

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2011 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>MEDEX GLOBAL GROUP 401K PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1999</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1999</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1999</u>					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>MEDEX GLOBAL GROUP</u> <u>9900 BREN ROAD EAST</u> <u>MINNETONKA, MN 55343</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>52-2230470</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>952-932-7701</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>561420</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>52-2230470</u>	2c Sponsor's telephone number <u>952-932-7701</u>	2d Business code (see instructions) <u>561420</u>	
2b Employer Identification Number (EIN) <u>52-2230470</u>					
2c Sponsor's telephone number <u>952-932-7701</u>					
2d Business code (see instructions) <u>561420</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2012	JAMES C COLEMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2012	JAMES C COLEMAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") MEDEX GLOBAL GROUP 9900 BREN ROAD EAST MINNETONKA, MN 55343	3b Administrator's EIN 52-2230470 3c Administrator's telephone number 952-932-7701
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	168
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	155
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	45
d Subtotal. Add lines 6a , 6b , and 6c	6d	200
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	200
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	155
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	8

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

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

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 <hr/> 2011 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning **01/01/2011** and ending **12/31/2011**

A Name of plan MEDEX GLOBAL GROUP 401K PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 MEDEX GLOBAL GROUP	D Employer Identification Number (EIN) 52-2230470	

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.
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1 Coverage Information:

(a) Name of insurance carrier

AMERICAN UNITED 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
35-0145825	60895	G35067	155	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
26074	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

METLIFE SECURITIES INC
 300 DAVIDSON AVE
 EAST WING 3RD FL
 SOMERSET, NJ 08873

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20514	0	N/A	3

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

ENTERPRISE GENERAL INSURANCE A
 DOUG FRANKEL
 300 DAVIDSON AVE 3RD FL
 SOMERSET, NJ 08873

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5560	0	N/A	3

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

Schedule A (Form 5500) 2011
v.012611

(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	688928
5 Current value of plan's interest under this contract in separate accounts at year end	5	4540840

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

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

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

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

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

b Balance at the end of the previous year	7b	845208
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c Additions: (1) Contributions deposited during the year	7c(1)	137596	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	18205	
(4) Transferred from separate account	7c(4)	168514	
(5) Other (specify below)	7c(5)	2577	

▶ **LOAN REPAYMENT**

(6) Total additions	7c(6)	326892
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d Total of balance and additions (add b and c(6))	7d	1172100
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	256496	
(2) Administration charge made by carrier	7e(2)	159	
(3) Transferred to separate account	7e(3)	219857	
(4) Other (specify below)	7e(4)	6660	

▶ **LOANS ISSUED**

(5) Total deductions	7e(5)	483172
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f Balance at the end of the current year (subtract e(5) from d)	7f	688928
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>MEDEX GLOBAL GROUP 401K PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MEDEX GLOBAL GROUP</u>	D Employer Identification Number (EIN) <u>52-2230470</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

13-4064930

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

13-3538489

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

20-2036524

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

95-1411037

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

DREYFUS

13-2603136

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

DWS INVESTMENTS

13-3241232

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

FIDELITY INVESTMENTS

04-2270522

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

FIFTH THIRD FUNDS

34-1172683

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

FIRST AMERICAN FUNDS

41-2003732

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

FRANKLIN TEMPLETON INVESTMENTS

94-3382187

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

GOLDMAN SACHS ASSET MANAGEMENT

13-4166989

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

INVESCO

74-1881364

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

JANUS CAPITAL GROUP, INC

75-3019319

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

LORD ABBETT FUNDS

13-5620131

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

OPPENHEIMER FUNDS INC.

13-2527171

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

PIMCO

06-1349805

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

PIONEER INVESTMENTS

13-1961193

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

STATE STREET GLOBAL ADVISORS

04-1867445

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

T ROWE PRICE

52-1184650

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

THORNBURG INVESTMENT MANAGEMENT

85-0301299

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)

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

(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 50 64 37 52 59 60 63 66 67	SERVICE PROVIDER	2188	Yes ☒ No ☐	Yes ☐ No ☒	17875	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	66 67	17875
(d) Enter name and EIN (address) of source of indirect compensation AMERICAN UNITED LIFE INSURANCE CO 35-0145825		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. ASSET CHARGE		
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation ALLIANCEBERNSTEIN INVESTMENTS 13-4064930		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. REVENUE SHARING FORMULA - SEE ATTACHED		
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation ALLIANZ GLOBAL INVESTORS 13-3538489		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. REVENUE SHARING FORMULA - SEE ATTACHED		

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
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.	
AMERICAN CENTURY INVESTMENTS 20-2036524	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.	
AMERICAN FUNDS 95-1411037	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.	
DWS INVESTMENTS 13-3241232	REVENUE SHARING FORMULA - SEE ATTACHED	

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
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
FIDELITY INVESTMENTS 04-2270522	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
FIFTH THIRD FUNDS 34-1172683	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
FIRST AMERICAN FUNDS 41-2003732	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation FRANKLIN TEMPLETON INVESTMENTS 94-3382187		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. REVENUE SHARING FORMULA - SEE ATTACHED		
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation GOLDMAN SACHS ASSET MANAGEMENT 13-4166989		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. REVENUE SHARING FORMULA - SEE ATTACHED		
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
(d) Enter name and EIN (address) of source of indirect compensation INVESCO 74-1881364		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. REVENUE SHARING FORMULA - SEE ATTACHED		

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
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
JANUS CAPITAL GROUP, INC 75-3019319	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
ONEAMERICA FUNDS INC. 35-0145825	REVENUE SHARING FORMULA - SEE ATTACHED

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.
OPPENHEIMER FUNDS INC. 13-2527171	REVENUE SHARING FORMULA - SEE ATTACHED

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
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.	
PIMCO 06-1349805	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.	
PIONEER INVESTMENTS 13-1961193	REVENUE SHARING FORMULA - SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	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.	
STATE STREET GLOBAL ADVISORS 04-1867445	REVENUE SHARING FORMULA - SEE ATTACHED	

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
AMERICAN UNITED LIFE INSURANCE CO	52 59 60 63	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>T ROWE PRICE</p> <p>52-1184650</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>REVENUE SHARING FORMULA - SEE ATTACHED</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) Enter service provider name as it appears on line 2</p> <p>AMERICAN UNITED LIFE INSURANCE CO</p> </div> <div style="width: 20%;"> <p>(b) Service Codes (see instructions)</p> <p>52 59 60 63</p> </div> <div style="width: 20%;"> <p>(c) Enter amount of indirect compensation</p> <p style="text-align: right;">0</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>THORNBURG INVESTMENT MANAGEMENT</p> <p>85-0301299</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>REVENUE SHARING FORMULA - SEE ATTACHED</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) Enter service provider name as it appears on line 2</p> </div> <div style="width: 20%;"> <p>(b) Service Codes (see instructions)</p> </div> <div style="width: 20%;"> <p>(c) Enter amount of indirect compensation</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> </div> </div>		

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D (Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2011</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011					
A Name of plan MEDEX GLOBAL GROUP 401K PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MEDEX GLOBAL GROUP				D Employer Identification Number (EIN) 52-2230470	
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 II					
b Name of sponsor of entity listed in (a): AMERICAN UNITED LIFE INSURANCE CO					
c EIN-PN 35-0145825-000		d Entity code P		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4540840	
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)	
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	

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>MEDEX GLOBAL GROUP 401K PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MEDEX GLOBAL GROUP</u>	D Employer Identification Number (EIN) <u>52-2230470</u>	

	Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash	1a	0	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	0	0
	(2) Participant contributions	1b(2)	0	0
	(3) Other.....	1b(3)	0	0
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)	0	0
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	0	0
	(B) All other.....	1c(3)(B)	0	0
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	0	0
	(B) Common	1c(4)(B)	0	0
	(5) Partnership/joint venture interests	1c(5)	0	0
	(6) Real estate (other than employer real property)	1c(6)	0	0
	(7) Loans (other than to participants)	1c(7)	0	0
	(8) Participant loans	1c(8)	83883	116893
	(9) Value of interest in common/collective trusts.....	1c(9)	0	0
	(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
	(11) Value of interest in master trust investment accounts	1c(11)	0	0
	(12) Value of interest in 103-12 investment entities	1c(12)	0	0
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	4396447	4540840
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	845208	688928
	(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	5325538	5346661

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5325538	5346661
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	328128	
(B) Participants	2a(1)(B)	656118	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	984246
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	18205	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	8854	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		27059

(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		0
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(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)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-214290
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		797015

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	741105	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		741105
f Corrective distributions (see instructions)	2f		33349
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	1438	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1438
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		775892

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		21123
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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: BENEFITS AUDIT GROUP LLC

(2) EIN: 26-2404897

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5b(1) Name of plan(s)

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.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>MEDEX GLOBAL GROUP 401K PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MEDEX GLOBAL GROUP</u>	D Employer Identification Number (EIN) <u>52-2230470</u>

Part I	Distributions
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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	<u>0</u>
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): <u>35-0145825</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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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
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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.
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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): _____



**MEDEX GLOBAL GROUP 401(K) PLAN
FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**

DECEMBER 31, 2011 AND 2010

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator, Trustee and Participants of
Medex Global Group 401(k) Plan

We were engaged to audit the financial statements of Medex Global Group 401(k) Plan as of December 31, 2011 and 2010 and for the year ended December 31, 2011, and the supplemental schedule as of and for the year ended December 31, 2011, as listed in the accompanying index. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by American United Life Insurance Company, the custodian of the Plan, except for comparing the 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 investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the custodian is complete and accurate.

