

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2011 This Form is Open to Public Inspection
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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>LMS NORTH AMERICA, INC. 401(K) RETIREMENT SAVINGS 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>01/01/1990</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1990</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1990</u>					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>LMS NORTH AMERICA, INC.</u> <u>5755 NEW KING COURT</u> <u>TROY, MI 48098</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>38-2854611</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>248-952-5664</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541511</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>38-2854611</u>	2c Sponsor's telephone number <u>248-952-5664</u>	2d Business code (see instructions) <u>541511</u>	
2b Employer Identification Number (EIN) <u>38-2854611</u>					
2c Sponsor's telephone number <u>248-952-5664</u>					
2d Business code (see instructions) <u>541511</u>					

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2012</u>	<u>MARC BOONEN</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2012</u>	<u>MARC BOONEN</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") LMS NORTH AMERICA, INC. 5755 NEW KING COURT TROY, MI 48098	3b Administrator's EIN 38-2854611 3c Administrator's telephone number 248-952-5664
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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	160
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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	131
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	33
d Subtotal. Add lines 6a , 6b , and 6c	6d	164
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	164
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	153
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	6

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 2R 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:

4B

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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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>LMS NORTH AMERICA, INC. 401(K) RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LMS NORTH AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>38-2854611</u>	

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

NEW ENGLAND 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
<u>04-2708937</u>	<u>91626</u>	<u>70200001</u>	<u>2</u>	<u>01/01/2011</u>	<u>12/31/2011</u>

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 <u>14</u>	(b) Total amount of fees paid <u>0</u>
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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

ROBERT HALL
2600 WESTOWN PARKWAY
DES MOINES, IA 50265

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<u>14</u>	<u>0</u>		<u>3</u>

(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
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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	(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	
5 Current value of plan's interest under this contract in separate accounts at year end	5	

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 ▶

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

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)	118	
(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)		118
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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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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>LMS NORTH AMERICA, INC. 401(K) RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LMS NORTH AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>38-2854611</u>	

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
METROPOLITAN 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
<u>13-5581829</u>	<u>65978</u>	<u>GA-7252</u>	<u>0</u>	<u>01/01/2011</u>	<u>01/10/2011</u>

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
<u>0</u>	<u>0</u>

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

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

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

(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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

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 ▶

b Balance at the end of the previous year	7b	2089777
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c Additions: (1) Contributions deposited during the year	7c(1)	0	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	2587	
(4) Transferred from separate account	7c(4)	0	
(5) Other (specify below)	7c(5)	0	

(6) Total additions	7c(6)	2587
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d Total of balance and additions (add b and c(6))	7d	2092364
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0	
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account	7e(3)	0	
(4) Other (specify below)	7e(4)	2092364	

▶ MARKET VALUE ADJUSTMENT/CONTRACT LIQUIDATION

(5) Total deductions	7e(5)	2092364
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f Balance at the end of the current year (subtract e(5) from d)	7f	0
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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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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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 LMS NORTH AMERICA, INC. 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 LMS NORTH AMERICA, INC.	D Employer Identification Number (EIN) 38-2854611	

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
PRINCIPAL 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
42-0127290	61271	806499	167	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
15990	40130

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

MORGAN STANLEY, DW, INC. **2000 WESTCHESTER AVENUE**
PURCHASE, NY 10577

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	33181	REFERRAL SERVICE FEE	3

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

GREAT LAKES PENSION ASSOCIATES, INC **37923 WEST TWELVE MILE ROAD**
FARMINGTON HILLS, MI 48331

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	6641	REFERRAL SERVICE FEE - NOT PART OF PLAN COSTS OR CONTRACT CHARGES	5

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

MORGAN STANLEY INSURANCE SERVICES

201 PLAZA TWO, 7TH FLOOR
JERSEY CITY, NJ 07311

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	308	PRORATED INCENTIVE - NOT DEDUCTED FROM PLAN ASSETS	3

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

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

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

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	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	84527

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 ▶

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

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>LMS NORTH AMERICA, INC. 401(K) RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LMS NORTH AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>38-2854611</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

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

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

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	15756	Yes ☒ No ☐	Yes ☒ No ☐	1946	Yes ☐ No ☒

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

PERSHING, LLC

13-2741729

(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?
50 64 65	OTHER SERVICES	5775	Yes ☒ No ☐	Yes ☐ No ☒	527	Yes ☐ No ☒

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

METROPOLITAN LIFE INSURANCE COMPANY

1 METLIFE PLAZA
LONG ISLAND CITY, NY 11101

13-5581829

(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?
13	RECORDKEEPER	15196	Yes ☐ No ☒	Yes ☐ No ☒	0	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
PRINCIPAL LIFE INSURANCE COMPANY	13 37 50 64	1946

(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.
PERSHING, LLC 13-2741729	PRINCIPAL SELF DIRECTED BROKERAGE ACCOUNT FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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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>LMS NORTH AMERICA, INC. 401(K) RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LMS NORTH AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>38-2854611</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCAP S&P 500 INDEX SA-R3</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>29632</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMCAP S&P 600 INDEX SA-R3</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22247</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP S&P 400 IDX SA-R3</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>32647</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN STABLE VALUE SGNTURE</u>				
b Name of sponsor of entity listed in (a): <u>UNION BOND & TRUST COMPANY</u>				
c EIN-PN <u>93-6274328-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1065800</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN TRUST TGT 2010 FD R3</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL TRUST COMPANY</u>				
c EIN-PN <u>26-6447574-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>463</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN TRUST TGT 2015 FD R3</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL TRUST COMPANY</u>				
c EIN-PN <u>26-6447574-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10133</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN TRUST TGT 2020 FD R3</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL TRUST COMPANY</u>				
c EIN-PN <u>26-6447574-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>54812</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2025 FD R3		
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY		
c EIN-PN 26-6447574-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 111186
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2030 FD R3		
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY		
c EIN-PN 26-6447574-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 108139
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2035 FD R3		
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY		
c EIN-PN 26-6447574-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46974
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2040 FD R3		
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY		
c EIN-PN 26-6447574-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 98952
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2045 FD R3		
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY		
c EIN-PN 26-6447574-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24200
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2050 FD R3		
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY		
c EIN-PN 26-6447574-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20193
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2055 FD R3		
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY		
c EIN-PN 26-6447574-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9634
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST INCOME FUND R3		
b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY		
c EIN-PN 26-6447574-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 86068
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS NEUBERGER BERMAN GENESIS ACCOU		
b Name of sponsor of entity listed in (a): NEW ENGLAND LIFE INSURANCE COMPANY		
c EIN-PN 04-2708937-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MET/ARTISAN MID CAP VALUE ACCOU		
b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: MIST PIMCO TOTAL RETURN ACCOUNT
b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: MFS DAVIS VENTURE VALUE ACCOUNT
b Name of sponsor of entity listed in (a): METROPOLITAN LIFE INSURANCE COMPANY

