Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Signature of DFE

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

					Inspection			
Part I	Annual Report Ident	ification Information						
For cale	ndar plan year 2011 or fiscal pl	an year beginning 01/01/2011		and ending 12/31/2	011			
A This	return/report is for:	a multiemployer plan;	a multiple	e-employer plan; or				
	·	a single-employer plan;	a DFE (s	pecify)				
				· · · · · · · · · · · · · · · · · · ·				
B This	return/report is:	the first return/report;	the final i	return/report;				
		an amended return/report;	a short p	lan year return/report (less th	an 12 months).			
C If the	plan is a collectively-bargained	d plan, check here						
D Chec	k box if filing under:	X Form 5558;	automati	c extension;	the DFVC program;			
	•	special extension (enter des	cription)		_			
Part	II Basic Plan Informa	ation—enter all requested informa	ation					
1a Nam	ne of plan	JRANCE TRANS AMERICA GLASS		ENEFITS PLAN	1b Three-digit plan number (PN) ▶	501		
			,		1c Effective date of pla 03/25/1985	an		
2a Plan	sponsor's name and address,	including room or suite number (Er	mployer, if for single-	employer plan)	2b Employer Identifica Number (EIN)	ition		
WASHIN	NGTON GLASS, INC				91-1255564			
C/O TRA	ANS AMERICA GLASS INC				2c Sponsor's telephone number 604-438-1000			
8658 COMMERCE CT BURNABY BC CA			9655 SE 36TH ST SUITE 103 MERCER ISLAND, WA 98040-3732			2d Business code (see instructions) 811120		
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.								
		nalties set forth in the instructions, I the electronic version of this return						
SIGN	Filed with authorized/valid elec	tronic signature.	10/10/2012	NADINE HARRISON				
HERE Signature of plan administrator Date Enter name of individual si			signing as plan administrator					
	<u> </u>							
SIGN								
HERE	Signature of employer/plan	sponsor	Date	Enter name of individual signing as employer or plan s				
SIGN								
HEDE								

Date

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

Form 5500 (2011) v.012611

Enter name of individual signing as DFE

Form 5500 (2011) Page **2**

W	Plan administrator's name and address (if same as plan sponsor, enter "Sam SHINGTON GLASS, INC O TRANS AMERICA GLASS INC	ne")		ministrator's EIN 1255564
86	RNABY BC CA			ministrator's telephone mber 604-438-1000
4	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report:	/report filed for this plan, enter the name, EIN	and	4b EIN
а	Sponsor's name			4c PN
5	Total number of participants at the beginning of the plan year		5	148
6	Number of participants as of the end of the plan year (welfare plans complete	e only lines 6a, 6b, 6c, and 6d).		
а	Active participants		6a	208
b	Retired or separated participants receiving benefits		6b	2
С	Other retired or separated participants entitled to future benefits		6c	
d	Subtotal. Add lines 6a, 6b, and 6c		6d	210
е	Deceased participants whose beneficiaries are receiving or are entitled to rec	ceive benefits	6e	
f	Total. Add lines 6d and 6e		6f	
g	Number of participants with account balances as of the end of the plan year complete this item)	, ,	6g	
h	Number of participants that terminated employment during the plan year with less than 100% vested		6h	
7	Enter the total number of employers obligated to contribute to the plan (only		7	
8a	If the plan provides pension benefits, enter the applicable pension feature co			
b	If the plan provides welfare benefits, enter the applicable welfare feature cod 4A 4B 4D 4H 4L	es from the List of Plan Characteristic Codes	in the ins	structions:
9a	Plan funding arrangement (check all that apply) (1) Insurance	9b Plan benefit arrangement (check all that (1) X Insurance	it apply)	
	(2) Code section 412(e)(3) insurance contracts	(2) Code section 412(e)(3) i		e contracts
	(3) Trust	(3) Trust		
	(4) General assets of the sponsor	(4) General assets of the sp		
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	ttached, and, where indicated, enter the numb	er attacl	ned. (See instructions)
а	Pension Schedules	b General Schedules		
	(1) R (Retirement Plan Information)	(1) H (Financial Inform	nation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money	(2) I (Financial Inform		Small Plan)
	Purchase Plan Actuarial Information) - signed by the plan actuary	(3) X 4 A (Insurance Inform		
		(4) C (Service Provide		
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) D (DFE/Participatin (6) G (Financial Trans	-	

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.