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

Benefit Audit Group, LLC

Westminster, MD
October 9, 2012

MEDEX GLOBAL GROUP 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 AND 2010

	<u>2011</u>	<u>2010</u>
Participant-directed investments, at fair value	<u>\$ 5,229,768</u>	<u>\$ 5,241,655</u>
Receivables		
Employer corrective contributions	62,910	27,714
Notes receivable from participants	<u>116,893</u>	<u>83,883</u>
Total Receivables	<u>179,803</u>	<u>111,597</u>
TOTAL ASSETS	5,409,571	5,353,252
Excess contributions payable	<u>6,095</u>	<u>33,349</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 5,403,476</u></u>	<u><u>\$ 5,319,903</u></u>

The Accompanying Notes are an Integral Part of the Financial Statements

MEDEX GLOBAL GROUP 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2011

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Interest income		\$	18,205
Interest income from notes receivable			8,854
Contributions			
Participants'	\$	650,023	
Employer		300,414	
Employer corrective		<u>62,910</u>	
			<u>1,013,347</u>
TOTAL ADDITIONS			1,040,406

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Net depreciation in fair value of investments	214,290	
Benefits paid to participants	741,105	
Administrative expenses	<u>1,438</u>	
TOTAL DEDUCTIONS		<u>956,833</u>
Net increase		83,573
Net Assets Available for Benefits - Beginning of Year		<u>5,319,903</u>
Net Assets Available for Benefits - End of Year		<u><u>\$ 5,403,476</u></u>

**MEDEX GLOBAL GROUP 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Medex Global Group 401(k) Plan ("Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan covering substantially all employees of Medex Global Group (the Company). The Plan was established on January 1, 1999. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Company is a member of a controlled group and therefore other employers have adopted the Plan as Participating Employers. The Participating Employers are Travel Express, Medex Insurance Services, Medex Assistance Corporation, CMI Insurance, Medex Security Services, Inc., ASI, Inc, ASI Group and ASI Global.

In March 2011, Medex Global Group merged with Exploration Logistics and was rebranded as FrontierMEDEX. On December 19, 2011, the Company was acquired by UnitedHealth Group Inc.

Effective January 1, 2009, the plan document was restated to comply with the Economic Growth and Tax Relief Reconciliation Act of 2001.

Eligibility - There are no age or service requirements for elective deferrals to the Plan. Participants who have completed six months of service and are age twenty one (21) or older are eligible for the Company matching and profit sharing contributions. Participants are eligible to receive matching contributions on the first day of the month coinciding with or next following the date requirements are met and are eligible for the profit sharing contribution on the date requirements are met. In addition, to be eligible for the discretionary profit sharing contribution, participants must also be actively employed at the end of the plan year, except for those not actively employed due to death, total and permanent disability or normal or early retirement. Employees of Phoenix Alliance, Inc. are excluded from the Plan. Prior service with Air Routing International, L.P. will be recognized.

Contributions - Each year, participants may elect to contribute elective or Roth elective deferrals up to 75% of their compensation, up to the maximum allowable contribution under the Internal Revenue Code (IRC). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

The Company may make the following contributions:

A matching contribution equal to 100% of a participant's elective deferrals that do not exceed 6% of the participant's compensation (as defined). For 2011, the Company made a matching contribution of \$300,414, net of forfeitures.

**MEDEX GLOBAL GROUP 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

NOTE 1 - DESCRIPTION OF PLAN - CONTINUED

Contributions - continued -

A discretionary profit sharing contribution in an amount determined by the Company. This contribution shall be allocated to each eligible participant in proportion to his or her compensation as a percentage of the compensation of all eligible participants. For 2011, the Company made no discretionary profit sharing contribution.

The Company may also make a Qualified Nonelective Contribution (QNEC) to eligible participants, as defined. See Note 7 for a description of the 2011 and 2010 QNECs.

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

Investment Options - Participants direct the investment of their contributions and Company contributions into a group annuity contract offered by the Plan which contains various pooled separate accounts and an unallocated contract.

Vesting - Participants are immediately vested in their contributions, QNEC's and earnings thereon. Vesting in the Company's contributions is based upon years of service. A participant is not fully vested until they have completed six years of service. Participants are immediately vested upon death, meeting the early retirement age of 55, or total and permanent disability.

Notes Receivable from Participants - Participants may borrow from their fund accounts a minimum of \$1,000 up to maximum amount equal to the lesser of (1) 50% of the participant's vested account balance or (2) \$50,000 reduced by the highest outstanding loan balance during the preceding one year period. The loans are secured by the balance in the participant's account and bear interest at a commensurate rate determined by the plan administrator. A participant may only have one loan outstanding. Loans must be repaid within a minimum of one year up to five years, unless the proceeds are used to acquire a principal residence, and then the loan may be repaid within thirty years. Principal and interest is paid ratably through bi-weekly payroll deductions.

Payment of Benefits - Benefit payments may be in the form of a lump sum or substantially equal installments. Any participant in the Air Routing International, L.P. 401(k) Employee Retirement Plan prior to July 1, 2003 has an annuity payout option available to them. Upon termination of employment, a participant will receive an amount equal to their vested account balance. The Plan shall make automatic distributions of vested account balances that are less than \$5,000 in accordance with plan provisions. Hardship withdrawals and in-service withdrawals at age 59 ½ are also permitted, subject to provisions defined in the plan document.

**MEDEX GLOBAL GROUP 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

NOTE 1 - DESCRIPTION OF PLAN - CONTINUED

Forfeitures - Forfeitures of Company contributions (due to participant's termination prior to full vesting) may first be used to pay administrative expenses of the Plan and then used to reduce any Company contributions. Forfeitures may also be reallocated to participants at the end of a plan year per the AUL prototype basic plan document. In 2011, total forfeitures of \$6,507 were reallocated to participants. At December 31, 2011 and 2010, forfeited non-vested accounts totaled \$0 and \$67,748, respectively. During 2011, forfeitures of \$99,475 were used to reduce the Company contribution.

Plan Expenses and Participant Transaction Fees - Costs of administering the Plan are shared by the Company and the Plan except for investment management fees of individual fund investments which are charged to the respective investment and included in the net depreciation of the investment. Expenses relating to specific participant transactions (i.e. loan fees and distribution fees) are deducted directly from the participant's account.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Basis of Accounting - The Plan's financial statements are prepared on the accrual basis of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Plan invests in the American United Life (AUL) Fixed Account which is considered to be fully benefit-responsive. However, the fair value of the fund held by the Plan approximates contract value and no such adjustment has been made.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest.

Payment of Benefits - Benefits are recorded when paid.

**MEDEX GLOBAL GROUP 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Unit Values - Amounts allocated to a variable investment account within an AUL separate account are credited to a participant's account in the form of accumulation units. The value of an accumulation unit of any investment account is determined at the close of each business day and is directly related to the net asset value of the shares of the underlying investment adjusted for any dividends or distributions received by AUL and the daily equivalent of any fee charged by AUL pursuant to the contract. The value of each accumulation unit is published each business day.

Recent Accounting Pronouncement - In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2010-06, *Fair Value Measurements and Disclosures*, which amends ASC 820, *Fair Value Measurements and Disclosures*, adding a new disclosure requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis. This requirement is effective for fiscal years beginning after December 15, 2010. The adoption in 2011 did not materially affect the Plan's financial statements.

Accounting Pronouncement Not Yet Effective - In May 2011, the FASB issued ASU No. 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs*, which amends ASC 820. ASU 2011-04 also requires the categorization by level for items that are only required to be disclosed at fair value and information about transfers between Level 1 and Level 2. In addition, the ASU provides guidance on measuring the fair value of financial instruments managed within a portfolio and the application of premiums and discounts on fair value measurements. The ASU requires additional disclosure for Level 3 measurements regarding the sensitivity of fair value to changes in unobservable inputs and any interrelationships between those inputs. The new guidance is effective for reporting periods beginning after December 15, 2011. The adoption will not have a material effect on the statement of net assets available for benefits and statement of changes in net assets available for benefits. Plan management has not determined the impact on the disclosures in the financial statements.

