 80 percent of assets in securities of real estate and real estate-related companies, including real estate investment trusts. It primarily invests in equity securities. This category may invest in equity and debt securities of issuers unrelated to the real estate industry that the portfolio managers believe are undervalued and have potential for growth of capital. It may invest in non-investment grade debt securities of real estate and real estate-related issuers.

Note 4. Tax Status

On January 1, 2009, the Plan adopted a volume submitter 401(k) savings plan sponsored by Hartford, which received an IRS opinion letter dated March 31, 2008 regarding the qualification under the applicable sections of the IRC. The Plan Administrator believes that the Plan is designed and currently being operated in compliance with the applicable provisions of the IRC, subject to the correction for certain operational defects discussed below, and will take all reasonable actions to maintain the Plan's qualified status.

As discussed in Notes 6 and 7, the Company filed a Voluntary Correction Program (VCP) application with the IRS, seeking relief for operational defects related to Plan operations covering 2006 through 2009 Plan years.

Note 5. Related-Party Transactions

Certain Plan investments are units of pooled separate accounts managed by Hartford. The transactions qualify as exempt party-in-interest transactions.

Note 6. Voluntary Correction

During 2010 the Plan Administrator became aware of certain possible defects in the Plan's operations involving compensation subject to 401(k) deferral withholdings, contribution limitations related to nondiscrimination testing, and early entry of participants to the Plan. The Plan Administrator submitted for relief under the VCP with the IRS in December 2010. On September 28, 2011, the Plan Administrator received an approval of substantially all of the correction methods proposed. This resulted in no changes to any prior years' financial statements.

Note 7. Nondiscrimination Testing Failures, Corrections and Subsequent Event

The Plan Administrator also discovered in 2010 that the Plan failed certain nondiscrimination tests during multiple Plan years. As a result, the Plan should have refunded certain amounts to highly compensated participants within 12 months of the year in which the tests were failed. During 2010 the Plan Sponsor made corrective distributions to all affected highly compensated participants for all prior years, which was approved by the IRS in connection with the VCP filing discussed in Note 6. The Plan has accrued $264,188 at December 31, 2011 and 2010 for corrective contributions receivable due from the Plan Sponsor, which was deposited to the Plan during 2012 and allocated to nonhighly compensated participants' accounts to complete the corrections as approved by the IRS.

LDI Mechanical, Inc. 401(k) Retirement Savings Plan

Schedule H, Line 4(i)—Schedule of Assets (Held at End of Year)
December 31, 2011

	Identity of Issuer	Description of Investment	2011 Current Value
	Pooled separate accounts:		
*	Hartford	The Hartford Money Market	$ 475,023
*	Hartford	The Hartford Small Company	29,786
*	Hartford	The Hartford Capital Apprn	1,711
*	Hartford	Pimco Total Return	251,279
*	Hartford	Federated Kaufmann	61,189
*	Hartford	MFS Research International	21,897
*	Hartford	Seligman Global Technology	4,351
*	Hartford	Invesco Real Estate	63,037
*	Hartford	Franklin Income	174,570
*	Hartford	Allianz NFJ Small-Cap Value	8,704
*	Hartford	Columbia Mid Cap Value	65,854
*	Hartford	American Funds Cap Wld Gr & Inc	264,429
*	Hartford	Columbia Diversified EQ Inc	16,701
*	Hartford	Pimco Real Return	412
*	Hartford	Thornburg International Value	50,283
*	Hartford	Pioneer Mid-Cap Value	42,350
*	Hartford	The Hartford Inflation Plus	64,810
*	Hartford	T. Rowe Price Growth Stock	47,414
*	Hartford	Pioneer Emerging Markets	20,089
*	Hartford	Victory Special Value	22,310
*	Hartford	American Century Equity Growth	46,703
*	Hartford	AllianceBernstein SM/MC Value	1,404
*	Hartford	American Funds Growth Fund	67,481
*	Hartford	Allianz NFJ Dividend Value	71,584
*	Hartford	Invesco International Growth	37,730
*	Hartford	American Funds Bond Fund AM	78,072
*	Hartford	American Funds Europacific	34,595
*	Hartford	American Funds FDMNTL INV	43,745
*	Hartford	Van Kampen Comstock	4,242
*	Hartford	Columbia Technology and Information	629
*	Hartford	Van Kampen Growth and Income	18,327
*	Hartford	The Hartford Index HLS	251,654
*	Hartford	Blackrock Small Cap Growth II	695
*	Hartford	AllianceBernstein Growth	2,748
*	Hartford	Goldman Sachs Small Cap Value	27,106
*	Hartford	Pioneer High Yield	63,489
*	Hartford	T. Rowe Price Retirement 2020	82,514
*	Hartford	T. Rowe Price Retirement 2030	2,041
*	Hartford	T. Rowe Price Retirement 2040	15,689
			2,536,647
*	Participant loans	Interest rates ranging from 3.25% to 9.25%, maturing through April 2020	100,178
			$ 2,636,825

* Party in interest

The above information has been certified as complete and accurate by Hartford.