c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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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>LMS NORTH AMERICA, INC. 401(K) RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LMS NORTH AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>38-2854611</u>	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	25654	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	697039	343504
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1289407	877599
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	172705	240397
(9) Value of interest in common/collective trusts.....	1c(9)		1636555
(10) Value of interest in pooled separate accounts.....	1c(10)	1426014	84527
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	5397339	8190199
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2089777	45300
(15) Other	1c(15)	70177	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	11168112	11418081

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	11168112	11418081
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	518793	
(B) Participants	2a(1)(B)	1047658	
(C) Others (including rollovers)	2a(1)(C)	115656	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1682107
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	7326	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7326
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	22654	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	78888	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		101542
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	-68440	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-68440
(6) Net investment gain (loss) from common/collective trusts	2b(6)		28618
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-2955
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-213564
c Other income.....	2c		77180
d Total income. Add all income amounts in column (b) and enter total.....	2d		1611814

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1339947	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1339947
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	21488	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	410	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		21898
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1361845

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		249969
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: TD&T FINANCIAL GROUP, P.C.

(2) EIN: 42-1029744

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....			
4a	X		18481
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d		X	
e Was this plan covered by a fidelity bond?.....			
4e	X		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?			
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....			
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n	X		

- 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>LMS NORTH AMERICA, INC. 401(K) RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LMS NORTH AMERICA, INC.</u>	D Employer Identification Number (EIN) <u>38-2854611</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<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>42-0127290</u> <u>42-1330598</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): _____

**LMS NORTH AMERICA
401(K) PROFIT SHARING PLAN**

Financial Statements and Supplementary Schedules

December 31, 2011 and 2010

LMS NORTH AMERICA 401(K) PROFIT SHARING PLAN

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- * Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

Offices located in:

Burlington
(319) 753-9877
Cedar Rapids
(319) 393-2374
Centerville
(641) 437-4296
Fairfield
(641) 472-6171
Mt. Pleasant
(319) 385-3026



TD&T Financial Group, P.C.

Offices located in:

Muscatine
(563) 264-2727
Oskaloosa
(641) 672-2523
Ottumwa
(641) 683-1823
Pella
(641) 628-9411
Sigourney
(641) 622-1013

Independent Auditors' Report

To the Plan Administrator and Management Committee
LMS North America 401(k) Profit Sharing Plan
Troy, Michigan

We were engaged to audit the financial statements of LMS North America 401(k) Profit Sharing Plan (the "Plan") as of December 31, 2011, and for the year then ended and the supplemental schedules as of December 31, 2011 as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Delaware Charter Guarantee and Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the 2011 financial statements and supplemental schedules. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2011 that the information provided to the Plan administrator by the custodian is complete and accurate.

Because of the significance of the information in the Plan's 2011 financial statements, that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole as of and for the year ended December 31, 2011. The supplemental schedules listed in the accompanying index are presented for the purpose of additional analysis and are not a required part of the financial statements but are 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 schedules, other than that derived from the information certified by the custodian, has been audited by us in accordance with auditing standards generally accepted in the United States of America, and, in our opinion, 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.

We have audited the financial statements of LMS North America 401(k) Profit Sharing Plan as of December 31, 2010 and for the year then ended, and in our report dated October 12, 2011, we expressed our opinion that such financial statements present fairly, in all material respects, the net assets available for benefits of LMS North America 401(k) Profit Sharing Plan as of December 31, 2010, and the changes in its net assets available for benefits for the year then ended, in conformity with accounting principles generally accepted in the United States of America.

TD&T Financial Group, P.C.

October 12, 2012

LMS NORTH AMERICA 401(K) PROFIT SHARING PLAN

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

	<u>2011</u>	<u>2010</u>
Assets:		
Investments at fair value:		
Cash equivalents	\$ 334,903	722,693
Cash equivalents - uncertified	8,601	-
Guaranteed interest contract	-	2,089,777
Mutual funds	8,190,199	5,397,339
Pooled separate accounts	84,527	1,426,014
Collective investment trust funds	1,636,555	-
Unit investment trust	-	16
Corporate stock	877,599	1,289,407
Cash value of life insurance	45,300	70,161
Total investments	<u>11,177,684</u>	<u>10,995,407</u>
Notes receivable from participants	<u>240,397</u>	<u>172,705</u>
Total assets	<u>11,418,081</u>	<u>11,168,112</u>
Net assets available for benefits at fair value	11,418,081	11,168,112
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>(24,219)</u>	<u>25,052</u>
Net assets available for benefits	<u>\$ 11,393,862</u>	<u>11,193,164</u>

See accompanying notes to financial statements.

LMS NORTH AMERICA 401(K) PROFIT SHARING PLAN

Statements of Changes in Net Assets Available for Benefits For the Years Ended December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Additions to net assets attributed to:		
Investment income (loss):		
Net appreciation (depreciation) in investments	\$ (126,890)	1,120,490
Interest from notes receivable from participants	7,326	6,348
	<u>(119,564)</u>	<u>1,126,838</u>
Contributions:		
Employers	518,793	402,216
Participants	1,047,658	868,604
Rollovers from other plans	115,656	46,188
	<u>1,682,107</u>	<u>1,317,008</u>
Total additions	<u>1,562,543</u>	<u>2,443,846</u>
Deductions from net assets attributed to:		
Distributions to participants	1,339,947	874,626
Other, primarily life insurance premiums	-	11,555
Other, administrative expense	21,898	-
Total deductions	<u>1,361,845</u>	<u>886,181</u>
Net increase	200,698	1,557,665
Net assets available for benefits, beginning of year	<u>11,193,164</u>	<u>9,635,499</u>
Net assets available for benefits, end of year	<u>\$ 11,393,862</u>	<u>11,193,164</u>

See accompanying notes to financial statements.