NOTE 3 - FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

**MEDEX GLOBAL GROUP 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

NOTE 3 - FAIR VALUE MEASUREMENTS - CONTINUED

Level 2

Inputs to the valuation methodology include (1) quoted prices for similar assets or liabilities in active markets; (2) quoted prices for identical or similar assets or liabilities in inactive markets; (3) inputs other than quoted prices that are observable for the asset or liability; and (4) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset 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.

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

Pooled separate accounts: Valued in accumulation units which are determined daily and are directly related to the net asset value of the shares of the underlying investment adjusted for any dividends or distributions received by AUL and the daily equivalent of any fee charged by AUL pursuant to the contract.

AUL Fixed Account: Valued at contract value, which approximates fair value, as reported by AUL, which represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

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

MEDEX GLOBAL GROUP 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

NOTE 3 - FAIR VALUE MEASUREMENTS - CONTINUED

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010:

<u>Assets at Fair Value as of December 31, 2011</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Unallocated Contract	\$ -	\$ -	\$ 688,928	\$ 688,928
Pooled separate accounts				
Balanced	-	50,613	-	50,613
Foreign Stocks	-	577,235	-	577,235
High Yield Bonds	-	222,728	-	222,728
Intermediate-Term Bonds	-	441,819	-	441,819
Large-Cap Stocks	-	1,270,422	-	1,270,422
Managed Asset Allocation	-	826,729	-	826,729
Mid-Cap Stocks	-	410,748	-	324,067
Short-Term Bonds	-	76,931	-	76,931
Small-Cap Stocks	-	251,316	-	337,997
Specialty	-	151,018	-	151,018
World Stocks	-	261,281	-	261,281
Total assets at fair value	<u>\$ -</u>	<u>\$ 4,540,840</u>	<u>\$ 688,928</u>	<u>\$ 5,229,768</u>

<u>Assets at Fair Value as of December 31, 2010</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Unallocated Contract	\$ -	\$ -	\$ 845,208	\$ 845,208
Pooled separate accounts				
Balanced	-	85,898	-	85,898
Foreign Stocks	-	578,020	-	578,020
High Yield Bonds	-	230,180	-	230,180
Intermediate-Term Bonds	-	385,510	-	385,510
Large-Cap Stocks	-	1,282,380	-	1,282,380
Managed Asset Allocation	-	766,376	-	766,376
Mid-Cap Stocks	-	315,453	-	315,453
Short-Term Bonds	-	61,992	-	61,992
Small-Cap Stocks	-	317,582	-	317,582
Specialty	-	99,448	-	99,448
World Stocks	-	273,608	-	273,608
Total assets at fair value	<u>\$ -</u>	<u>\$ 4,396,447</u>	<u>\$ 845,208</u>	<u>\$ 5,241,655</u>

MEDEX GLOBAL GROUP 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

NOTE 3 - FAIR VALUE MEASUREMENTS - CONTINUED

The following table sets forth a summary of changes in fair value of the Plan's level 3 assets for the years ended December 31, 2011 and 2010.

	AUL
	Fixed Account
Balance — January 1, 2011	\$ 845,208
Transfers into Level 3	-
Transfers out of Level 3	-
Total interest included in changes in net assets	18,205
Purchases, sales, issuances, and settlements:	
Purchases	88,831
Issuances	-
Sales	(263,316)
Settlements	-
Ending Balance December 31, 2011	<u>\$ 688,928</u>
The amount of total gains or losses for the period included in changes in net assets attributable to the change in unrealized gains or losses related to assets still held at the reporting date	<u>\$ 18,205</u>
Balance — January 1, 2010	\$ 689,454
Interest	25,597
Issuances, repayments and settlements (net)	130,157
Balance — December 31, 2011	<u>\$ 845,208</u>
The amount of total gains or losses for the period included in changes in net assets attributable to the change in unrealized gains or losses related to assets still held at the reporting date	<u>\$ 25,297</u>

**MEDEX GLOBAL GROUP 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

NOTE 4 - INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets.

	<u>2011</u>	<u>2010</u>
AUL Fixed Account	\$ 688,928	\$ 845,208
Allianz NFJ Dividend Value	N/A	267,446

NOTE 5 - INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

At December 31, 2011 and 2010, the Plan's investments were held by American United Life Insurance Company, the custodian of the Plan. The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the custodian has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

	<u>2011</u>	<u>2010</u>
Investments, at fair value:		
AUL Fixed Account	\$ 688,928	\$ 845,208
Pooled Separate Accounts	4,540,840	4,396,447
Notes receivable from participants	116,893	83,883
Total	<u>\$ 5,346,661</u>	<u>\$ 5,325,538</u>
For the year ended December 31, 2011:		
Interest income from notes receivable	\$ 18,205	
Interest income	8,854	
Net depreciation in pooled separate accounts	(214,290)	
Total	<u>\$ (187,231)</u>	

The Plan's auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

NOTE 6 - GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has entered into a benefit-responsive investment contract with American United Life Insurance Company (AUL). AUL maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at contract value, which approximates fair value.

**MEDEX GLOBAL GROUP 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

NOTE 6 - GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY - CONTINUED

Contract value, as reported to the Plan by AUL, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2011 and 2010 was \$688,928 and \$845,208, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 1%.

Interest rates for new contributions are declared prior to the beginning of a calendar quarter and are applicable to all contributions received in that quarter until the end of the calendar year next following the current year.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan); (2) changes to the Plan's prohibition on competing investment options; (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause significant withdrawal from the Plan; or (4) aggregate terminations in any contract year that exceed 20% of the full contract value as determined on the first day of that contract year. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

	2011	2010
Average yields:		
Based on actual earnings	2.37%	3.29%
Based on interest credited to participants	2.00%	2.49%

NOTE 7 - QUALIFIED NON-ELECTIVE CONTRIBUTION

For 2011, the Plan has recorded a corrective QNEC receivable of \$16,747 for an employer match contribution correction. It was discovered that certain participants who became eligible for a match in the Plan during 2010 and 2011 and who were contributing greater than 4% only received a total match contribution of 4%; plan provisions provide up to a 6% match contribution. Further, the Plan has also recorded a corrective QNEC receivable of \$46,163 to account for certain pay periods throughout 2008 to 2011 in which participants did not receive their full employee deferral and employer matching contribution based on the Plan's definition of compensation. The QNEC is recorded as an "employer corrective contribution" in the December 31, 2011 statements of net assets available for benefits and in the statement of changes in net assets available for benefits for the year ended December 31, 2011.

**MEDEX GLOBAL GROUP 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

NOTE 7 - QUALIFIED NON-ELECTIVE CONTRIBUTION - CONTINUED

For 2010, the Plan recorded a receivable for a corrective QNEC of \$27,714. This QNEC was a result of an IRS audit of the 2008 plan year in which the Plan failed a non-discrimination test under the IRC (see note 8 for a description of the test). The amount was remitted to the Plan in 2011.

NOTE 8 - EXCESS CONTRIBUTIONS REFUNDABLE TO PARTICIPANTS

The Plan is subject to certain non-discrimination rules under ERISA and the IRC. For the plan years ended December 31, 2011 and 2010, the Plan failed certain of the non-discrimination tests under the IRC due to lower contribution percentages by non-highly compensated eligible employees relative to the contribution percentages of highly compensated eligible employees. In order to meet the requirements of the non-discrimination rules, the Plan refunded a portion of the contributions made by highly compensated participants, in accordance with applicable provisions of the IRC. The refunds for 2011 and 2010, paid the following year, totaled \$6,095 and \$33,349, respectively. The refunds are recorded as "excess contributions payable" in the December 31, 2011 and 2010 statements of net assets available for benefits and have reduced "participants' contributions" on the statement of changes in net assets available for benefits for the year ended December 31, 2011.

NOTE 9 - TAX STATUS

The Plan is a prototype plan which received an opinion letter on March 31, 2008, in which the Internal Revenue Service stated that the prototype plan was in compliance with the applicable requirements of the IRC. The prototype plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed in compliance with the applicable requirements of the IRC. The Company is aware of certain operational issues impacting the Plan. The Company will take all corrective action necessary and believes the Plan will maintain its qualified status.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

NOTE 10 - RELATED PARTY TRANSACTIONS

The Plan investments include shares of pooled separate accounts and an unallocated contract managed by American United Life Insurance Company, a OneAmerica Company, the custodian; therefore, these transactions qualify as party-in-interest transactions. Administrative fees paid by the Plan to American United Life Insurance Company amounted to \$1,438 for the year ended December 31, 2011.

**MEDEX GLOBAL GROUP 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

NOTE 11 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100 percent vested in their employer contributions.