OMB No. 1210-0110

2011

r ension benefit duaranty oc	riporation	Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).				This Form is Open to Public Inspection		
For calendar plan year 20	11 or fiscal pla	an year beginning 01/01/2011		and en	iding 12/3	31/2011		
A Name of plan SPEEDY AUTO GLASS I BENEFITS PLAN	HEALTH INSU	JRANCE TRANS AMERICA GLA	ASS, INC WELFARE		e-digit number (PN) •	501	
C Plan sponsor's name a WASHINGTON GLASS, I		ne 2a of Form 5500		D Emplo	•	tion Number	(EIN)	
		ning Insurance Contract . Individual contracts grouped a						
(a) Name of insurance ca	rrier							
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate r persons covered policy or contra	at end of	(f)	Policy or c From	ontract year (g) To	
13-5581829	65978	103217-G	' '	277	01/01/201	1	12/31/2011	
2 Insurance fee and com descending order of the		nation. Enter the total fees and to	otal commissions paid.	List in item 3	the agents,	brokers, and	other persons in	
		nmissions paid		(b) To	otal amount o	f fees paid		
2 Darragna receiving com	missians and	face (Complete se many entries		I noroona)			0	
3 Persons receiving com		fees. (Complete as many entried and address of the agent, broke						
(b) Amount of sales ar	nd base		ees and other commission	ons paid				
commissions pa	id	(c) Amount		(d) Purpose			(e) Organization code	
	(a) Name	and address of the agent, broke	er, or other person to who	om commiss	ions or fees v	were paid		
	· · ·					•		
(b) Amount of sales ar	nd base	F	ees and other commission	ons paid				
commissions pa		(c) Amount		(d) Purpose	е		(e) Organization code	

Schedule A (Form 5500)	2011	Page 2 - 1	<u> </u>			
	ame and address of the agent, broke	r. or other person to whom	commissions or fees were paid			
(4) 110	and and address of the agent, sience	n, or ourer percent to whem	commissions of 1000 word paid			
(L) A		Fees and other commission	ns paid	(-) One of the first		
(b) Amount of sales and base commissions paid	(c) Amount		(d) Purpose	(e) Organization code		
•	, ,					
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid			
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization		
commissions paid	(c) Amount		(d) Purpose	code		
(-) NI-						
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid			
	<u> </u>					
(b) Amount of sales and base		Fees and other commission		(e) Organization		
commissions paid	(c) Amount		(d) Purpose	code		
(a) Na	ame and address of the agent, broke	r, or other person to whom	commissions or fees were paid			
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization		
commissions paid	(c) Amount		(d) Purpose	code		
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid			
	T			1		
(b) Amount of sales and base		Fees and other commission		(e) Organization		
commissions paid	(c) Amount		(d) Purpose	code		

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Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual this report.	idual contract	s with each carrier ma	y be treated	d as a unit for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end		. 4	
		ent value of plan's interest under this contract in separate accounts at year e			. 5	
_		racts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan ch	eck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in se	parate accounts)		
	а	Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶	ite participatio	on guarantee		
	b	Balance at the end of the previous year			. 7b	
	С	Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year				
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
		(6)Total additions			. 7c(6)	0
	ď	Total of balance and additions (add b and c(6))			. 7d	
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	. 7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		>				
		(5) Total deductions			. 7e(5)	0
		Balance at the end of the current year (subtract e(5) from d)			. 7f	

Schedule A (Form 5500) 2011		Page 4		
Welfare Benefit Contract Inform If more than one contract covers the same information may be combined for reporting the entire group of such individual contract	e group of employees of the sa g purposes if such contracts ar	e experience-rated	as a unit. Where contra	
Benefit and contract type (check all applicable box	es)			
a Health (other than dental or vision)	b X Dental	c Vision		d Life insurance
e Temporary disability (accident and sickness	s) f Long-term disability	g Supple	emental unemployment	h Prescription drug
i Stop loss (large deductible)	j HMO contract	- =	ontract	I Indemnity contract
m ☐ Other (specify) ▶	,			
The Curer (specify)				
Experience-rated contracts:				
Premiums: (1) Amount received		9a(1)		
(2) Increase (decrease) in amount due but un	paid	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)	
Remainder of premium: (1) Retention charges	s (on an accrual basis)			
(A) Commissions		9c(1)(A)		
(B) Administrative service or other fees		9c(1)(B)		
(0) (1)		9c(1)(C)		