LDI Mechanical, Inc. 401(k) Retirement Savings Plan

Financial Report
December 31, 2011

McGladrey

Assurance ▪ Tax ▪ Consulting

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McGladrey

Independent Auditor's Report

To the Plan Administrator
LDI Mechanical, Inc.
401(k) Retirement Savings Plan
Corona, CA

We were engaged to audit the accompanying statements of net assets available for benefits of the LDI Mechanical, Inc. 401(k) Retirement Savings Plan (the Plan) as of December 31, 2011 and 2010, the related statement of changes in net assets available for benefits for the year ended December 31, 2011, and the supplemental schedule as listed in the table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by Hartford Life Insurance Company, the custodian of the Plan, except for comparing this information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the custodian holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the custodian regarding the completeness and accuracy, to the best of their knowledge, of the information summarized in Note 3 that was provided to the Plan Administrator by the custodian as of and for the year ended December 31, 2011 and as of December 31, 2010.

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 supplemental schedule taken as a whole. The supplemental schedule is presented for the purposes of additional analysis and is not a required part of the financial statements but is required by ERISA. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided by the custodian, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, except for the omission of the information discussed in the preceding paragraph, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

McGladrey LLP

Los Angeles, CA
October 12, 2012

Member of the RSM International network of independent accounting, tax and consulting firms.

LDI Mechanical, Inc. 401(k) Retirement Savings Plan

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

		2011		2010
Assets				
Investments, participant-directed (Note 3)	**$**	**2,536,647**	$	2,528,651
Receivables:				
Notes from participants (Note 3)		**100,178**		112,377
Contributions, employer correction (Note 7)		**264,188**		264,188
		2,901,013		2,905,216
Liabilities				
Corrective Distributions Payable		**5,773**		16,739
Net assets available for benefits	**$**	**2,895,240**	$	2,888,477

See Notes to Financial Statements.

LDI Mechanical, Inc. 401(k) Retirement Savings Plan

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

Additions to net assets attributed to:		
Investment income (loss) (Note 3):		
Net depreciation in fair value of investments	$	(92,166)
Interest and dividends		45,942
Total investment (loss)		(46,224)
Interest income on notes receivable (Note 3)		5,791
Contributions, participant		133,163
Total additions		92,730
Deductions from net assets attributed to:		
Benefits paid		65,239
Corrective distributions		5,773
Administrative expenses		14,955
Total deductions		85,967
Net increase		6,763
Net assets available for benefits:		
Beginning of year		2,888,477
End of year	$	2,895,240

See Notes to Financial Statements.

Note 1. Plan Description

The following description of the LDI Mechanical, Inc. 401(k) Retirement Savings Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan, established on September 1, 2005, is a single-employer, defined-contribution 401(k) plan covering substantially all employees of LDI Mechanical, Inc. (the Company) who have attained the minimum age of 18 years and who have completed three months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan has been amended at various times to comply with the laws and regulations of the Internal Revenue Service (IRS), the U.S. Department of Labor (DOL) and other tax legislation.

Contributions: Each year, participants may make salary deferral contributions up to the maximum percentage allowable under the Internal Revenue Code (IRC), and as defined in the Plan. The Plan also provides for a discretionary Company matching contribution. Participants may roll over amounts representing distributions from other qualified plans. No discretionary Company matching contributions were made during the year ended December 31, 2011.

Participant accounts: Each participant's account is credited with the participant's deferrals and allocations of (1) the Company's matching contribution, (2) Plan earnings and (3) Plan expenses. Allocations are based on eligible participant compensation or participant 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 balance.

Vesting: Participants are fully vested in their contributions and the earnings thereon. Vesting in employer contributions is based on years of continuous service. Participants are 100 percent vested in employer contributions after one year of credited service.