NOTE 12 - RISKS AND UNCERTAINTIES

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

NOTE 13 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2011 and 2010 to Schedule H of Form 5500:

	<u>2011</u>	<u>2010</u>
Net assets available for benefits per the financial statements	\$ 5,403,476	\$ 5,319,903
Less - Employer contribution receivable	62,910	27,714
Add - Excess contribution refundable	6,095	33,349
Net assets available for benefits per the Form 5500	<u>\$ 5,346,661</u>	<u>\$ 5,325,538</u>

The following is a reconciliation of net assets available for benefits per the financial statements for the year ended December 31, 2011, to Schedule H of Form 5500:

Net increase in net assets available for benefits per the financial statements	\$ 83,573
Add - 2010 employer contributions receivable	27,714
Less - 2011 employer contributions receivable	62,910
Less - 2010 excess contributions refundable	33,349
Add - 2011 excess contributions refundable	6,095
Net income per the Form 5500	<u>\$ 21,123</u>

**MEDEX GLOBAL GROUP 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

NOTE 13 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500 - CONTINUED

The following is a reconciliation of contributions per the financial statements for the year ended December 31, 2011, to Schedule H of Form 5500:

Total participant contributions per the financial statements	\$ 650,023
Add - 2011 excess contributions refundable	6,095
Total participant contributions per the Form 5500	<u>\$ 656,118</u>
Total employer contributions per the financial statements	\$ 363,324
Add - 2010 employer contributions receivable	27,714
Less - 2011 employer contributions receivable	62,910
Total employer contributions per the Form 5500	<u>\$ 328,128</u>

The following is a reconciliation of distributions per the financial statements for the year ended December 31, 2011, to Schedule H of Form 5500:

Total distributions per the financial statements	\$ 741,105
Add - 2010 excess contributions refundable	33,349
Total distributions per the Form 5500	<u>\$ 774,454</u>

**MEDEX GLOBAL GROUP 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

NOTE 14 - NET ASSET VALUE (NAV) PER SHARE

In accordance with ASU No. 2009-12, the Plan expanded its disclosures to include the category, fair value, redemption frequency, and redemption notice period for those assets whose fair value is estimated using the NAV per share as of December 31, 2011.

		Unfunded	Redemption	Other	Redemption
Investment	Fair Value	Commitment	Frequency	Restrictions	Notice Period
December 31, 2011					
Pooled Separate Account (1)	\$ 4,540,840	-	Immediate	See below	None
Total	\$ 4,540,840	-			
December 31, 2010					
Pooled Separate Account (1)	\$ 4,396,447	-	Immediate	See below	None
Total	\$ 4,396,447	-			

⁽¹⁾The fair values of the investments are based on the fair values of the underlying investments in the funds.

⁽²⁾The underlying investments in the pooled separate account have various income strategies including total return, growth, income, liquidity, etc.

Trading Restrictions:

Participants may execute transfers between the available investment options once per business day without limitation. However, participants may transfer any amount from the AUL Fixed Account but may not transfer funds into the account until 90 days have elapsed since the date of the last transfer. In addition, if a participant redeems \$5,000 or more from any American Fund, they will be precluded from investing in that fund until 30 calendar days have elapsed since the date of the redemption transaction.

Redemption Fees:

The investments are subject to a market value adjustment, as defined in the contract, when a plan termination or partial plan termination occurs.

Other:

There are no unfunded commitments from participants in the Plan who invest in these accounts.

**MEDEX GLOBAL GROUP 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

NOTE 15 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 9, 2012, the date the financial statements were available to be issued.

Effective April 2, 2012, the Plan was amended to freeze participation in and contributions to the Plan. Participants in the Plan will continue to be eligible to request loans and in-service withdrawals, subject to provisions defined in the plan document. Participants will also be allowed to continue to direct the investment of their accounts in the Plan in accordance with the Plan's investment election procedures.

Further, the Plan name was also amended from Medex Global Group 401(k) Plan to FrontierMEDEX, Inc. 401(k) Plan.

SUPPLEMENTARY SCHEDULE

MEDEX GLOBAL GROUP 401(k) PLAN
EIN: 52-2230470 PLAN #:001 FORM 5500 SCHEDULE H - LINE #4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
Pooled Separate Accounts				
	Allianz NFJ	Dividend Value	\$	252,134
	Fidelity	Advisor Freedom 2020		223,327
	Thornburg	Core Growth		216,013
	Fidelity	Advisor Freedom 2040		213,362
	American Funds	American High Income Trust		208,976
	SSgA	S&P 500 Index		208,864
	PIMCO	Total Return		204,748
	Goldman Sachs	Growth Strategy		169,773
	Fidelity	Advisor Freedom 2030		162,542
	SSgA	International Index		161,916
	SSgA	Russell Small Cap Index		158,925
	T Rowe Price	Equity-Income		155,148
	Thornburg	International Value		122,860
	Pioneer	Bond Fund		118,340
	Thornburg	Value		112,571
	Fidelity	Advisor Leverged Company Stock		111,380
	American Funds	Growth Fund of America		110,616
	American Funds	Europacific Growth		95,767
	American Funds	Capital World Growth & Income		91,507
	Fidelity	Advisor Freedom 2035		88,493
	Lord Abbett	Developing Growth		86,681
	Janus	Forty Fund		83,193
	Goldman Sachs	Mid Value		81,447
	Invesco	Energy Fund		79,110
	Pioneer	Emerging Markets		79,084
	Alliance Bernstein	International Value		77,415
	American Funds	International Bond Fund of America		76,931
	T Rowe Price	Franklin Strategic Income		69,344
	T Rowe Price	Growth Stock		62,429
	Fidelity	Advisor Freedom 2025		61,885
	American Century	Real Estate		59,434
	Nuveen	Mid Cap Value		52,143
*	One America	Asset Director		50,613
	Oppenheimer	International Bond Fund		49,387
	Fidelity	Advisor Small Cap		41,373
	T Rowe Price	International Stock		40,192
	Fidelity	Advisor Freedom 2015		40,143
*	One America	Socially Responsive		39,056

MEDEX GLOBAL GROUP 401(k) PLAN
EIN: 52-2230470 PLAN #:001 FORM 5500 SCHEDULE H - LINE #4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

(c) Description of investment including

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
<u>Pooled Separate Accounts - Continued</u>				
	Oppenheimer	Main St. Small & MI	\$	34,462
	Lord Abbett	Growth Opportunities		27,732
	SSgA	S&P Midcap 400 Index Strategy		27,436
	Fifth Thrid	All Cap Value		18,575
	Fidelity	Advisor Freedom 2050		15,747
	Alliance Bernstein	Small Cap Value		14,180
	Invesco	Small Cap Growth		13,986
	Pioneer	High Yield Fund		13,752
	Fidelity	Advisor Freedom 2010		12,684
	Invesco	Global Health Care		12,474
	Alliance Bernstein	Value Fund		11,824
	Invesco	Mid Cap Core Equity		9,749
	Fidelity	Advisor Freedom 2045		8,547
	DWS Dremar	Small Cap Value		2,570
<u>Unallocated Contract</u>				
*	AUL	Fixed Account		688,928
		Interest rates from 8.00% to 8.75% with maturities from September 2012 to November 2016		
*	Participant Loans		-0-	116,893
				\$ 5,346,661

* Party-in-interest as defined by ERISA.

(d) Cost information may be omitted with respect to participant directed investments.

Schedule C Attachment for Line Item 3(e)

Plan Name **G35067 MEDEX GLOBAL GROUP 401K PLAN**
Plan Number **001** **Plan Year End** **12/31/2011**
EIN **52-2230470**

Revenue Sharing Formula:

The investment options of the Plan include various portfolios within an AUL separate account. The separate account in turn invests in investment portfolios of certain open-end management investment companies. AUL receives indirect compensation from these investment companies for the services provided by AUL.

The compensation received by AUL is computed by each investment company by multiplying the daily account balance of the AUL separate account's interest in a particular portfolio by a predetermined percentage rate negotiated with the investment company. This indirect compensation is not charged to the plan or participants accounts but is paid directly by the investment company.

The investment company, the underlying investment portfolio, and the annual compensation percentages are shown below.