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

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retention of the contract or policy, other than reported in Part I, item 2 above, report amount..... Specify nature of costs

10 Nonexperience-rated contracts:

Part III

(C) Other specific acquisition costs.....

(D) Other expenses.....

(E) Taxes..... (F) Charges for risks or other contingencies

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

Total premiums or subscription charges paid to carrier

If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

9c(1)(D)

9c(1)(E)

9c(1)(F)

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

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.

OMB No. 1210-0110

2011

r ension benefit duaranty o	orporation		e required to provide the inform RISA section 103(a)(2).			m 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 SPEEDY AUTO GLASS HEALTH INSURANCE TRANS AMERICA GLASS, INC WELFARE BENEFITS PLAN B Three-digit plan number (PN)						501	
C Plan sponsor's name as shown on line 2a of Form 5500 WASHINGTON GLASS, INC D Employer Identification Number (E 91-1255564						EIN)	
on a separa	te Schedule A	rning Insurance Contract C Individual contracts grouped as a					
1 Coverage Information:							
(a) Name of insurance ca		OF AMERICA					
42 514	(c) NAIC	(d) Contract or	(e) Approximate number of		Policy or co	ontract year	
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) Fro	mc	(g) To	
01-0278678	62235	902519	208	01/01/2011		01/01/2012	
2 Insurance fee and com descending order of the		nation. Enter the total fees and tota	commissions paid. List in item	3 the agents, bro	kers, and o	other persons in	
		mmissions paid	(b)	Total amount of fe	ees paid		
(V)	8083						
3 Persons receiving con	nmissions and	fees. (Complete as many entries a	is needed to report all persons)				
J		and address of the agent, broker, of			re paid		
DONALD P GILES	, ,	PO BC	X 1886 ERA, TX 78003		·		
(b) Amount of sales a	nd hase	Fees	and other commissions paid				
commissions pa		(c) Amount	(d) Purpo	ose		(e) Organization code	
	8083					3	
	(a) Name	and address of the agent, broker, o	or other person to whom commi	ssions or fees we	re paid		
		•					
(b) Amount of sales and base Fees and other commissions paid							
commissions pa		(c) Amount	(d) Purpo	ose		(e) Organization code	
		101100 4 111 1					

Schedule A (Form 5500)	2011	Page 2 - 1	<u> </u>			
	ame and address of the agent, broke	r. or other person to whom	commissions or fees were paid			
(4) 110	and and address of the agent, sience	n, or ourer percent to whem	commissions of 1000 word paid			
(L) A		Fees and other commission	ns paid	(-) One of the first		
(b) Amount of sales and base commissions paid	(c) Amount		(d) Purpose	(e) Organization code		
•	, ,					
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid			
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization		
commissions paid	(c) Amount		(d) Purpose	code		
(-) NI-						
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid			
	<u> </u>					
(b) Amount of sales and base		Fees and other commission		(e) Organization		
commissions paid	(c) Amount		(d) Purpose	code		
(a) Na	ame and address of the agent, broke	r, or other person to whom	commissions or fees were paid			
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization		
commissions paid	(c) Amount		(d) Purpose	code		
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid			
	T			1		
(b) Amount of sales and base		Fees and other commission		(e) Organization		
commissions paid	(c) Amount		(d) Purpose	code		

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Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual this report.	idual contract	s with each carrier ma	y be treated	d as a unit for purposes of
4	Curre	ent value of plan's interest under this contract in the general account at year	end		. 4	
		ent value of plan's interest under this contract in separate accounts at year e			. 5	
_		racts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan ch	eck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in se	parate accounts)		
	а	Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶	ite participatio	on guarantee		
	b	Balance at the end of the previous year			. 7b	
	С	Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year				
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
		(6)Total additions			. 7c(6)	0
	ď	Total of balance and additions (add b and c(6))			. 7d	
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	. 7e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	7e(4)			
		>				
		(5) Total deductions			. 7e(5)	0
		Balance at the end of the current year (subtract e(5) from d)			. 7f	