Payment of benefits: If a participant's employment ceases as a result of retirement (as defined by the Plan), death or disability, the participant or the participant's beneficiaries are entitled to the entire account balance. If a participant terminates for any other reason, the participant is entitled to receive only the vested percentage of the account. Benefits to which a participant is entitled under the Plan will be distributed as follows: vested account balances in excess of $5,000 will have distributions as soon as administratively feasible following the participant's employment termination date with the optional forms of payment available: (a) a lump-sum distribution of the entire vested account balance, (b) a single-sum distribution of a portion of the vested account balance or (c) installments for a specified term. Vested account balances of $5,000 or less will have a distribution made in a lump sum as soon as administratively feasible following the participant's employment termination date.

Forfeitures: Forfeitures are first used to pay for Plan administrative expenses. Any remaining forfeitures are then used to reduce employer contributions to the Plan. There were approximately $4,000 and $14,000 of unallocated forfeitures remaining as of December 31, 2011 and 2010, respectively. Approximately $10,000 of forfeitures was used to pay Plan expenses during 2011.

Participant loans: 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 percent of their vested account balance. Loan terms range from one to five years, or for a period up to 30 years if the loan proceeds are used to purchase a primary residence. The loans are secured by the vested balance in the participant's account and bear interest at a rate commensurate with local prevailing rates. Principal and interest are paid ratably through payroll deductions.

Note 1. Plan Description (Continued)

Participants' investment options: Participants must direct their salary deferral contributions and their share of the Company's contributions into various investments as made available and determined by the Plan Administrator, which are more fully described in the Plan's literature.

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Note 2. Summary of Significant Accounting Policies

Basis of accounting: The financial statements of the Plan are prepared on the accrual basis of accounting.

New accounting pronouncement: In May 2011, the Financial Accounting Standards Board issued updated accounting guidance related to fair value measurements and disclosures that result in common fair value measurements and disclosures between accounting principles generally accepted in the United States of America and International Financial Reporting Standards. This guidance includes amendments that clarify the application of existing fair value measurement requirements, in addition to other amendments that change principles or requirements for measuring fair value and for disclosing information about fair value measurements. This guidance is effective for annual periods beginning after December 15, 2011. The Plan Administrator is currently evaluating the impact of adoption on the Plan's financial statements.

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- Level 2: Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for *similar* assets or liabilities; quoted prices in markets that are not active; or other inputs that can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are treated as distributions based upon the terms of the Plan document.

Note 2. Summary of Significant Accounting Policies (Continued)

Payment of benefits: Benefits are recorded when paid.

Use of estimates: The preparation of the Plan's financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

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 statements of net assets available for benefits.

Subsequent events: The Plan Administrator has evaluated subsequent events through October 12, 2012, the date the financial statements were available to be issued.

Note 3. Information Certified or Provided by Hartford

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Note 3. Information Certified or Provided by Hartford (Continued)

Hartford also certified the completeness and accuracy of $92,166 of net depreciation in fair value of investments, $45,942 of interest related to the aforementioned investments, and $5,791 of interest on participant notes receivable for the year ended December 31, 2011 to the best of its knowledge, based on the records Hartford maintains.

The following table sets forth, by level within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2011			
Investment Category	Fair Value	Level 1	Level 2	Level 3
Pooled separate accounts:				
Asset allocation/balanced	$ 274,815	$ -	$ 274,815	$ -
Bonds	458,061	-	458,061	-
International/global	429,023	-	429,023	-
Large cap	572,310	-	572,310	-
Mid cap	193,107	-	193,107	-
Small cap	66,290	-	66,290	-
Money market	475,023	-	475,023	-
Specialty	68,018	-	68,018	-
	$ 2,536,647	$ -	$ 2,536,647	$ -

	2010			
Investment Category	Fair Value	Level 1	Level 2	Level 3
Pooled separate accounts:				
Asset allocation/balanced	$ 225,457	$ -	$ 225,457	$ -
Bonds	426,626	-	426,626	-
International/global	179,257	-	179,257	-
Large cap	252,386	-	252,386	-
Mid cap	210,975	-	210,975	-
Small cap	663,844	-	663,844	-
Money market	506,445	-	506,445	-
Specialty	63,661	-	63,661	-
	$ 2,528,651	$ -	$ 2,528,651	$ -

There were no transfers in or out of Level 1, 2 or 3 during the years ended December 31, 2011 and 2010.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to methodologies used at December 31, 2011 and 2010.