Investment Company	Investment Portfolio	Annual Percentage
ALLIANCEBERNSTEIN	AllianceBernstein Value Fund	0.60
ALLIANCEBERNSTEIN	AllianceBernstein S/M Cap Val	0.60
ALLIANCEBERNSTEIN	AllianceBernstein Intl Value	0.60
ALLIANZ	Allianz NFJ Div Val	0.65
AMERICAN CENTURY	AmCent Real Estate	0.60
AMERICAN FUNDS	Amer Fds Int Bnd Fund Of Ameri	0.60
AMERICAN FUNDS	Amer Fds Grwth Fund Of America	0.60
AMERICAN FUNDS	Amer Fds EuroPacific Growth	0.60
AMERICAN FUNDS	Amer Fds Capital World Gro&Inc	0.60
AMERICAN FUNDS	Amer Fds Ameri High Inc Trst	0.60
DWS	DWS Dreman Small Cap Value	0.55
FIDELITY	Fidelity Adv Freedom 2015®	0.60
FIDELITY	Fidelity Adv Freedom 2030®	0.60
FIDELITY	Fidelity Adv Freedom 2040®	0.60
FIDELITY	Fidelity Adv LevCo Stk	0.60
FIDELITY	Fidelity Adv Freedom 2010®	0.60
FIDELITY	Fidelity Adv Freedom 2020®	0.60
FIDELITY	Fidelity Adv Freedom 2025®	0.60
FIDELITY	Fidelity Adv Freedom 2035®	0.60
FIDELITY	Fidelity Adv Small Cap	0.60
FIDELITY	Fidelity Adv Freedom 2045®	0.60

Investment Company	Investment Portfolio	Annual Percentage
FIDELITY	Fidelity Adv Freedom 2050®	0.60
FIDELITY	Fidelity Adv Freedom 2055®	0.60
FIFTH THIRD	Fifth Third All Cap Value	0.35
FRANKLIN/TEMPLETON	Franklin Strategic Income	0.65
GOLDMAN SACHS	Goldman Sachs Mid Value	0.60
GOLDMAN SACHS	Goldman Sachs Growth Strategy	0.60
INVESCO	Invesco Energy Fund	0.60
INVESCO	Invesco Mid Cap Core Equity	0.70
INVESCO	Invesco Small Cap Growth	0.70
INVESCO	Invesco Global Health Care	0.45
JANUS	Janus Forty Fund	0.75
NUVEEN	Nuveen Mid Cap Value	0.75
ONEAMERICA FUNDS	OneAmerica Asset Director	0.30
ONEAMERICA FUNDS	OneAmerica Socially Responsive	0.30
OPPENHEIMER	Oppenheimer Main St Sm&Mid Cap	0.60
OPPENHEIMER	Oppenheimer Intn'l Bond Fund	0.60
PIMCO	PIMCO Total Return	0.60
PIONEER	Pioneer Small Cap Value Fund	0.75
PIONEER	Pioneer High Yield Fund	0.75
PIONEER	Pioneer Bond Fund	0.75
PIONEER	Pioneer Emerging Markets	0.60
STATE STREET	SSgA S&P® 500 Index	0.60
STATE STREET	SSgA S&P®MidCap 400 Index Stra	0.62
STATE STREET	SSgA Russell Small Cap Index	0.62
STATE STREET	SSgA International Index	0.60
T. ROWE PRICE	T Rowe Price International St	0.60
T. ROWE PRICE	T Rowe Price Growth Stock	0.65
T. ROWE PRICE	T Rowe Price Equity-Income	0.65
THORNBURG	Thornburg Value	0.70
THORNBURG	Thornburg Core Growth	0.70
THORNBURG	Thornburg International Value	0.70

Plan Type 1 401PS



**MEDEX GLOBAL GROUP 401(K) PLAN
FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**

DECEMBER 31, 2011 AND 2010

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator, Trustee and Participants of
Medex Global Group 401(k) Plan

We were engaged to audit the financial statements of Medex Global Group 401(k) Plan as of December 31, 2011 and 2010 and for the year ended December 31, 2011, and the supplemental schedule as of and for the year ended December 31, 2011, as listed in the accompanying index. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by American United Life Insurance Company, the custodian of the Plan, except for comparing the 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 investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the custodian is complete and accurate.

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

Benefit Audit Group, LLC

Westminster, MD
October 9, 2012

MEDEX GLOBAL GROUP 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 AND 2010

	<u>2011</u>	<u>2010</u>
Participant-directed investments, at fair value	<u>\$ 5,229,768</u>	<u>\$ 5,241,655</u>
Receivables		
Employer corrective contributions	62,910	27,714
Notes receivable from participants	<u>116,893</u>	<u>83,883</u>
Total Receivables	<u>179,803</u>	<u>111,597</u>
TOTAL ASSETS	5,409,571	5,353,252
Excess contributions payable	<u>6,095</u>	<u>33,349</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 5,403,476</u></u>	<u><u>\$ 5,319,903</u></u>

The Accompanying Notes are an Integral Part of the Financial Statements

MEDEX GLOBAL GROUP 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2011

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Interest income		\$	18,205
Interest income from notes receivable			8,854
Contributions			
Participants'	\$	650,023	
Employer		300,414	
Employer corrective		<u>62,910</u>	
			<u>1,013,347</u>
TOTAL ADDITIONS			1,040,406

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Net depreciation in fair value of investments	214,290	
Benefits paid to participants	741,105	
Administrative expenses	<u>1,438</u>	
TOTAL DEDUCTIONS		<u>956,833</u>
Net increase		83,573
Net Assets Available for Benefits - Beginning of Year		<u>5,319,903</u>
Net Assets Available for Benefits - End of Year		<u><u>\$ 5,403,476</u></u>

**MEDEX GLOBAL GROUP 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Medex Global Group 401(k) Plan ("Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan covering substantially all employees of Medex Global Group (the Company). The Plan was established on January 1, 1999. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Company is a member of a controlled group and therefore other employers have adopted the Plan as Participating Employers. The Participating Employers are Travel Express, Medex Insurance Services, Medex Assistance Corporation, CMI Insurance, Medex Security Services, Inc., ASI, Inc, ASI Group and ASI Global.

In March 2011, Medex Global Group merged with Exploration Logistics and was rebranded as FrontierMEDEX. On December 19, 2011, the Company was acquired by UnitedHealth Group Inc.

Effective January 1, 2009, the plan document was restated to comply with the Economic Growth and Tax Relief Reconciliation Act of 2001.

Eligibility - There are no age or service requirements for elective deferrals to the Plan. Participants who have completed six months of service and are age twenty one (21) or older are eligible for the Company matching and profit sharing contributions. Participants are eligible to receive matching contributions on the first day of the month coinciding with or next following the date requirements are met and are eligible for the profit sharing contribution on the date requirements are met. In addition, to be eligible for the discretionary profit sharing contribution, participants must also be actively employed at the end of the plan year, except for those not actively employed due to death, total and permanent disability or normal or early retirement. Employees of Phoenix Alliance, Inc. are excluded from the Plan. Prior service with Air Routing International, L.P. will be recognized.

Contributions - Each year, participants may elect to contribute elective or Roth elective deferrals up to 75% of their compensation, up to the maximum allowable contribution under the Internal Revenue Code (IRC). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

The Company may make the following contributions:

A matching contribution equal to 100% of a participant's elective deferrals that do not exceed 6% of the participant's compensation (as defined). For 2011, the Company made a matching contribution of \$300,414, net of forfeitures.

**MEDEX GLOBAL GROUP 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

NOTE 1 - DESCRIPTION OF PLAN - CONTINUED

Contributions - continued -

A discretionary profit sharing contribution in an amount determined by the Company. This contribution shall be allocated to each eligible participant in proportion to his or her compensation as a percentage of the compensation of all eligible participants. For 2011, the Company made no discretionary profit sharing contribution.

The Company may also make a Qualified Nonelective Contribution (QNEC) to eligible participants, as defined. See Note 7 for a description of the 2011 and 2010 QNECs.

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

Investment Options - Participants direct the investment of their contributions and Company contributions into a group annuity contract offered by the Plan which contains various pooled separate accounts and an unallocated contract.

Vesting - Participants are immediately vested in their contributions, QNEC's and earnings thereon. Vesting in the Company's contributions is based upon years of service. A participant is not fully vested until they have completed six years of service. Participants are immediately vested upon death, meeting the early retirement age of 55, or total and permanent disability.

Notes Receivable from Participants - Participants may borrow from their fund accounts a minimum of \$1,000 up to maximum amount equal to the lesser of (1) 50% of the participant's vested account balance or (2) \$50,000 reduced by the highest outstanding loan balance during the preceding one year period. The loans are secured by the balance in the participant's account and bear interest at a commensurate rate determined by the plan administrator. A participant may only have one loan outstanding. Loans must be repaid within a minimum of one year up to five years, unless the proceeds are used to acquire a principal residence, and then the loan may be repaid within thirty years. Principal and interest is paid ratably through bi-weekly payroll deductions.

Payment of Benefits - Benefit payments may be in the form of a lump sum or substantially equal installments. Any participant in the Air Routing International, L.P. 401(k) Employee Retirement Plan prior to July 1, 2003 has an annuity payout option available to them. Upon termination of employment, a participant will receive an amount equal to their vested account balance. The Plan shall make automatic distributions of vested account balances that are less than \$5,000 in accordance with plan provisions. Hardship withdrawals and in-service withdrawals at age 59 ½ are also permitted, subject to provisions defined in the plan document.

**MEDEX GLOBAL GROUP 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

NOTE 1 - DESCRIPTION OF PLAN - CONTINUED

Forfeitures - Forfeitures of Company contributions (due to participant's termination prior to full vesting) may first be used to pay administrative expenses of the Plan and then used to reduce any Company contributions. Forfeitures may also be reallocated to participants at the end of a plan year per the AUL prototype basic plan document. In 2011, total forfeitures of \$6,507 were reallocated to participants. At December 31, 2011 and 2010, forfeited non-vested accounts totaled \$0 and \$67,748, respectively. During 2011, forfeitures of \$99,475 were used to reduce the Company contribution.