LMS NORTH AMERICA 401(K) PROFIT SHARING PLAN

Notes to Financial Statements December 31, 2011 and 2010

Note 1 – Plan Description

The following description of the LMS North America (the “Company”) 401(k) Profit Sharing Plan (the “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 with 401(k) features, available to all employees of LMS North America, Inc. who have reached age 21. Nonresident aliens and leased employees are not eligible to participate in the Plan. Employees can enter the Plan immediately after they meet the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was established on January 1, 1990 with the last amendment on January 1, 2011.

Contributions

Participants may contribute up to 100% of their eligible compensation, not to exceed the maximum amount allowable under the Internal Revenue Code, to the Plan in the form of a salary deferral. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Company may contribute to the Plan a discretionary amount as a matching contribution, and an additional discretionary contribution. The Company matched 75% of the first 6% that a participant contributed to the Plan for the years ended December 31, 2011 and 2010. There was no additional discretionary contribution for the years ended December 31, 2011 and 2010.

Participant Accounts

Each participant’s account is credited with the participant’s contributions and an allocation of (a) the Company’s contributions and (b) Plan earnings (expenses). Allocations are based on participant earnings or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account. Participants may direct the investment of their account balances into any combination of the investment options offered by the Plan and may direct their investments to a Principal self directed account.

Vesting

Participants are immediately vested in their elective contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 100% vested after five years of credited service in which they have at least 1,000 hours of service.

Administrative Expenses

For 2011, all reasonable expenses of administration are paid out of the Plan assets. For 2010, administrative expenses were paid by the Company.

(continued)

LMS NORTH AMERICA 401(K) PROFIT SHARING PLAN

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

Note 1 – Plan Description (Continued)

Payment of Benefits

Upon retirement, death, disability or termination of employment, participants may elect to receive a lump-sum distribution equal to the value of the vested portion of their account balance.

Loans to Participants

The Plan allows eligible participants to borrow funds from the Plan. Under the terms of this provision, borrowings are subject to certain limitations, including a minimum of \$1,000, a maximum borrowing of the lesser of \$50,000 or 50% of the participant's vested account balance and a maximum term of five years or a reasonable period of time for loans used to acquire a principal residence. Loans are secured by the balance in the participant's account. For loans maturing in five years or less the rate shall not be less than the current prime rate, and for loans maturing in more than five years the rate shall not be less than the current Federal National Mortgage Association yield on 30 year mortgage loans. Participants may only have one loan outstanding at any time. The loans bear interest between 3.25% and 8.39%. Principal and interest is paid ratably through payroll deductions.

Forfeitures

Forfeitures of nonvested participant accounts are used to reduce administrative expenses or used to offset employer matching contributions. Forfeitures used during the year to offset employer contributions totaled \$16,012 and \$24,827 for the years ended December 31, 2011 and 2010, respectively. Non-vested forfeitures as of December 31, 2011 and 2010, were \$31,532 and \$-0-, respectively.

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 the reported amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported changes in net assets during the reporting period. Actual results may differ from those estimates.

Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balance plus any accrued but unpaid interest.

(continued)

LMS NORTH AMERICA 401(K) PROFIT SHARING PLAN

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

Note 2 – Summary of Significant Accounting Policies (Continued)

Basis of Accounting

As described in FASB ASC Subtopic 946-210, Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans (the FSP), 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. As required by the FSP, the statement of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Investment Valuation and Income Recognition

The investment value of each fund represents contributions made, plus the proportionate share of the increase or decrease in the assets of the fund from investment earnings (interest and dividends) and realized and unrealized appreciation or depreciation in the fair value of its investments and less amounts used to pay investment and administrative expenses charged by the custodian.

Investments are stated at fair value as reported by the custodian. Shares of pooled separate accounts are valued by the change in market value that represents the net asset value of shares held by the Plan at year end. Life insurance is valued at the cash surrender value of the life insurance policy.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Reclassifications

Certain amounts in the prior year financial statements have been reclassified for comparative purposes to conform with the presentation in the current year financial statements. These reclassifications did not affect net assets.

Date of Management Review

Management has evaluated subsequent events through October 12, 2012, the date which the financial statements were available to be issued.

LMS NORTH AMERICA 401(K) PROFIT SHARING PLAN

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

Note 3 – Information Certified by Plan Custodian

The following information has been certified by Delaware Charter Guarantee and Trust Company (a member of Principal Financial Group), the custodian of Plan assets as of December 31, 2011.

Investments, at fair value:

Cash and cash equivalents:

Principal Self-Directed Brokerage Account Cash	\$ <u>334,903</u>
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Common Collective Trust:

Principal Stable Value Signature Fund	1,065,800
Principal Trust Income Fund	86,068
Principal Trust Target 2010 Fund	463
Principal Trust Target 2015 Fund	10,133
Principal Trust Target 2020 Fund	54,812
Principal Trust Target 2025 Fund	111,186
Principal Trust Target 2030 Fund	108,139
Principal Trust Target 2035 Fund	46,974
Principal Trust Target 2040 Fund	98,952
Principal Trust Target 2045 Fund	24,200
Principal Trust Target 2050 Fund	20,193
Principal Trust Target 2055 Fund	<u>9,635</u>
	<u>1,636,555</u>

Pooled separate accounts:

Principal Mid Cap Stock Index Account	32,648
Principal Large Cap Stock Index Account	29,632
Principal Small Cap Stock Index Account	<u>22,247</u>
	<u>84,527</u>

Corporate Stock:

Principal Self-Directed Brokerage Account	<u>877,599</u>
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Mutual funds:

American Funds Inv. Company of America Fund	104,805
American Funds Europacific Growth Fund	630,302
American Funds New Perspective Fund	266,595
American Funds American Mutual Fund	550,799
American Century Mid-Cap Value Fund	279,691
Principal Core Plus Bond I R3 Fund	17,254
Fidelity Advisor Small Cap Value Fund	242,087
Franklin Rising Dividends Fund	1,055,707
Franklin Small Cap Growth II Fund	441,237
Franklin Strategic Income Fund	102,587
Munder MidCap Core Growth Fund	255,919
Neuberger Berman Genesis Fund	268,638
Oppenheimer Developing Markets Fund	488,378
PIMCO Total Return R Fund	729,368
T. Rowe Price Growth Stock Fund	1,158,788
Principal Self-Directed Brokerage Account	<u>1,598,044</u>
	<u>8,190,199</u>

(continued)

\$ 11,123,783

LMS NORTH AMERICA 401(K) PROFIT SHARING PLAN

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

Note 3 – Information Certified by Plan Custodian (Continued)

The following information has been certified by Delaware Charter Guarantee and Trust Company (a member of Principal Financial Group), the custodian of Plan assets as of December 31, 2011.

Net appreciation (depreciation) in fair value of investments \$ (178,970)

Note 4 – Fair Value Measurement

The Plan implemented FASB ASC Subtopic 820-10, *Fair Value Measurements*. FASB ASC Subtopic 820-10 establishes 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 Subtopic 820-10 are described below:

Basis of Fair Value Measurement

- Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;
- Level 2 Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;
- Level 3 Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

The following tables present by level, within the fair value hierarchy, the Plan investment assets at fair value, as of December 31, 2011 and 2010. As required by FASB ASC Subtopic 820-10, investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

<u>Description</u>	<u>December 31,</u> <u>2011</u>	Quoted Prices	<u>Other</u> <u>Observable</u> <u>Inputs</u> <u>(Level 2)</u>	<u>Significant</u> <u>Unobservable</u> <u>Inputs</u> <u>(Level 3)</u>
		<u>In Active</u> <u>Markets for</u> <u>Identical</u> <u>Assets</u> <u>(Level 1)</u>		
Cash equivalents	\$ 343,504	343,504	-	-
Common collective trust	1,636,555	-	1,636,555	-
Mutual funds	8,190,199	8,190,199	-	-
Corporate stock	877,599	877,599	-	-
Cash value of life insurance	45,300	45,300	-	-
Pooled separate accounts	<u>84,527</u>	<u>-</u>	<u>84,527</u>	<u>-</u>
	\$ <u>11,177,684</u>	<u>9,456,602</u>	<u>1,721,082</u>	<u>-</u>

(continued)

LMS NORTH AMERICA 401(K) PROFIT SHARING PLAN

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

Note 4 – Fair Value Measurement (Continued)

<u>Description</u>	<u>December 31, 2010</u>	<u>Quoted Prices In Active Markets for Identical Assets (Level 1)</u>	<u>Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Cash equivalents	\$ 722,693	722,693	-	-
Guaranteed interest contract	2,089,777	-	2,089,777	-
Mutual funds	5,397,339	5,397,339	-	-
Corporate stock	1,289,407	1,289,407	-	-
Unit investment trust	16	16	-	-
Cash value of life insurance	70,161	70,161	-	-
Pooled separate accounts	<u>1,426,014</u>	<u>-</u>	<u>1,426,014</u>	<u>-</u>
	\$ <u>10,995,407</u>	<u>7,479,616</u>	<u>3,515,791</u>	<u>-</u>

Total Plan investment assets at fair value classified within level 2 were \$1,721,082 and \$3,315,791, as of December 31, 2011 and 2010, respectively, which consists of the Plan's pooled separate accounts, guaranteed interest contract, and common collective trusts. Such amounts were approximately 15% and 32% of total investment assets on the Plan's statements of net assets available for benefits at fair value as of December 31, 2011 and 2010, respectively.

In addition to quoted market prices in active markets, valuation techniques for Level 2 inputs included:

- Pooled separate accounts are valued on a unit basis by the annuity provider.
- Common collective trust held by the Plan are valued at the net asset value per share/unit on valuation date.
- Guaranteed interest contract held by the Plan based upon estimated returns on non-public investment vehicles unrelated to outside market measurements, issuer and management's estimate of the present value of future cash flows arising from the contract.

LMS NORTH AMERICA 401(K) PROFIT SHARING PLAN

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

Note 5 – Investments

The following presents investments that represent 5% or more of the Plan's net assets as of December 31:

	<u>2011</u>	<u>2010</u>
Guaranteed interest contract	\$ -	2,089,777
Collective investment trust fund		
Stable Value Signature Fund	1,041,581	-
Mutual funds:		
Federated Max Cap Index Fund	-	589,348
Growth Opportunity Fund	-	629,621
RS Emerging Growth Fund	-	565,224
PIMCO Total Return R Fund	729,368	-
American Funds Europacific Growth Fund	630,302	-
Franklin Rising Dividends R Fund	1,055,707	-
T. Rowe Price Growth Stock R Fund	1,158,788	-
Pooled separate accounts:		
New England NetLife Davis Venture Account	-	670,524

	<u>2011</u>	<u>2010</u>
Investment income (loss):		
Net appreciation (depreciation) in the fair value of investments:		
Dividends	\$ 101,542	-
Other assets	(68,440)	-
Common collective trust	(20,653)	-
Pooled separate accounts	(2,955)	322,189
Mutual funds	(213,564)	632,333
Other income	82,009	-
Corporate debt and equity securities	-	374,439
Unit investment trust	-	(218,381)
Life insurance	<u>(4,829)</u>	<u>9,910</u>
	\$ <u>(126,890)</u>	<u>1,120,490</u>
Interest from notes receivable from participants	\$ <u>7,326</u>	<u>6,348</u>

(continued)

LMS NORTH AMERICA 401(K) PROFIT SHARING PLAN

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

Note 5 – Investments (Continued)

The Plan offers investments in the stable value signature fund (guaranteed interest contracts in 2010), benefit-responsive investment contracts with Principal Trust Company (Metropolitan Life Insurance Company in 2010). The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The stable value signature fund (guaranteed interest contracts) issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the stable value signature fund (guaranteed interest 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 stable value signature fund (guaranteed interest contract). Contract value, as reported to the Plan by Principal, (Metropolitan Life Insurance Company in 2010), 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.