Pooled separate accounts: The valuation of shares of pooled separate accounts are based primarily on underlying securities that have observable Level 2 pricing inputs, including quoted prices for similar assets in active or nonactive markets.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future net values. Furthermore, while the Plan believes its valuation methodologies are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Note 3. Information Certified or Provided by Hartford (Continued)

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share as of December 31, 2011:

Investment	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Pooled separate accounts:				
Asset allocation/balanced [(a)]	$ 274,815	$ -	Daily	None
Bonds [(b)]	458,061	-	Daily	None
International/global [(c)]	429,023	-	Daily	None
Large cap [(d)]	572,310	-	Daily	None
Mid cap [(e)]	193,107	-	Daily	None
Small cap [(f)]	66,290	-	Daily	None
Money market [(g)]	475,023	-	Daily	None
Specialty [(h)]	68,018	-	Daily	None
	$ 2,536,647	$ -		

(a) This category seeks current income and capital appreciation appropriate for the asset allocation associated with its target retirement date. The Underlying Fund invests in Investment Company Funds in proportions that are balanced to meet the current target of the Fund, which will move toward preservation of capital and production of income as the target retirement date approaches. The target of the Fund changes over time, so the mix of fixed-income funds and equity funds will change to reflect the periodic modifications in the Fund's target.

(b) This category invests in funds that seek a high level of current income consistent with a high-quality portfolio. Investments include investment-grade, publicly traded debt securities, and U.S. government and agency securities, including mortgage-backed securities and zero coupon securities.

(c) This category seeks long-term growth by investing in common stocks of non-U.S. companies. Investments are normally diversified across different countries and regions of the world.

(d) This category primarily invests in equity securities of U.S. companies with large market capitalization. Selected funds within this category may invest in stocks of foreign companies, convertible debt securities and real estate investments funds.

(e) This category seeks long-term growth by primarily investing in U.S. equity securities of companies with midsize market capitalization. Selected funds within this category may invest in stocks of foreign companies, U.S. and foreign preferred stocks, convertible debt securities, equity-equivalent securities, nonleveraged stock index futures and options notes, bonds and other debt securities.

(f) This category seeks long-term growth by primarily investing in U.S. equity securities of companies with small-size market capitalization. Selected funds within this category may invest in stocks of foreign companies, U.S. and foreign preferred stocks, convertible debt securities, equity-equivalent securities, nonleveraged stock index futures and options notes, bonds and other debt securities.

(g) The investment objective of this category is to seek maximum current income consistent with liquidity and preservation of capital. This category consists entirely of cash, cash equivalents and quality debt securities.

Note 3. Information Certified or Provided by Hartford (Continued)

(h) This category seeks high total return through growth of capital and current income. This category normally invests at least 80 percent of assets in securities of real estate and real estate-related companies, including real estate investment trusts. It primarily invests in equity securities. This category may invest in equity and debt securities of issuers unrelated to the real estate industry that the portfolio managers believe are undervalued and have potential for growth of capital. It may invest in non-investment grade debt securities of real estate and real estate-related issuers.

Note 4. Tax Status

On January 1, 2009, the Plan adopted a volume submitter 401(k) savings plan sponsored by Hartford, which received an IRS opinion letter dated March 31, 2008 regarding the qualification under the applicable sections of the IRC. The Plan Administrator believes that the Plan is designed and currently being operated in compliance with the applicable provisions of the IRC, subject to the correction for certain operational defects discussed below, and will take all reasonable actions to maintain the Plan's qualified status.

As discussed in Notes 6 and 7, the Company filed a Voluntary Correction Program (VCP) application with the IRS, seeking relief for operational defects related to Plan operations covering 2006 through 2009 Plan years.

Note 5. Related-Party Transactions

Certain Plan investments are units of pooled separate accounts managed by Hartford. The transactions qualify as exempt party-in-interest transactions.

Note 6. Voluntary Correction

During 2010 the Plan Administrator became aware of certain possible defects in the Plan's operations involving compensation subject to 401(k) deferral withholdings, contribution limitations related to nondiscrimination testing, and early entry of participants to the Plan. The Plan Administrator submitted for relief under the VCP with the IRS in December 2010. On September 28, 2011, the Plan Administrator received an approval of substantially all of the correction methods proposed. This resulted in no changes to any prior years' financial statements.