Schedule A (Form 5500) 2011		Page 4		
Ochedale A (Form 3300) 2011		1 age 4		
Welfare Benefit Contract Infor- If more than one contract covers the san information may be combined for reporting the entire group of such individual contract.	ne group of employees of the saring purposes if such contracts are	e experience-rate	d as a unit. Where contrac	
Benefit and contract type (check all applicable bo	xes)			
a Health (other than dental or vision)	b Dental	C Visio	n	d X Life insurance
e Temporary disability (accident and sickness	ss) f X Long-term disability	g Supp	elemental unemployment	h Prescription drug
i Stop loss (large deductible)	j HMO contract	k PPO	contract	I Indemnity contract
m ☒ Other (specify) ►ACCIDENTAL DEATH	· ·			
THE Other (specify) PACCIDENTAL DEATH	x DIGWEWBERWERT			
Experience-rated contracts:				
a Premiums: (1) Amount received		9a(1)		
(2) Increase (decrease) in amount due but un	npaid	9a(2)		
(3) Increase (decrease) in unearned premiur	n reserve	9a(3)		
(4) Earned ((1) + (2) - (3))	<u></u>		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 charge	es (on an accrual basis)			
(A) Commissions	g	9c(1)(A)		
(B) Administrative service or other fees .	g	9c(1)(B)		
(C) Other specific acquisition costs	9	c(1)(C)		
(D) Other expenses	9	c(1)(D)	· · · · · · · · · · · · · · · · · · ·	

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

113157

9c(1)(E)

9c(1)(F)

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

10 Nonexperience-rated contracts:

Specify nature of costs

Part III

(E) Taxes.....

(F) Charges for risks or other contingencies

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

Total premiums or subscription charges paid to carrier

retention of the contract or policy, other than reported in Part I, item 2 above, report amount.....

If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

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

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

OMB No. 1210-0110

2011

			Inspection				
For calendar plan year 20°	11 or fiscal pl	an year beginning 01/01/2011		and en	nding 12	2/31/2011	•
A Name of plan SPEEDY AUTO GLASS I BENEFITS PLAN	HEALTH INSU	JRANCE TRANS AMERICA GLA	ASS, INC WELFARE		e-digit number (P	(N) •	501
				_			
C Plan sponsor's name a WASHINGTON GLASS, I		ne 2a of Form 5500		D Emplo	-	cation Number (I	EIN)
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.							
1 Coverage Information:							
(a) Name of insurance ca SYMETRA	rrier						
	(c) NAIC	(d) Contract or	(e) Approximate n			Policy or co	ntract year
(b) EIN	code	identification number	persons covered a policy or contract		(f) From	(g) To
91-0742147	68608	10376	1	12	01/01/20	011	12/31/2011
2 Insurance fee and compute descending order of the		nation. Enter the total fees and to	otal commissions paid. L	ist in item 3	the agents	s, brokers, and o	ther persons in
(a) Total a	(a) Total amount of commissions paid (b) Total amount of fees paid						
		32851					0
3 Persons receiving com	missions and	fees. (Complete as many entrie	s as needed to report all	persons).			
	(a) Name	and address of the agent, broke	·	m commiss	ions or fee	s were paid	
DONALD P GILES			BOX 1886 IDERA, TX 78003				
(b) Amount of sales ar	nd base	Fe	ees and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpose			(e) Organization code
32851					3		
	(a) Name	and address of the agent, broke	r. or other person to who	m commiss	ions or fee	s were paid	
(b) Amount of sales ar	nd hase	Fe	ees and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpose	e		(e) Organization code