Plan Expenses and Participant Transaction Fees - Costs of administering the Plan are shared by the Company and the Plan except for investment management fees of individual fund investments which are charged to the respective investment and included in the net depreciation of the investment. Expenses relating to specific participant transactions (i.e. loan fees and distribution fees) are deducted directly from the participant's account.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Basis of Accounting - The Plan's financial statements are prepared on the accrual basis of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Plan invests in the American United Life (AUL) Fixed Account which is considered to be fully benefit-responsive. However, the fair value of the fund held by the Plan approximates contract value and no such adjustment has been made.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest.

Payment of Benefits - Benefits are recorded when paid.

MEDEX GLOBAL GROUP 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Unit Values - Amounts allocated to a variable investment account within an AUL separate account are credited to a participant's account in the form of accumulation units. The value of an accumulation unit of any investment account is determined at the close of each business day and is directly related to the net asset value of the shares of the underlying investment adjusted for any dividends or distributions received by AUL and the daily equivalent of any fee charged by AUL pursuant to the contract. The value of each accumulation unit is published each business day.

Recent Accounting Pronouncement - In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2010-06, *Fair Value Measurements and Disclosures*, which amends ASC 820, *Fair Value Measurements and Disclosures*, adding a new disclosure requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis. This requirement is effective for fiscal years beginning after December 15, 2010. The adoption in 2011 did not materially affect the Plan's financial statements.

Accounting Pronouncement Not Yet Effective - In May 2011, the FASB issued ASU No. 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs*, which amends ASC 820. ASU 2011-04 also requires the categorization by level for items that are only required to be disclosed at fair value and information about transfers between Level 1 and Level 2. In addition, the ASU provides guidance on measuring the fair value of financial instruments managed within a portfolio and the application of premiums and discounts on fair value measurements. The ASU requires additional disclosure for Level 3 measurements regarding the sensitivity of fair value to changes in unobservable inputs and any interrelationships between those inputs. The new guidance is effective for reporting periods beginning after December 15, 2011. The adoption will not have a material effect on the statement of net assets available for benefits and statement of changes in net assets available for benefits. Plan management has not determined the impact on the disclosures in the financial statements.

NOTE 3 - FAIR VALUE MEASUREMENTS

FASB Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

**MEDEX GLOBAL GROUP 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

NOTE 3 - FAIR VALUE MEASUREMENTS - CONTINUED

Level 2

Inputs to the valuation methodology include (1) quoted prices for similar assets or liabilities in active markets; (2) quoted prices for identical or similar assets or liabilities in inactive markets; (3) inputs other than quoted prices that are observable for the asset or liability; and (4) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3

Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset 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.

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

Pooled separate accounts: Valued in accumulation units which are determined daily and are directly related to the net asset value of the shares of the underlying investment adjusted for any dividends or distributions received by AUL and the daily equivalent of any fee charged by AUL pursuant to the contract.

AUL Fixed Account: Valued at contract value, which approximates fair value, as reported by AUL, which represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

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

MEDEX GLOBAL GROUP 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

NOTE 3 - FAIR VALUE MEASUREMENTS - CONTINUED

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010:

<u>Assets at Fair Value as of December 31, 2011</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Unallocated Contract	\$ -	\$ -	\$ 688,928	\$ 688,928
Pooled separate accounts				
Balanced	-	50,613	-	50,613
Foreign Stocks	-	577,235	-	577,235
High Yield Bonds	-	222,728	-	222,728
Intermediate-Term Bonds	-	441,819	-	441,819
Large-Cap Stocks	-	1,270,422	-	1,270,422
Managed Asset Allocation	-	826,729	-	826,729
Mid-Cap Stocks	-	410,748	-	324,067
Short-Term Bonds	-	76,931	-	76,931
Small-Cap Stocks	-	251,316	-	337,997
Specialty	-	151,018	-	151,018
World Stocks	-	261,281	-	261,281
Total assets at fair value	<u>\$ -</u>	<u>\$ 4,540,840</u>	<u>\$ 688,928</u>	<u>\$ 5,229,768</u>

<u>Assets at Fair Value as of December 31, 2010</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Unallocated Contract	\$ -	\$ -	\$ 845,208	\$ 845,208
Pooled separate accounts				
Balanced	-	85,898	-	85,898
Foreign Stocks	-	578,020	-	578,020
High Yield Bonds	-	230,180	-	230,180
Intermediate-Term Bonds	-	385,510	-	385,510
Large-Cap Stocks	-	1,282,380	-	1,282,380
Managed Asset Allocation	-	766,376	-	766,376
Mid-Cap Stocks	-	315,453	-	315,453
Short-Term Bonds	-	61,992	-	61,992
Small-Cap Stocks	-	317,582	-	317,582
Specialty	-	99,448	-	99,448
World Stocks	-	273,608	-	273,608
Total assets at fair value	<u>\$ -</u>	<u>\$ 4,396,447</u>	<u>\$ 845,208</u>	<u>\$ 5,241,655</u>

MEDEX GLOBAL GROUP 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

NOTE 3 - FAIR VALUE MEASUREMENTS - CONTINUED

The following table sets forth a summary of changes in fair value of the Plan's level 3 assets for the years ended December 31, 2011 and 2010.

	AUL
	Fixed Account
Balance — January 1, 2011	\$ 845,208
Transfers into Level 3	-
Transfers out of Level 3	-
Total interest included in changes in net assets	18,205
Purchases, sales, issuances, and settlements:	
Purchases	88,831
Issuances	-
Sales	(263,316)
Settlements	-
Ending Balance December 31, 2011	<u>\$ 688,928</u>
The amount of total gains or losses for the period included in changes in net assets attributable to the change in unrealized gains or losses related to assets still held at the reporting date	<u>\$ 18,205</u>
Balance — January 1, 2010	\$ 689,454
Interest	25,597
Issuances, repayments and settlements (net)	130,157
Balance — December 31, 2011	<u>\$ 845,208</u>
The amount of total gains or losses for the period included in changes in net assets attributable to the change in unrealized gains or losses related to assets still held at the reporting date	<u>\$ 25,297</u>

**MEDEX GLOBAL GROUP 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

NOTE 4 - INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets.

	<u>2011</u>	<u>2010</u>
AUL Fixed Account	\$ 688,928	\$ 845,208
Allianz NFJ Dividend Value	N/A	267,446

NOTE 5 - INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

At December 31, 2011 and 2010, the Plan's investments were held by American United Life Insurance Company, the custodian of the Plan. The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the custodian has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

	<u>2011</u>	<u>2010</u>
Investments, at fair value:		
AUL Fixed Account	\$ 688,928	\$ 845,208
Pooled Separate Accounts	4,540,840	4,396,447
Notes receivable from participants	116,893	83,883
Total	<u>\$ 5,346,661</u>	<u>\$ 5,325,538</u>
For the year ended December 31, 2011:		
Interest income from notes receivable	\$ 18,205	
Interest income	8,854	
Net depreciation in pooled separate accounts	(214,290)	
Total	<u>\$ (187,231)</u>	

The Plan's auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

NOTE 6 - GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has entered into a benefit-responsive investment contract with American United Life Insurance Company (AUL). AUL maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at contract value, which approximates fair value.

**MEDEX GLOBAL GROUP 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

NOTE 6 - GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY - CONTINUED

Contract value, as reported to the Plan by AUL, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2011 and 2010 was \$688,928 and \$845,208, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 1%.

Interest rates for new contributions are declared prior to the beginning of a calendar quarter and are applicable to all contributions received in that quarter until the end of the calendar year next following the current year.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan); (2) changes to the Plan's prohibition on competing investment options; (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause significant withdrawal from the Plan; or (4) aggregate terminations in any contract year that exceed 20% of the full contract value as determined on the first day of that contract year. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

	2011	2010
Average yields:		
Based on actual earnings	2.37%	3.29%
Based on interest credited to participants	2.00%	2.49%

NOTE 7 - QUALIFIED NON-ELECTIVE CONTRIBUTION

For 2011, the Plan has recorded a corrective QNEC receivable of \$16,747 for an employer match contribution correction. It was discovered that certain participants who became eligible for a match in the Plan during 2010 and 2011 and who were contributing greater than 4% only received a total match contribution of 4%; plan provisions provide up to a 6% match contribution. Further, the Plan has also recorded a corrective QNEC receivable of \$46,163 to account for certain pay periods throughout 2008 to 2011 in which participants did not receive their full employee deferral and employer matching contribution based on the Plan's definition of compensation. The QNEC is recorded as an "employer corrective contribution" in the December 31, 2011 statements of net assets available for benefits and in the statement of changes in net assets available for benefits for the year ended December 31, 2011.

**MEDEX GLOBAL GROUP 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

NOTE 7 - QUALIFIED NON-ELECTIVE CONTRIBUTION - CONTINUED

For 2010, the Plan recorded a receivable for a corrective QNEC of \$27,714. This QNEC was a result of an IRS audit of the 2008 plan year in which the Plan failed a non-discrimination test under the IRC (see note 8 for a description of the test). The amount was remitted to the Plan in 2011.