Note 7. Nondiscrimination Testing Failures, Corrections and Subsequent Event

The Plan Administrator also discovered in 2010 that the Plan failed certain nondiscrimination tests during multiple Plan years. As a result, the Plan should have refunded certain amounts to highly compensated participants within 12 months of the year in which the tests were failed. During 2010 the Plan Sponsor made corrective distributions to all affected highly compensated participants for all prior years, which was approved by the IRS in connection with the VCP filing discussed in Note 6. The Plan has accrued $264,188 at December 31, 2011 and 2010 for corrective contributions receivable due from the Plan Sponsor, which was deposited to the Plan during 2012 and allocated to nonhighly compensated participants' accounts to complete the corrections as approved by the IRS.

LDI Mechanical, Inc. 401(k) Retirement Savings Plan

Schedule H, Line 4(i)—Schedule of Assets (Held at End of Year)
December 31, 2011

	Identity of Issuer	Description of Investment	2011 Current Value
	Pooled separate accounts:		
*	Hartford	The Hartford Money Market	$ 475,023
*	Hartford	The Hartford Small Company	29,786
*	Hartford	The Hartford Capital Apprn	1,711
*	Hartford	Pimco Total Return	251,279
*	Hartford	Federated Kaufmann	61,189
*	Hartford	MFS Research International	21,897
*	Hartford	Seligman Global Technology	4,351
*	Hartford	Invesco Real Estate	63,037
*	Hartford	Franklin Income	174,570
*	Hartford	Allianz NFJ Small-Cap Value	8,704
*	Hartford	Columbia Mid Cap Value	65,854
*	Hartford	American Funds Cap Wld Gr & Inc	264,429
*	Hartford	Columbia Diversified EQ Inc	16,701
*	Hartford	Pimco Real Return	412
*	Hartford	Thornburg International Value	50,283
*	Hartford	Pioneer Mid-Cap Value	42,350
*	Hartford	The Hartford Inflation Plus	64,810
*	Hartford	T. Rowe Price Growth Stock	47,414
*	Hartford	Pioneer Emerging Markets	20,089
*	Hartford	Victory Special Value	22,310
*	Hartford	American Century Equity Growth	46,703
*	Hartford	AllianceBernstein SM/MC Value	1,404
*	Hartford	American Funds Growth Fund	67,481
*	Hartford	Allianz NFJ Dividend Value	71,584
*	Hartford	Invesco International Growth	37,730
*	Hartford	American Funds Bond Fund AM	78,072
*	Hartford	American Funds Europacific	34,595
*	Hartford	American Funds FDMNTL INV	43,745
*	Hartford	Van Kampen Comstock	4,242
*	Hartford	Columbia Technology and Information	629
*	Hartford	Van Kampen Growth and Income	18,327
*	Hartford	The Hartford Index HLS	251,654
*	Hartford	Blackrock Small Cap Growth II	695
*	Hartford	AllianceBernstein Growth	2,748
*	Hartford	Goldman Sachs Small Cap Value	27,106
*	Hartford	Pioneer High Yield	63,489
*	Hartford	T. Rowe Price Retirement 2020	82,514
*	Hartford	T. Rowe Price Retirement 2030	2,041
*	Hartford	T. Rowe Price Retirement 2040	15,689
			2,536,647
*	Participant loans	Interest rates ranging from 3.25% to 9.25%, maturing through April 2020	100,178
			$ 2,636,825

* Party in interest

The above information has been certified as complete and accurate by Hartford.

Fee and Compensation Disclosure Report

This document is intended to assist a plan administrator ("you") in completing the Form 5500 Schedule C[1] by identifying different types of compensation paid with respect to the Hartford product utilized by your plan.

As permitted under the Schedule C rules, compensation is disclosed in the attached report as an actual dollar amount, an estimate or a formula or rate.

- Where an actual dollar amount of compensation is disclosed, no further notation regarding compensation calculations is generally provided.
- Where an estimate of the compensation amount is disclosed, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount.
- Where a formula or rate is provided to report compensation, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount. This formula or rate may be disclosed to describe the compensation to which it applies under the Schedule C rules. Alternatively, for purposes of Schedule C disclosure or in connection with your fiduciary review of the compensation paid with respect to the services, products and investment options utilized by the plan, you may calculate and disclose an actual or estimated dollar amount by multiplying the rate by the total assets to which it applies.

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2011 - 12/31/2011 and indirect compensation is presented on a calendar year basis ending 12/31/2011.