Schedule A (Form 5500)	2011	Page 2 - 1	<u> </u>				
	ame and address of the agent, broke	r. or other person to whom	commissions or fees were paid				
(4) 110	and and address of the agent, sience	n, or ourer percent to whem	commissions of 1000 word paid				
(L) A		Fees and other commission	ns paid	(-) One of the first			
(b) Amount of sales and base commissions paid	(c) Amount		(d) Purpose	(e) Organization code			
•	, ,						
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid				
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization			
commissions paid	(c) Amount		(d) Purpose	code			
(-) NI-							
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid				
	<u> </u>						
(b) Amount of sales and base		Fees and other commission		(e) Organization			
commissions paid	(c) Amount		(d) Purpose	code			
(a) Na	ame and address of the agent, broke	r, or other person to whom	commissions or fees were paid				
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization			
commissions paid	(c) Amount		(d) Purpose	code			
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid				
	T			1			
(b) Amount of sales and base		Fees and other commission		(e) Organization			
commissions paid	(c) Amount		(d) Purpose	code			

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Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual this report.	s with each carrier ma	y be treated	d as a unit for purposes of	
4	Curre	ent value of plan's interest under this contract in the general account at year	end		. 4	
		ent value of plan's interest under this contract in separate accounts at year e			. 5	
_		racts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan ch	eck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in se	parate accounts)		
	а	Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶	ite participatio	on guarantee		
	b	Balance at the end of the previous year			. 7b	
	С	Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year				
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
		(6)Total additions			. 7c(6)	0
	ď	Total of balance and additions (add b and c(6))			. 7d	
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	. 7e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	7e(4)			
		>				
		(5) Total deductions			. 7e(5)	0
		Balance at the end of the current year (subtract e(5) from d)			. 7f	

Schedule A (Form 5500) 2011	Page 4
	of the same employer(s) or members of the same employee organizations(s), the tracts are experience-rated as a unit. Where contracts cover individual employe ay be treated as a unit for purposes of this report.
efit and contract type (check all applicable boxes) Health (other than dental or vision) Dental Temporary disability (accident and sickness) Long-term Stop loss (large deductible) HMO contractions Other (specify)	
erience-rated contracts:	
Premiums: (1) Amount received	
(2) Increase (decrease) in amount due but unpaid	
(3) Increase (decrease) in unearned premium reserve	9a(3)
(4) Earned ((1) + (2) - (3))	9a(4)
Benefit charges (1) Claims paid	
(2) Increase (decrease) in claim reserves	
(3) Incurred claims (add (1) and (2))	9b(3)
(4) Claims charged	9b(4)
Remainder of premium: (1) Retention charges (on an accrual basis	,
(A) Commissions	
(B) Administrative service or other fees	
(C) Other specific acquisition costs	

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

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retention of the contract or policy, other than reported in Part I, item 2 above, report amount..... Specify nature of costs

10 Nonexperience-rated contracts:

a | X | Health (other than dental or vision)

Experience-rated contracts:

Benefit and contract type (check all applicable boxes)

Part III

a Premiums: (1) Amount received...... (2) Increase (decrease) in amount due but unpaid.....

(D) Other expenses.....

(E) Taxes..... (F) Charges for risks or other contingencies

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

Total premiums or subscription charges paid to carrier

If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

9c(1)(D) 9c(1)(E)

9c(1)(F)

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

For calendar plan year 2011 or fiscal plan year beginning

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).

and ending

12/31/2011

01/01/2011

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

A Name of plan SPEEDY AUTO GLASS HEALTH INSURANCE TRANS AMERICA GLASS, INC WELFARE BENEFITS PLAN				B Three plan	e-digit number (PN)	501	
DENEFITS PLAN				-			
•	C Plan sponsor's name as shown on line 2a of Form 5500 WASHINGTON GLASS, INC D Employer Identification Number (EIN) 91-1255564						
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.						
1 Coverage Information:							
(a) Name of insurance car	rier						
BCBSM, INC (DBA BLUE	CROSS & BLU	JE SHIELD OF MINNESOTA)					
	(c) NAIC	(d) Contract or	(e) Approximate nun	nber of	Policy or co	ontract year	
(b) EIN	code	identification number	persons covered at e		(f) From	(g) To	
41-0984460	55026	8S781	36	5	01/01/2011	12/31/2011	
2 Insurance fee and common descending order of the		tion. Enter the total fees and tota	I commissions paid. List	t in item 3	the agents, brokers, and c	ther persons in	
(a) Total a	mount of comn			(b) To	otal amount of fees paid		
3648							
3 Persons receiving com	missions and fe	es. (Complete as many entries a	as needed to report all pe	ersons).			
	(a) Name a	nd address of the agent, broker, o	or other person to whom	commiss	ions or fees were paid		
STEEGE & ASSOCIATES	SINC						
(b) Amount of sales ar	d base	Fees	and other commissions	s paid			
commissions pai		(c) Amount	(d) Purpose		(e) Organization code		
	3648					3	
	(=) NI=	ad address of the arrest harbons			·		
	(a) Name a	nd address of the agent, broker, o	or other person to whom	commiss	ions or fees were paid		
		Faas	s and other commissions	s naid			
(b) Amount of sales ar commissions pai		(c) Amount		d) Purpose	2	(e) Organization code	
commissions par	<u> </u>	(o) / intodit	<u> </u>	a, i dipose	•	(S) Organization code	
F	- A - (N - c)	and OMD Operation 1	the bretweet	FEAC		Lula A (Farma FEOO) OCCC	
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Schedule A (Form 5500) 2011 v.012611							