The interest rates credited to the investment accounts ranged from 4.0% - 6.25% at December 31, 2011 and 2010.

Note 6 – Plan Termination

Although it has not expressed any intention to do so, the Employer 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 will become 100 percent vested in their employer contributions.

Note 7 – Income Tax Status

The Plan has adopted a standardized form of a prototype plan sponsored by Pension Inc. of Iowa. The prototype plan obtained an opinion letter on September 30, 2001, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The prototype plan opinion letter has been relied upon by this Plan. The Plan has been amended since receiving the opinion letter; however, the Plan Administrator believes the Plan is designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. 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 the Plan is no longer subject to income tax examinations for the years prior to 2008.

Note 8 – Risks and Uncertainties

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

LMS NORTH AMERICA 401(K) PROFIT SHARING PLAN

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

Note 9 – Reconciliation of Financial Statement to Form 5500

The following is a reconciliation of the net assets available for benefits per the financial statements to Schedule H of Form 5500:

	<u>2011</u>	<u>2010</u>
Net assets available for benefits at contract value, per the financial statements	\$ 11,393,862	11,193,164
Less: Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>24,219</u>	(<u>25,052</u>)
Net assets available for benefits, at fair value, per the Form 5500	\$ <u>11,418,081</u>	<u>11,168,112</u>

The following is a reconciliation of the net appreciation (depreciation) in investments per the financial statements for the years ended December 31, 2011 and 2010 to Schedule H of Form 5500:

	<u>2011</u>	<u>2010</u>
Net appreciation (depreciation) in investments per the financial statements	\$ (126,890)	1,120,490
Reversal of prior period adjustment from fair value to contract value for fully-benefit-responsive investment contract	25,052	28,844
Adjustment from fair value to contract value for fully-benefit-responsive investment contracts	<u>24,219</u>	(<u>25,052</u>)
Net appreciation (depreciation) in investments per Form 5500	\$ (<u>77,619</u>)	<u>1,124,282</u>

LMS NORTH AMERICA
401(K) PROFIT SHARING PLAN

Supplementary Schedules

December 31, 2011

LMS NORTH AMERICA 401(K) PROFIT SHARING PLAN

Form 5500, Schedule H, Part IV, Line 4i -
Schedule of Assets (Held at End of Year)

EIN: 38-2854611

December 31, 2011

(a)	(b)	(c)	(e)
	Identity of Issue	Description of investment	Current Value
	American Funds	American Funds Europacific Growth Fund	\$ 630,302
	American Funds	American Funds Inv. Company of America Fund	104,805
	American Funds	American Funds New Perspective Fund	266,595
	American Funds	American Funds American Mutual Fund	550,799
	American Century	American Century Mid-Cap Value Fund	279,691
*	Principal	Principal Core Plus Bond I R3 Fund	17,254
	Fidelity	Fidelity Advisor Small Cap Value Fund	242,087
	Franklin	Franklin Rising Dividends Fund	1,055,707
	Franklin	Franklin Small Cap Growth II Fund	441,237
	Franklin	Franklin Strategic Income Fund	102,587
*	Principal	Principal Large Cap Stock Index Separate Account	29,632
*	Principal	Principal Mid Cap Stock Index Separate Account	32,648
	Munder	Munder MidCap Core Growth Fund	255,919
	Neuberger Berman	Neuberger Berman Genesis Fund	268,638
	Oppenheimer	Oppenheimer Developing Markets Fund	488,378
	PIMCO	PIMCO Total Return R Fund	729,368
*	Principal	Principal Trust Income Fund	86,068
*	Principal	Principal Trust Target 2010 Fund	463
*	Principal	Principal Trust Target 2015 Fund	10,133
*	Principal	Principal Trust Target 2020 Fund	54,812
*	Principal	Principal Trust Target 2025 Fund	111,186
*	Principal	Principal Trust Target 2030 Fund	108,139
*	Principal	Principal Trust Target 2035 Fund	46,974
*	Principal	Principal Trust Target 2040 Fund	98,952
*	Principal	Principal Trust Target 2045 Fund	24,200
*	Principal	Principal Trust Target 2050 Fund	20,193
*	Principal	Principal Trust Target 2055 Fund	9,635
		Principal Self-Directed Brokerage Account -	
*	Principal	Mutual Funds	1,598,044
		Principal Self-Directed Brokerage Account -	
*	Principal	Corporate Stock	877,599
*	Principal	Principal Small Cap Stock Index Separate Account	22,247
*	Principal	Stable Value SIG Fund	1,065,800
	T. Rowe Price	T. Rowe Price Growth Stock Fund	1,158,788
			<u>10,788,880</u>

(continued)

LMS NORTH AMERICA 401(K) PROFIT SHARING PLAN

Form 5500, Schedule H, Part IV, Line 4i -
Schedule of Assets (Held at End of Year) (Continued)EIN: 38-2854611
December 31, 2011

(a)	(b)	(c)	(e)
	Identity of Issue	Description of investment	Current Value
*	Principal	Cash and cash equivalents	334,903
		Cash and cash equivalents - uncertified	8,601
*	Principal	Participant loans, 3.25% to 8.39%	240,397
	New England Life Insurance Company	Cash value of life insurance	45,300
	Total Assets Held at End of Year		\$ 11,418,081

* - Party in interest

LMS NORTH AMERICA 401(K) PROFIT SHARING PLAN

Schedule H - Part IV -
 Items 4a - Schedule of Delinquent Participant Contributions
 EIN: 38-2854611
 For the Year Ended December 31, 2011

			Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51
Participant Contributions Transferred Late to Plan	Participant Loan Repayments Included on Schedule	Contributions Not Corrected			
2010	\$ 18,481	☒			18,481