This report includes compensation actually paid to or by the Hartford within the indicated plan year as part of your Hartford product. *(Note: If the plan year period or plan year end indicated in this Schedule C reporting package is incorrect, please notify your Hartford customer service representative immediately).* This report does not include amounts deducted from plan assets and paid to third parties (other than Hartford). In addition, the report does not include compensation related to investments held by the plan that are not serviced on our recordkeeping system. You should contact your other service providers for reportable compensation information. You may also receive information on the compensation reported here from other service providers as is described below.

Please note that we have provided suggested service codes with respect to services provided through our Hartford product. Please review all Schedule C and other Form 5500 materials with your experienced benefits counsel and other professionals to determine the most appropriate codes for your plan. In addition, please note that because plans with fewer than 100 participants (as of the beginning of the plan year) are generally not required to file Schedule C, you should refer to the instructions provided by the IRS for Schedule C and/or review the applicability of Schedule C to your plan with your experienced tax/benefits counsel, to determine whether it is necessary for the plan to report the information contemplated by this report.

Please contact your Hartford Service Team should you require additional information regarding the compensation paid to or by Hartford with respect to your plan.

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Information provided in this document and related materials we provide are not intended to be and shall not be deemed tax advice, tax form preparation services, legal advice, advice to plans regarding compliance with ERISA reporting compliance, or accounting or other professional services. As described above, the information contained in this report may not cover all of the compensation received by the plan's service providers. We strongly encourage you to review all Schedule C and other Form 5500 materials with experienced benefits counsel and other professionals.

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[1] Please refer to the Schedule C of the Form 5500 and its instructions (available at: http://www.dol.gov/ebsa/5500main.html), and please confer with experienced benefits counsel and other professionals, to determine the applicability of Schedule C to your plan.

FORM 5500 SCHEDULE C REPORT
SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION

LDI MECHANICAL INC 401K RET PLAN (711859)
EIN #: 74-2946953

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2011 - 12/31/2011 and indirect compensation is presented on a calendar year basis ending 12/31/2011.

For use with lines 2(h), 3(c), 3(d), 3(e)

Total Direct Compensation Paid **$14,953.24**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction for the plan year. Service providers which have received portions of these direct fees are listed below, along with the amount of fees they received. Please note that if there is a discrepancy between the total direct fees reported above and the sum of the direct fees reported below, you should contact your other service providers or your plan records to identify the recipient(s) of the fees and any other information relevant to your Schedule C filing.

Recipient: Hartford Life Insurance Company EIN: 06-0974148

Service Codes: 15, 23, 37, 38, 54, 55, 59, 60, 62, 63, 64, 65, 66, 99, 50 (if direct compensation amount reflected below)

Direct Compensation **$4,953.24**

The total amount identified above reflects fees deducted from plan assets at the plan administrator's direction for the 2011 plan year for the above named recipient. Please review other service providers, below, to determine whether direct fees were also paid to them. Also, please review your records to determine whether other service providers may have received any compensation not reported below (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, or a plan auditor).

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to Hartford Life Insurance Company are the net result of aggregating direct compensation after the effects of adjustments processed in 2011, some of which may have pertained to prior years.

Please review the detailed breakdown at the end of the report for further information.

Indirect Compensation

Float compensation **$0.27**

Bank accounts and investments associated with short-term investment pool, 200 Hopmeadow Road, Simsbury, CT 06089

This is an estimate based on the annual average rate of float (0.01% for 2011) earned on the bank accounts and investments associated with the short-term investment pool for the 2011 calendar year multiplied by an estimate of the assets related to uncashed checks.* This estimate does not include float earned for any other reason (e.g., if amounts remitted to The Hartford cannot be immediately invested because they are not in good order). Please review or request a copy of the current float disclosure for more information about the other circumstances in which float is earned.

* A complete listing of distribution checks that remain outstanding is available on the Retirement Plan Access web site under the Standard Reports section (Report R03998-Outstanding Distribution Checks). Uncashed check assets will continue to remain in a float-earning bank account until such time direction is received from the Plan Sponsor. The Plan Sponsor should consult with their tax advisor or benefits counsel to determine if assets attributable to uncashed checks should be included on the Form 5500 filing.

Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. Hartford's Code of Ethics and Business Conduct generally restricts Hartford employees from giving to or receiving gifts from customers and/or business partners having a value of over $100, in any individual situation, without prior approval. However, it is possible that one or more of your service providers for the calendar year, including Hartford, engaged in transactions generating nonmonetary compensation. Information concerning reportable transactions undertaken between or among non-Hartford parties may not be available to The Hartford.