NOTE 8 - EXCESS CONTRIBUTIONS REFUNDABLE TO PARTICIPANTS

The Plan is subject to certain non-discrimination rules under ERISA and the IRC. For the plan years ended December 31, 2011 and 2010, the Plan failed certain of the non-discrimination tests under the IRC due to lower contribution percentages by non-highly compensated eligible employees relative to the contribution percentages of highly compensated eligible employees. In order to meet the requirements of the non-discrimination rules, the Plan refunded a portion of the contributions made by highly compensated participants, in accordance with applicable provisions of the IRC. The refunds for 2011 and 2010, paid the following year, totaled \$6,095 and \$33,349, respectively. The refunds are recorded as "excess contributions payable" in the December 31, 2011 and 2010 statements of net assets available for benefits and have reduced "participants' contributions" on the statement of changes in net assets available for benefits for the year ended December 31, 2011.

NOTE 9 - TAX STATUS

The Plan is a prototype plan which received an opinion letter on March 31, 2008, in which the Internal Revenue Service stated that the prototype plan was in compliance with the applicable requirements of the IRC. The prototype plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed in compliance with the applicable requirements of the IRC. The Company is aware of certain operational issues impacting the Plan. The Company will take all corrective action necessary and believes the Plan will maintain its qualified status.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

NOTE 10 - RELATED PARTY TRANSACTIONS

The Plan investments include shares of pooled separate accounts and an unallocated contract managed by American United Life Insurance Company, a OneAmerica Company, the custodian; therefore, these transactions qualify as party-in-interest transactions. Administrative fees paid by the Plan to American United Life Insurance Company amounted to \$1,438 for the year ended December 31, 2011.

**MEDEX GLOBAL GROUP 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

NOTE 11 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100 percent vested in their employer contributions.

NOTE 12 - RISKS AND UNCERTAINTIES

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

NOTE 13 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2011 and 2010 to Schedule H of Form 5500:

	<u>2011</u>	<u>2010</u>
Net assets available for benefits per the financial statements	\$ 5,403,476	\$ 5,319,903
Less - Employer contribution receivable	62,910	27,714
Add - Excess contribution refundable	6,095	33,349
Net assets available for benefits per the Form 5500	<u>\$ 5,346,661</u>	<u>\$ 5,325,538</u>

The following is a reconciliation of net assets available for benefits per the financial statements for the year ended December 31, 2011, to Schedule H of Form 5500:

Net increase in net assets available for benefits per the financial statements	\$ 83,573
Add - 2010 employer contributions receivable	27,714
Less - 2011 employer contributions receivable	62,910
Less - 2010 excess contributions refundable	33,349
Add - 2011 excess contributions refundable	6,095
Net income per the Form 5500	<u>\$ 21,123</u>

**MEDEX GLOBAL GROUP 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

NOTE 13 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500 - CONTINUED

The following is a reconciliation of contributions per the financial statements for the year ended December 31, 2011, to Schedule H of Form 5500:

Total participant contributions per the financial statements	\$ 650,023
Add - 2011 excess contributions refundable	<u>6,095</u>
Total participant contributions per the Form 5500	<u>\$ 656,118</u>
Total employer contributions per the financial statements	\$ 363,324
Add - 2010 employer contributions receivable	<u>27,714</u>
Less - 2011 employer contributions receivable	<u>62,910</u>
Total employer contributions per the Form 5500	<u>\$ 328,128</u>

The following is a reconciliation of distributions per the financial statements for the year ended December 31, 2011, to Schedule H of Form 5500:

Total distributions per the financial statements	\$ 741,105
Add - 2010 excess contributions refundable	<u>33,349</u>
Total distributions per the Form 5500	<u>\$ 774,454</u>

**MEDEX GLOBAL GROUP 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

NOTE 14 - NET ASSET VALUE (NAV) PER SHARE

In accordance with ASU No. 2009-12, the Plan expanded its disclosures to include the category, fair value, redemption frequency, and redemption notice period for those assets whose fair value is estimated using the NAV per share as of December 31, 2011.

		Unfunded	Redemption	Other	Redemption
Investment	Fair Value	Commitment	Frequency	Restrictions	Notice
					Period
December 31, 2011					
Pooled Separate Account (1)	\$ 4,540,840	-	Immediate	See below	None
Total	\$ 4,540,840	-			
December 31, 2010					
Pooled Separate Account (1)	\$ 4,396,447	-	Immediate	See below	None
Total	\$ 4,396,447	-			

⁽¹⁾The fair values of the investments are based on the fair values of the underlying investments in the funds.

⁽²⁾The underlying investments in the pooled separate account have various income strategies including total return, growth, income, liquidity, etc.

Trading Restrictions:

Participants may execute transfers between the available investment options once per business day without limitation. However, participants may transfer any amount from the AUL Fixed Account but may not transfer funds into the account until 90 days have elapsed since the date of the last transfer. In addition, if a participant redeems \$5,000 or more from any American Fund, they will be precluded from investing in that fund until 30 calendar days have elapsed since the date of the redemption transaction.

Redemption Fees:

The investments are subject to a market value adjustment, as defined in the contract, when a plan termination or partial plan termination occurs.

Other:

There are no unfunded commitments from participants in the Plan who invest in these accounts.

**MEDEX GLOBAL GROUP 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010**

NOTE 15 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 9, 2012, the date the financial statements were available to be issued.

Effective April 2, 2012, the Plan was amended to freeze participation in and contributions to the Plan. Participants in the Plan will continue to be eligible to request loans and in-service withdrawals, subject to provisions defined in the plan document. Participants will also be allowed to continue to direct the investment of their accounts in the Plan in accordance with the Plan's investment election procedures.

Further, the Plan name was also amended from Medex Global Group 401(k) Plan to FrontierMEDEX, Inc. 401(k) Plan.

SUPPLEMENTARY SCHEDULE

MEDEX GLOBAL GROUP 401(k) PLAN
EIN: 52-2230470 PLAN #:001 FORM 5500 SCHEDULE H - LINE #4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
Pooled Separate Accounts				
	Allianz NFJ	Dividend Value	\$	252,134
	Fidelity	Advisor Freedom 2020		223,327
	Thornburg	Core Growth		216,013
	Fidelity	Advisor Freedom 2040		213,362
	American Funds	American High Income Trust		208,976
	SSgA	S&P 500 Index		208,864
	PIMCO	Total Return		204,748
	Goldman Sachs	Growth Strategy		169,773
	Fidelity	Advisor Freedom 2030		162,542
	SSgA	International Index		161,916
	SSgA	Russell Small Cap Index		158,925
	T Rowe Price	Equity-Income		155,148
	Thornburg	International Value		122,860
	Pioneer	Bond Fund		118,340
	Thornburg	Value		112,571
	Fidelity	Advisor Leverged Company Stock		111,380
	American Funds	Growth Fund of America		110,616
	American Funds	Europacific Growth		95,767
	American Funds	Capital World Growth & Income		91,507
	Fidelity	Advisor Freedom 2035		88,493
	Lord Abbett	Developing Growth		86,681
	Janus	Forty Fund		83,193
	Goldman Sachs	Mid Value		81,447
	Invesco	Energy Fund		79,110
	Pioneer	Emerging Markets		79,084
	Alliance Bernstein	International Value		77,415
	American Funds	International Bond Fund of America		76,931
	T Rowe Price	Franklin Strategic Income		69,344
	T Rowe Price	Growth Stock		62,429
	Fidelity	Advisor Freedom 2025		61,885
	American Century	Real Estate		59,434
	Nuveen	Mid Cap Value		52,143
*	One America	Asset Director		50,613
	Oppenheimer	International Bond Fund		49,387
	Fidelity	Advisor Small Cap		41,373
	T Rowe Price	International Stock		40,192
	Fidelity	Advisor Freedom 2015		40,143
*	One America	Socially Responsive		39,056

MEDEX GLOBAL GROUP 401(k) PLAN
EIN: 52-2230470 PLAN #:001 FORM 5500 SCHEDULE H - LINE #4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

(c) Description of investment including

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
<u>Pooled Separate Accounts - Continued</u>				
	Oppenheimer	Main St. Small & MI	\$	34,462
	Lord Abbett	Growth Opportunities		27,732
	SSgA	S&P Midcap 400 Index Strategy		27,436
	Fifth Thrid	All Cap Value		18,575
	Fidelity	Advisor Freedom 2050		15,747
	Alliance Bernstein	Small Cap Value		14,180
	Invesco	Small Cap Growth		13,986
	Pioneer	High Yield Fund		13,752
	Fidelity	Advisor Freedom 2010		12,684
	Invesco	Global Health Care		12,474
	Alliance Bernstein	Value Fund		11,824
	Invesco	Mid Cap Core Equity		9,749
	Fidelity	Advisor Freedom 2045		8,547
	DWS Dremar	Small Cap Value		2,570
<u>Unallocated Contract</u>				
*	AUL	Fixed Account		688,928
		Interest rates from 8.00% to 8.75% with maturities from September 2012 to November 2016		
*	Participant Loans		-0-	116,893
				\$ 5,346,661

* Party-in-interest as defined by ERISA.