ASSETS HELD AT END OF YEAR

LMS N A 401() P S P

EIN 38 2854611

PLAN NUMBER 001

PLAN YEAR 01/01/2011 TO 12/31/2011

ASSETS HELD AT END OF YEAR

(A)	(B) Identity of issuer, 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
	ALLIANZ FUNDS	Registered Investment Company ALLIANZ FUNDS NFJ LARGE-CAP VALUE FD CLA	\$ 0.00	\$ 11,487.18
	American Funds Service Company	Registered Investment Company AM FDS EUROPACIFIC GRTH R3 FD	\$ 0.00	\$ 630,302.31
	American Funds Service Company	Registered Investment Company AM FDS INV CO OF AM R3 FUND	\$ 0.00	\$ 104,805.90
	American Funds Service Company	Registered Investment Company AM FDS NEW PERSP R3 FUND	\$ 0.00	\$ 266,595.19
	American Century Investments	Registered Investment Company AMERICAN CENT MID-CAP VAL R FD	\$ 0.00	\$ 279,690.67
	AMERICAN CENTURY INVESTMENTS	Registered Investment Company AMERICAN CENTURY INTERNATIONAL BOND FUND	\$ 0.00	\$ 10,610.47
	The American Funds	Registered Investment Company AMERICAN FDS AM MUT R3 FD	\$ 0.00	\$ 550,800.87
	ANHEUSER-BUSCH INBEV	Corporate Stock - Common ANHEUSER BUSCH INBEVSA NV SPONSORED ADR	\$ 0.00	\$ 6,099.00
	POWERSHARES	Corporate Stock - Common BLDRS INDEX FDS TR EUROPE 100 ADR INDEXF	\$ 0.00	\$ 1,845.00
	PERSHING LLC.	Interest Bearing Cash CASH ACCOUNT	\$ 0.00	\$ 334,902.62
	CINCINNATI FINANCIAL CORPORATION	Corporate Stock - Common CINCINNATI FINL CORPCOM	\$ 0.00	\$ 9,138.00
	THE COCA-COLA COMPANY	Corporate Stock - Common COCA COLA COMPANY	\$ 0.00	\$ 27,988.00
	COLUMBIA	Registered Investment Company COLUMBIA GREATER CHINA FUND CLASS Z	\$ 0.00	\$ 1,325.25
	COLUMBIA	Registered Investment Company COLUMBIA SELECT SMALL CAP FUND CLASS Z	\$ 0.00	\$ 7,031.48
	THE WALT DISNEY COMPANY	Corporate Stock - Common DISNEY WALT CO DISNEY COM	\$ 0.00	\$ 7,500.00

ASSETS HELD AT END OF YEAR

ASSETS HELD AT END OF YEAR

LMS N A 401() P S P
 EIN 38 2854611
 PLAN NUMBER 001
 PLAN YEAR 01/01/2011 TO 12/31/2011

(A)	(B) Identity of issuer, 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
	DUNKIN' BRANDS GROUP INC	Corporate Stock - Common DUNKIN BRANDS GROUP INC COM	\$ 0.00	\$ 11,865.50
	EAGLE FUNDS	Registered Investment Company EAGLE SMALL CAP GROWTH FUND CLASS C	\$ 0.00	\$ 1,561.59
	FEDERATED INVESTORS, INC.	Registered Investment Company FEDERATED CAPITAL RESERVES	\$ 0.00	\$ 1,167,186.96
	Fidelity Investments	Registered Investment Company FIDELITY ADV SM CAP VAL T FUND	\$ 0.00	\$ 242,087.27
	FIDELITY	Registered Investment Company FIDELITY SMALL CAP DISCOVERY FUND	\$ 0.00	\$ 8,231.51
	FIRST TRUST	Corporate Stock - Common FIRST TR EXCHANGE-TRADED FD II TECHNOLOG	\$ 0.00	\$ 9,939.84
	FORD MOTOR COMPANY	Corporate Stock - Common FORD MOTOR CO DEL COM PAR	\$ 0.00	\$ 32,280.00
	Franklin Templeton Investments	Registered Investment Company FRANKLIN RISING DIVIDENDS R FD	\$ 0.00	\$ 1,055,704.08
	Franklin Templeton Investments	Registered Investment Company FRANKLIN SM CAP GROWTH R FD	\$ 0.00	\$ 441,237.50
	Franklin Templeton Investments	Registered Investment Company FRANKLIN STRAT INCOME R FUND	\$ 0.00	\$ 102,583.97
	GENERAL ELECTRIC COMPANY (GE)	Corporate Stock - Common GENERAL ELECTRIC CO COM	\$ 0.00	\$ 8,955.00
	GROUPON, INC.	Corporate Stock - Common GROUPON INC COM CL A	\$ 0.00	\$ 5,136.87
	HOLLYFRONTIER CORPORATION	Corporate Stock - Common HOLLYFRONTIER CORP COM	\$ 0.00	\$ 42,120.00
	ICON	Registered Investment Company ICON HEALTHCARE FD CLASS S	\$ 0.00	\$ 831.56
	IMAX CORPORATION	Corporate Stock - Common IMAX CORP COM	\$ 0.00	\$ 1,723.02