Please consult with your legal or tax advisors if you have any questions.

Compensation paid with respect to Funds

Investment Option Name	*EIN*	*Revenue Sharing Rate (%) Paid to The Hartford (rates as of 12/31/2011)*	*Underlying Fund Gross Expense Ratio as of the Fund's Year End*[*]
ALLIANCEBERNSTEIN GROWTH R	13-4064930	0.80% x assets	1.60%
ALLIANCEBERNSTEIN SM-MDCAP VAL R	13-4064930	0.80% x assets	1.60%
ALLIANZ NFJ DIVIDEND VALUE R	33-0457728	0.75% x assets	1.31%
ALLIANZ NFJ SMALL-CAP VALUE R	33-0457728	0.75% x assets	1.46%
AMERICAN CENTURY EQUITY GROWTH R	43-1819235	0.75% x assets	1.19%
AMERICAN FUNDS BND FD OF AMER R1	95-2884967	1.10% x assets	1.38%
AMERICAN FUNDS CP WLD GR INC-R1	95-1411037	1.10% x assets	1.56%
AMERICAN FUNDS EUROPAC GROWTH R1	95-1411037	1.10% x assets	1.62%
AMERICAN FUNDS FUNDAMENTL INV R1	22-1557722	1.10% x assets	1.43%
AMERICAN FUNDS GR FD OF AMER R1	52-0792143	1.10% x assets	1.43%
BLACKROCK SMALL CAP GRWTH II R	13-3806694	0.80% x assets	1.90%
COL SELI COMMUNICAT AND INF R	36-3376651	0.75% x assets	1.61%
COL SELI GLOBAL TECHNOLOGY R	36-3376651	0.75% x assets	1.71%
COLUMBIA DIVERS EQUITY INC R	36-3376651	0.75% x assets	1.33%
COLUMBIA MID CAP VALUE R	36-3376651	0.75% x assets	1.40%
FEDERATED KAUFMANN R	25-1470423	0.75% x assets	2.50%
FRANKLIN INCOME R	13-2573775	0.60% x assets plus $12/participant	1.00%
GOLDMAN SACHS SMALLCAP VALUE SVC	13-4019460	0.65% x assets	1.56%
HARTFORD INDEX HLS IB	22-2937447	0.50% x assets	0.59%
INVESCO INTERNATIONAL GROWTH R	76-0352823	0.85% x assets	1.68%
INVESCO REAL ESTATE R	76-0343427	0.85% x assets	1.56%
INVESCO VAN KAMPEN COMSTOCK R	84-0933032	0.80% x assets	1.09%
INVESCO VAN KAMPEN GR AND IN R	76-0343427	0.80% x assets	1.09%
MFS RESEARCH INTERNATIONAL R2	04-3158862	0.85% x assets	1.45%
PIMCO REAL RETURN R	33-0629048	0.65% x assets	1.11%
PIMCO TOTAL RETURN R	33-0629048	0.65% x assets	1.10%
PIONEER EMERGING MARKETS R	04-3233999	0.80% x assets	2.10%
PIONEER HIGH YIELD R	04-3500606	0.80% x assets	1.49%
PIONEER MID-CAP VALUE R	04-3091159	0.80% x assets	1.50%
T. ROWE PRICE GROWTH STOCK R	52-0655816	0.65% x assets	1.20%
T. ROWE PRICE RETIRE 2020 R	52-1151266	0.65% x assets	1.19%
T. ROWE PRICE RETIRE 2030 R	52-1151266	0.65% x assets	1.24%
T. ROWE PRICE RETIRE 2040 R	52-1151266	0.65% x assets	1.26%

Investment Option Name	*EIN*	*Revenue Sharing Rate (%) Paid to The Hartford (rates as of 12/31/2011)*	*Underlying Fund Gross Expense Ratio as of the Fund's Year End*[*]
THE HARTFORD CAP APPRECIATION R4	22-2937447	0.65% x assets	1.10%
THE HARTFORD INFLATION PLUS R3	22-2937447	0.85% x assets	1.24%
THE HARTFORD MONEY MARKET R4	22-2937447		0.91%
THE HARTFORD SMALL COMPANY R4	22-2937447	0.65% x assets	1.28%
THORNBURG INTERNATIONAL VALUE R3	06-1158764	0.75% x assets	1.63%
VICTORY SPECIAL VALUE R	31-6364605	0.45% x assets plus $16/participant	1.49%

Under the variable investment options available through your plan's group annuity contract or funding agreement, contract values are invested in Hartford Life Insurance Company separate accounts that, in turn, invest in underlying registered investment companies (i.e., mutual funds) and collective investment funds.