(d) Cost information may be omitted with respect to participant directed investments.

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MEDEX GLOBAL GROUP 401K PLAN

EIN: 52-2230470

Plan Sponsor's Name MEDEX GLOBAL GROUP

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	ALLIANCEBERNSTEIN INVESTMENTS	ALLIANCEBERNSTEIN INTL VALUE MUTUAL FUND SHARES	0	77,415
	ALLIANCEBERNSTEIN INVESTMENTS	ALLIANCEBERNSTEIN S/M CAP VAL MUTUAL FUND SHARES	0	14,180
	ALLIANCEBERNSTEIN INVESTMENTS	ALLIANCEBERNSTEIN VALUE FUND MUTUAL FUND SHARES	0	11,824
	ALLIANZ GLOBAL INVESTORS	ALLIANZ NFJ DIV VAL MUTUAL FUND SHARES	0	252,134
	AMERICAN CENTURY INVESTMENTS	AMCENT REAL ESTATE MUTUAL FUND SHARES	0	59,434
	AMERICAN FUNDS	AMER FDS AMERI HIGH INC TRST MUTUAL FUND SHARES	0	208,976
	AMERICAN FUNDS	AMER FDS CAPITAL WORLD GRO & INC MUTUAL FUND SHARES	0	91,507

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MEDEX GLOBAL GROUP 401K PLAN

EIN: 52-2230470

Plan Sponsor's Name MEDEX GLOBAL GROUP

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN FUNDS	AMER FDS EUROPACIFIC GROWTH MUTUAL FUND SHARES	0	95,767
	AMERICAN FUNDS	AMER FDS GRWTH FUND OF AMERICA MUTUAL FUND SHARES	0	110,616
	AMERICAN FUNDS	AMER FDS INT BND FUND OF AMERI MUTUAL FUND SHARES	0	76,931
*	AMERICAN UNITED LIFE INS CO	AUL FIXED ACCOUNT	0	688,928
	DWS INVESTMENTS	DWS DREMAN SMALL CAP VALUE MUTUAL FUND SHARES	0	2,570
	FIDELITY INVESTMENTS	FIDELITY ADV FREEDOM 2010 MUTUAL FUND SHARES	0	12,684
	FIDELITY INVESTMENTS	FIDELITY ADV FREEDOM 2015 MUTUAL FUND SHARES	0	40,143

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MEDEX GLOBAL GROUP 401K PLAN

EIN: 52-2230470

Plan Sponsor's Name MEDEX GLOBAL GROUP

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	FIDELITY INVESTMENTS	FIDELITY ADV FREEDOM 2020 MUTUAL FUND SHARES	0	223,327
	FIDELITY INVESTMENTS	FIDELITY ADV FREEDOM 2025 MUTUAL FUND SHARES	0	61,885
	FIDELITY INVESTMENTS	FIDELITY ADV FREEDOM 2030 MUTUAL FUND SHARES	0	162,542
	FIDELITY INVESTMENTS	FIDELITY ADV FREEDOM 2035 MUTUAL FUND SHARES	0	88,493
	FIDELITY INVESTMENTS	FIDELITY ADV FREEDOM 2040 MUTUAL FUND SHARES	0	213,362
	FIDELITY INVESTMENTS	FIDELITY ADV FREEDOM 2045 MUTUAL FUND SHARES	0	8,546
	FIDELITY INVESTMENTS	FIDELITY ADV FREEDOM 2050 MUTUAL FUND SHARES	0	15,747

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MEDEX GLOBAL GROUP 401K PLAN

EIN: 52-2230470

Plan Sponsor's Name MEDEX GLOBAL GROUP

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	FIDELITY INVESTMENTS	FIDELITY ADV LEVCO STK MUTUAL FUND SHARES	0	111,380
	FIDELITY INVESTMENTS	FIDELITY ADV SMALL CAP MUTUAL FUND SHARES	0	41,373
	FIFTH THIRD FUNDS	FIFTH THIRD ALL CAP VALUE MUTUAL FUND SHARES	0	18,575
	FRANKLIN TEMPLETON INVESTMENTS	FRANKLIN STRATEGIC INCOME MUTUAL FUND SHARES	0	69,344
	GOLDMAN SACHS ASSET MANAGEMENT	GOLDMAN SACHS GROWTH STRATEGY MUTUAL FUND SHARES	0	169,773
	GOLDMAN SACHS ASSET MANAGEMENT	GOLDMAN SACHS MID VALUE MUTUAL FUND SHARES	0	81,447
	INVESCO	INVESCO ENERGY FUND MUTUAL FUND SHARES	0	79,110

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MEDEX GLOBAL GROUP 401K PLAN

EIN: 52-2230470

Plan Sponsor's Name MEDEX GLOBAL GROUP

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	INVESCO	INVESCO GLOBAL HEALTH CARE MUTUAL FUND SHARES	0	12,474
	INVESCO	INVESCO MID CAP CORE EQUITY MUTUAL FUND SHARES	0	9,749
	INVESCO	INVESCO SMALL CAP GROWTH MUTUAL FUND SHARES	0	13,986
	JANUS CAPITAL GROUP, INC	JANUS FORTY FUND MUTUAL FUND SHARES	0	83,193
	PARTICIPANTS	LOANS 8% TO 8.75%	0	116,893
	LORD ABBETT FUNDS	LORD ABBETT DEVELOPING GROWTH MUTUAL FUND SHARES	0	86,681
	LORD ABBETT FUNDS	LORD ABBETT GROWTH OPP MUTUAL FUND SHARES	0	27,732

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MEDEX GLOBAL GROUP 401K PLAN

EIN: 52-2230470

Plan Sponsor's Name MEDEX GLOBAL GROUP

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	FIRST AMERICAN FUNDS	NUVEEN MID CAP VALUE MUTUAL FUND SHARES	0	52,143
*	ONEAMERICA FUNDS INC.	ONEAMERICA ASSET DIRECTOR MUTUAL FUND SHARES	0	50,613
*	ONEAMERICA FUNDS INC.	ONEAMERICA SOCIALLY RESPONSIVE MUTUAL FUND SHARES	0	39,056
	OPPENHEIMER FUNDS INC.	OPPENHEIMER INTN'L BOND FUND MUTUAL FUND SHARES	0	49,387
	OPPENHEIMER FUNDS INC.	OPPENHEIMER MAIN ST SMALL & MI MUTUAL FUND SHARES	0	34,462
	PIMCO	PIMCO TOTAL RETURN MUTUAL FUND SHARES	0	204,748
	PIONEER INVESTMENTS	PIONEER BOND FUND MUTUAL FUND SHARES	0	118,340

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MEDEX GLOBAL GROUP 401K PLAN

EIN: 52-2230470

Plan Sponsor's Name MEDEX GLOBAL GROUP

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	PIONEER INVESTMENTS	PIONEER EMERGING MARKETS MUTUAL FUND SHARES	0	79,084
	PIONEER INVESTMENTS	PIONEER HIGH YIELD FUND MUTUAL FUND SHARES	0	13,752
	STATE STREET GLOBAL ADVISORS	SSGA INTERNATIONAL INDEX MUTUAL FUND SHARES	0	161,916
	STATE STREET GLOBAL ADVISORS	SSGA RUSSELL SMALL CAP INDEX MUTUAL FUND SHARES	0	158,925
	STATE STREET GLOBAL ADVISORS	SSGA S & P 500 INDEX MUTUAL FUND SHARES	0	208,864
	STATE STREET GLOBAL ADVISORS	SSGA S & P MIDCAP 400 INDEX STRA MUTUAL FUND SHARES	0	27,436
	T ROWE PRICE	T ROWE PRICE EQUITY-INCOME MUTUAL FUND SHARES	0	155,148

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MEDEX GLOBAL GROUP 401K PLAN

EIN: 52-2230470

Plan Sponsor's Name MEDEX GLOBAL GROUP

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	T ROWE PRICE	T ROWE PRICE INTERNATIONAL ST MUTUAL FUND SHARES	0	40,192
	T ROWE PRICE	T ROWE PRICE GROWTH STOCK MUTUAL FUND SHARES	0	62,429
	THORNBURG INVESTMENT MANAGEMENT	THORNBURG CORE GROWTH MUTUAL FUND SHARES	0	216,013
	THORNBURG INVESTMENT MANAGEMENT	THORNBURG INTERNATIONAL VALUE MUTUAL FUND SHARES	0	122,860
	THORNBURG INVESTMENT MANAGEMENT	THORNBURG VALUE MUTUAL FUND SHARES	0	112,571