Schedule A (Form 5500)	2011	Page 2 - 1	<u> </u>				
	ame and address of the agent, broke	r. or other person to whom	commissions or fees were paid				
(4) 110	and and address of the agent, sience	n, or ourer percent to whem	commissions of 1000 word paid				
(L) A		Fees and other commission	ns paid	(-) One of the first			
(b) Amount of sales and base commissions paid	(c) Amount		(d) Purpose	(e) Organization code			
•	, ,						
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid				
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization			
commissions paid	(c) Amount		(d) Purpose	code			
(-) NI-							
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid				
	<u> </u>						
(b) Amount of sales and base		Fees and other commission		(e) Organization			
commissions paid	(c) Amount		(d) Purpose	code			
(a) Na	ame and address of the agent, broke	r, or other person to whom	commissions or fees were paid				
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization			
commissions paid	(c) Amount		(d) Purpose	code			
(a) Na	ame and address of the agent, broke	er, or other person to whom	commissions or fees were paid				
	T			1			
(b) Amount of sales and base		Fees and other commission		(e) Organization			
commissions paid	(c) Amount		(d) Purpose	code			

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Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual this report.	s with each carrier ma	y be treated	d as a unit for purposes of	
4	Curre	ent value of plan's interest under this contract in the general account at year	end		. 4	
		ent value of plan's interest under this contract in separate accounts at year e			. 5	
_		racts With Allocated Funds:				
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan ch	eck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in se	parate accounts)		
	а	Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶	ite participatio	on guarantee		
	b	Balance at the end of the previous year			. 7b	
	С	Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year				
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 7c(5)			
		•				
		(6)Total additions			. 7c(6)	0
	ď	Total of balance and additions (add b and c(6))			. 7d	
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	. 7e(2)			
		(3) Transferred to separate account	. 7e(3)			
		(4) Other (specify below)	7e(4)			
		>				
		(5) Total deductions			. 7e(5)	0
		Balance at the end of the current year (subtract e(5) from d)			. 7f	

Schedule A (Form 5500) 2011		Pag	e 4	
Welfare Benefit Contract Informati If more than one contract covers the same groinformation may be combined for reporting puthe entire group of such individual contracts w	oup of employees of the saurposes if such contracts are	e experience	-rated as a unit. Where contra	
efit and contract type (check all applicable boxes) Health (other than dental or vision) Temporary disability (accident and sickness) Stop loss (large deductible) Other (specify)	b Dental f Long-term disability j HMO contract	g	Vision Supplemental unemployment PPO contract	d ☐ Life insurance h ☐ Prescription drug I ☐ Indemnity contract
erience-rated contracts:				
Premiums: (1) Amount received		9a(1)		
(2) Increase (decrease) in amount due but unpaid		9a(2)		
(3) Increase (decrease) in unearned premium rese	erve	9a(3)		
(4) Earned ((1) + (2) - (3))	<u></u>		9a(4)	
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)	
Remainder of premium: (1) Retention charges (or	n an accrual basis)			
(A) Commissions	<u></u>	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)		

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

retention of the contract or policy, other than reported in Part I, item 2 above, report amount..... Specify nature of costs

10 Nonexperience-rated contracts:

a | X | Health (other than dental or vision)

Experience-rated contracts:

Benefit and contract type (check all applicable boxes)

Part III

a Premiums: (1) Amount received..... (2) Increase (decrease) in amount due but unpaid......