ASSETS HELD AT END OF YEAR

LMS N A 401() P S P

EIN 38 2854611

PLAN NUMBER 001

PLAN YEAR 01/01/2011 TO 12/31/2011

(A)	(B) Identity of issuer, 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
	ISHARES COMEX GOLD TRUST	Corporate Stock - Common ISHARES COMEX GOLD TR ISHARES	\$ 0.00	\$ 41,577.90
	ISHARES MSCI HONG KONG INDEX FUND	Corporate Stock - Common ISHARES INC MSCI HONG KONG INDEX FD	\$ 0.00	\$ 64,974.00
	BARCLAYS GLOBAL INVESTORS	Corporate Stock - Common ISHARES INC MSCI PACIFIC EX-JAPAN INDEX	\$ 0.00	\$ 67,154.25
	ISHARES MSCI SOUTH KOREA INDEX FUND	Corporate Stock - Common ISHARES INC MSCI SOUTH KOREA INDEX FD	\$ 0.00	\$ 77,083.50
	ISHARES FUND	Corporate Stock - Common ISHARES SILVER TR ISHARES	\$ 0.00	\$ 41,083.50
	ISHARES TRUST	Corporate Stock - Common ISHARES TR BARCLAYS TIPS BD FD	\$ 0.00	\$ 10,907.81
	ISHARES TRUST	Corporate Stock - Common ISHARES TR MSCI EAFEINDEX FD	\$ 0.00	\$ 8,430.31
	ISHARES TRUST	Corporate Stock - Common ISHARES TR MSCI EAFEVALUE INDEX FD	\$ 0.00	\$ 8,139.35
	ISHARES	Corporate Stock - Common ISHARES TR RUSSELL MIDCAP GROWTH INDEX F	\$ 0.00	\$ 3,303.00
	ISHARES TRUST	Corporate Stock - Common ISHARES TR RUSSELL 1000 VALUE INDEX FD	\$ 0.00	\$ 10,184.71
	ISHARES TRUST	Corporate Stock - Common ISHARES TR RUSSELL 2000 VALUE INDEX FD	\$ 0.00	\$ 10,371.66
	BARCLAYS GLOBAL INVESTORS	Corporate Stock - Common ISHARES TR S&P GLOBAL HEALTHCARE SECTOR	\$ 0.00	\$ 2,806.00
	ISHARES TRUST	Corporate Stock - Common ISHARES TR S&P LATINAMER 40 INDEX FD	\$ 0.00	\$ 37,248.75
	BARCLAYS GLOBAL INVESTORS	Corporate Stock - Common ISHARES TR S&P SMALLCAP 600 GROWTH INDEX	\$ 0.00	\$ 1,489.40
	ISHARES TRUST	Corporate Stock - Common ISHARES TR S&P SMALLCAP 600 INDEX FD	\$ 0.00	\$ 2,732.00

ASSETS HELD AT END OF YEAR

ASSETS HELD AT END OF YEAR

LMS N A 401() P S P
 EIN 38 2854611
 PLAN NUMBER 001
 PLAN YEAR 01/01/2011 TO 12/31/2011

(A)	(B) Identity of issuer, 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
	JOHNSON & JOHNSON	Corporate Stock - Common JOHNSON & JOHNSON COM	\$ 0.00	\$ 6,558.00
	KOHLBERG KRAVIS ROBERTS & CO	Corporate Stock - Common KKR & CO L P DEL COM UNITS	\$ 0.00	\$ 6,415.00
	KRAFT FOODS, INC.	Corporate Stock - Common KRAFT FOODS INC CL A	\$ 0.00	\$ 7,472.00
	LULULEMON ATHLETICA INC	Corporate Stock - Common LULULEMON ATHLETICA INC COM	\$ 0.00	\$ 18,524.02
	MARKET VECTORS ETF TRUST	Corporate Stock - Common MARKET VECTORS ETF TR GOLD MINERS ETF FD	\$ 0.00	\$ 5,760.16
	Munder	Registered Investment Company MUNDER MIDCAP CORE GROWTH R FD	\$ 0.00	\$ 255,918.58
	Neuberger Berman Management	Registered Investment Company NEUB BERMAN GENESIS ADV FUND	\$ 0.00	\$ 268,638.23
	NORTHERN FUNDS	Registered Investment Company NORTHERN INTERMED- IATE TAX EXEMPT BONDIF	\$ 0.00	\$ 15,181.83
	NUCOR CORPORATION	Corporate Stock - Common NUCOR CORP COM	\$ 0.00	\$ 3,957.00
	NVIDIA CORPORATION	Corporate Stock - Common NVIDIA CORP COM	\$ 0.00	\$ 2,772.00
	Oppenheimer	Registered Investment Company OPPEN DEVELOPING MKTS N FUND	\$ 0.00	\$ 488,377.62
	JANUS CAPITAL GROUP	Registered Investment Company PERKINS MID CAP VALUE FUND CLASS T	\$ 0.00	\$ 12,891.44
	ALLIANZ GLOBAL INVESTORS	Corporate Stock - Common PIMCO INCOME OPPORTUNITY FD COM	\$ 0.00	\$ 7,554.00
	PIMCO ADVISORS	Registered Investment Company PIMCO TOTAL RETURN FUND CLASS D	\$ 0.00	\$ 50,277.52
	PIMCO Funds	Registered Investment Company PIMCO TOTAL RETURN R FUND	\$ 0.00	\$ 729,365.66

ASSETS HELD AT END OF YEAR

LMS N A 401() P S P
 EIN 38 2854611
 PLAN NUMBER 001
 PLAN YEAR 01/01/2011 TO 12/31/2011

ASSETS HELD AT END OF YEAR

(A)	(B) Identity of issuer, 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
	POWERSHARES	Corporate Stock - Common POWERSHARES EXCHANGE-TRADED FD TR DYNAMIC	\$ 0.00	\$ 785.05
	POWERSHARES	Corporate Stock - Common POWERSHARES EXCHANGE-TRADED FD TR DYNAMIC	\$ 0.00	\$ 4,792.50
	POWERSHARES CAPITAL MANAGEMENT, LLC	Corporate Stock - Common POWERSHARES EXCHANGE-TRADED FD TR DYNAMIC	\$ 0.00	\$ 3,691.80
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN LGCAP S&P 500 INDEX SA-R3	\$ 0.00	\$ 29,632.12
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN MIDCAP S&P 400 IDX SA-R3	\$ 0.00	\$ 32,647.34
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN SMCAP S&P 600 INDEX SA-R3	\$ 0.00	\$ 22,247.10
*	Principal Trust Company	Common/Collective Trust PRIN TRUST INCOME FUND R3	\$ 0.00	\$ 86,067.81
*	Principal Trust Company	Common/Collective Trust PRIN TRUST TGT 2010 FD R3	\$ 0.00	\$ 463.23
*	Principal Trust Company	Common/Collective Trust PRIN TRUST TGT 2015 FD R3	\$ 0.00	\$ 10,132.70
*	Principal Trust Company	Common/Collective Trust PRIN TRUST TGT 2020 FD R3	\$ 0.00	\$ 54,812.47
*	Principal Trust Company	Common/Collective Trust PRIN TRUST TGT 2025 FD R3	\$ 0.00	\$ 111,186.34
*	Principal Trust Company	Common/Collective Trust PRIN TRUST TGT 2030 FD R3	\$ 0.00	\$ 108,138.86
*	Principal Trust Company	Common/Collective Trust PRIN TRUST TGT 2035 FD R3	\$ 0.00	\$ 46,974.33
*	Principal Trust Company	Common/Collective Trust PRIN TRUST TGT 2040 FD R3	\$ 0.00	\$ 98,952.42
*	Principal Trust Company	Common/Collective Trust PRIN TRUST TGT 2045 FD R3	\$ 0.00	\$ 24,199.78