The list includes any investment option held by the plan on at least one month end during the 2011 calendar year. To arrive at an estimate of the dollar amount that Hartford received from each investment option, multiply the rate of fees received from each investment option by your plan's year-end balance (or if the investment option was liquidated prior to year end, the balance on the liquidation date) and, if applicable, the per participant fee by the number of participants in the investment option at year end (or the liquidation date if earlier). This will be an estimate because your plan's balance and number of participants will vary over the course of the year, so the year-end balance and number of participants may be higher or lower than the daily balance. In addition, these fees are calculated on a daily basis.

[*] This amount is the sum of the fund's distribution, management and other fees, which are also identified in the fund's prospectus. Please note that affiliates of Hartford Life Insurance Company act as advisor to the Hartford funds. Such affiliates are identified in the fund's prospectus' and receive management fees in the following amounts:

Hartford Capital Appreciation R4	0.65% x assets
Hartford Index HLS IB	0.30% x assets
Hartford Inflation Plus R3	0.46% x assets
Hartford Small Company R4	0.80% x assets

Recipient: CENTAURUS FINANCIAL INC EIN: 33-0530236

Service Codes:

Please contact your Service Provider for the list of applicable services performed and Service Codes.

Direct Compensation **$0.00**

Our records indicate that this recipient did not receive any Direct Compensation. Please review your records to determine whether this service provider may have received any compensation not reported.

Indirect Compensation

[*] **Sales commission** Payor: Hartford Life Insurance Company EIN: 06-0974148 **$5,692.05**

[*] *Sales Commissions are reported on a Plan Year basis.*

Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. Hartford's Code of Ethics and Business Conduct generally restricts Hartford employees from giving to or receiving gifts from customers and/or business partners having a value of over $100, in any individual situation, without prior approval. However, it is possible that one or more of your service providers for the 2011 calendar year, including Hartford, engaged in transactions generating nonmonetary compensation. Information concerning reportable transactions undertaken between or among non-Hartford parties may not be available to The Hartford.

Please consult with your legal or tax advisors if you have any questions.

Recipient: Other EIN: 99-9999999

Service Codes:

Please contact your Service Provider for the list of applicable services performed and Service Codes.

Direct Compensation **$10,000.00**

The total amount identified above reflects fees deducted from plan assets at the plan administrator's direction for the 2011 plan year for the above named recipient.

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation are the net result of aggregating direct compensation after the effects of adjustments processed in 2011, some of which may have pertained to prior years.

Please review the detailed breakdown at the end of the report for further information.

Indirect Compensation **$0.00**

Our records indicate that this recipient did not receive any Indirect Compensation. Please review your records to determine whether this service provider may have received any compensation not reported.

Recipient: Morningstar Associates, LLC EIN: 36-4317381

Service Code: 49

Indirect Compensation

"Managed by You" services fee Payor: Hartford Life Insurance Company EIN: 06-0974148 **$43.60**

This is an estimate determined by dividing a flat annual fee paid to Morningstar by the number of plans to whom this feature is made available.

Recipient: Mesirow Financial Investment Management, Inc. EIN: 36-3429599

Indirect Compensation

Annual fee and basis point fee for Mesirow plan fiduciary service **$30.58**
Service code: 27

Payor: Hartford Life Insurance Company EIN: 06-0974148

This is an estimate based on the annual flat fee plus the basis point fee paid to Mesirow divided by the number of plans using this feature.

Annual platform package fee ("Model My Goals") **$25.42**
Service code: 49

Payor: Hartford Life Insurance Company EIN: 06-0974148

This is an estimate based on the annual platform package fee paid to Mesirow divided by the number of plans using this feature.

Direct Revenue Detail

Recipient: *Hartford Life Insurance Company*

Fee Description	Dollar Amount
Participant Fee	$4,169.24
Loan Set-up Fee	$150.00
One-Time Distribution Fee	$250.00
Loan Administration Fee	$384.00
Total Direct Revenue:	**$4,953.24**

Recipient: *Other*

Fee Description	Dollar Amount
Holding Account: TPA Fee	$10,000.00
Total Direct Revenue:	**$10,000.00**

Grand Total Direct Fees:	**$14,953.24**