ASSETS HELD AT END OF YEAR

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(A)	(B) Identity of issuer, 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
*	Principal Trust Company	Common/Collective Trust PRIN TRUST TGT 2050 FD R3	\$ 0.00	\$ 20,193.45
*	Principal Trust Company	Common/Collective Trust PRIN TRUST TGT 2055 FD R3	\$ 0.00	\$ 9,634.05
*	Principal Funds Inc	Registered Investment Company PRINCIPAL CORE PLUS BD I R3 FD	\$ 0.00	\$ 17,253.94
*	Union Bond & Trust Company	Common/Collective Trust PRINCIPAL STABLE VALUE SGNTURE	\$ 0.00	\$ 1,065,800.00
	RENREN INC.	Corporate Stock - Common RENREN INC SPONSORED ADR RESPTG CL A ISI	\$ 0.00	\$ 2,556.00
	GUGGENHEIM INVESTMENTS	Registered Investment Company RYDEX RUSSELL 2000 FUND CLASS H	\$ 0.00	\$ 72,804.47
	GUGGENHEIM INVESTMENTS	Registered Investment Company RYDEX S&P 500 FUND CLASS H	\$ 0.00	\$ 93,908.65
	SCOUT FUNDS	Registered Investment Company SCOUT INTERNATIONAL FUND	\$ 0.00	\$ 2,966.53
	MANAGERS FUNDS	Registered Investment Company SKYLINE SPECIAL EQUITIES FUND	\$ 0.00	\$ 9,135.90
	STATE STREET GLOBAL ADVISORS	Corporate Stock - Common SPDR DOW JONES INDL AVERAGE ETF TR UNIT	\$ 0.00	\$ 4,264.75
	SPDR GOLD TRUST	Corporate Stock - Common SPDR GOLD TR GOLD SHS	\$ 0.00	\$ 110,952.70
	STATE STREET GLOBAL ADVISORS	Registered Investment Company SSGA INTERNATIONAL STOCK SELECTION FUND	\$ 0.00	\$ 5,484.77
	T. ROWE PRICE FUNDS	Registered Investment Company T ROWE PRICE MEDIA & TELECOMMUNICATION	\$ 0.00	\$ 7,695.77
	T ROWE PRICE	Registered Investment Company T ROWE PRICE RETIREMENT 2020 FUND	\$ 0.00	\$ 20,546.92
	T. Rowe Price Funds	Registered Investment Company T. ROWE PRICE GROWTH STOCK R FD	\$ 0.00	\$ 1,158,787.63

ASSETS HELD AT END OF YEAR

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PLAN YEAR 01/01/2011 TO 12/31/2011

(A)	(B) Identity of issuer, 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
	VALUE LINE INC	Registered Investment Company VALUE LINE EMERGING OPPORTUNITIES FUND	\$ 0.00	\$ 2,397.87
	VANGUARD GROUP	Registered Investment Company VANGUARD DIVIDEND GROWTH INCOME FUND	\$ 0.00	\$ 15,486.31
	VANGUARD GROUP	Registered Investment Company VANGUARD EXPLORER FUND	\$ 0.00	\$ 6,673.21
	VANGUARD	Corporate Stock - Common VANGUARD INDEX FDS VANGUARD LARGE-CAP ET	\$ 0.00	\$ 1,432.50
	VANGUARD SPECIALIZED FUNDS	Corporate Stock - Common VANGUARD INDEX FDS VANGUARD REIT ETF	\$ 0.00	\$ 14,855.33
	VANGUARD INDEX TRUST TOTAL STOCK MA	Corporate Stock - Common VANGUARD INDEX FDS VANGUARD TOTAL STK MK	\$ 0.00	\$ 10,480.67
	VANGUARD INTERNATIONAL EQUITY INDEX	Corporate Stock - Common VANGUARD INTL EQUITYINDEX FDS MSCI EMERG	\$ 0.00	\$ 74,324.59
	VANGUARD GROUP	Registered Investment Company VANGUARD TARGET RETIREMENT 2025 FUND	\$ 0.00	\$ 20,148.32
	VANGUARD GROUP	Registered Investment Company VANGUARD WELLESLEY INCOME FUND	\$ 0.00	\$ 34,039.08
	VANGUARD GROUP	Corporate Stock - Common VANGUARD WORLDS FDS VANGUARD ENERGY ETF	\$ 0.00	\$ 21,038.71
	VTSA INC	Corporate Stock - Common VTSA INC COM CL A	\$ 0.00	\$ 5,076.50
	WELLS FARGO ADVANTAGE	Registered Investment Company WELLS FARGO ADVANTAGE CAPITAL GROWTH FUN	\$ 0.00	\$ 11,631.38
	WELLS FARGO ADVANTAGE FUNDS	Registered Investment Company WELLS FARGO ADVTG SPECIAL MID CAP VALUE	\$ 0.00	\$ 8,513.62
	3M COMPANY	Corporate Stock - Common 3M CO COM	\$ 0.00	\$ 12,259.50
	Participant Loans	Range of Interest Rates Rates Range From 3.25% To 8.39%	\$ 0.00	\$ 240,397.00

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2011 and Ending 12/31/2011

Name of Plan: LMS North America, Inc. 401(k) Retirement Savings Plan

Employer Identification Number: **38-2854611** Three-digit plan number: **001**

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