(E) Taxes..... (F) Charges for risks or other contingencies

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

Total premiums or subscription charges paid to carrier If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

Part I	/ Provision of Information			
11 Did	I the insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

9c(1)(E)

9c(1)(F)

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

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

		Identification Info						
No. of the contract of the con	The Control opening grants	fiscal plan year beginn		2011 and	ending	12/31/2	011	
A This return/re	eport is for:	a multlemployer pla a single-employer pl		a multiple-employer plan; or a DFE (specify)				
B This return/re		the first return/repoi an amended return/ ned plan, check here	report;	\exists	a short p	return/report; an year return/repo		han 12 months)
D Check box if	filing under:	Form 5558; special extension (e	nter description)	Ü		c extension;		DFVC program;
		mation · enter all re	quested information		·			
1a Name of plan SPEEDY AUTO GLASS HEALTH INSURANCE			11:	1b Three-digit plan number (PN) ► 501				
TRANS AMERICA GLASS, INC WELFARE BENEFITS PLAN					1c Effective date of plan 03/25/1985			
2a Plan sponsor's name and address, including room or suite number (Employer, if for a single-employer plan) WASHINGTON GLASS, INC			an) 2t	2b Employer Identification Number (EIN) 91-1255564				
				2c Sponsor's telephone number 604-438-1000				
C/O TRANS AMERICA GLASS INC 8658 COMMERCE CT			-	2d Business code (see instructions) 811120				
BURNABY, 9655 SE	BC 36TH ST SU	The state of the s	'5A 4N6					
MERCER I			8040-3732					
Caution: A pena	ity for the late or i	ncomplete filing of th	is return/report will	be assessed unle	ss reason	able cause is este	blished.	
Under penalties of per as the electronic version	jury and other penalties so on of this return/report, an	et forth in the instructions, I de d to the best of my knowledge	eclare that I have examined to and belief, it is true, correc	his return/report, includin t, and complets.	g accompany	ing schedules, statement	a and attach	ments, as well
SIGN HADE	ne Hass	um	10/08/2012					
Signatui	re of plan administ	rator	Date	Enter name of Inc	dividual sig	nIng as plan admin	Istrator	
SIGN	undenl	~	10/08/2012					
Signatu	re of employer/play	sponsor Date Enter name of indivi			lividual sig	ning as employer o	r plan sp	onsor
SIGN	' (MW.	·		
Signatur	re of DFE		Date	Enter name of inc	-	ning as DFE		
For Paperwork I	Reduction Act Not	ice and OMB Control	Numbers, see the in	nstructions for Fo	rm 5500.		For	m 5500 (2011) V.012611

For	m 5500 (2011)			F	age 2			
3a Plan administrator's name and address (if same as plan sponsor, enter SAME		er "Same")	r "Same") 3b Admir			strator's EIN		
					3c Adminis	strator's	telephone n	umber
4	If the name and/or EIN of the plan sponsor has changed since the last EIN and the plan number from the last return/report:	t return/repo	ort filed for	this pla	in, enter the na	ame,	4b EIN	
а	Sponsor's name						4c PN	
5	Total number of participants at the beginning of the plan year					5		148
6	Number of participants as of the end of the plan year (welfare plans co							
a	Active participants					6a		208
b	Retired or separated participants receiving benefits				•••••	6b		2
C	Other retired or separated participants entitled to future benefits			•••••		6c		
d	Subtotal. Add lines 6a , 6b , and 6c					6d		210
e f	Deceased participants whose beneficiaries are receiving or are entitled.	d to receive	benefits					
a .	Total. Add lines 6d and 6e Number of participants with account balances as of the end of the pla					6f		
9	complete this item)					6		
h	Number of participants that terminated employment during the plan ye	ear with acc	rued hana	fite that	wore lose ther	6g		
	100% vested					6h		
7	Enter the total number of employers obligated to contribute to the plan	only multi	employer i	olans		- 011		
	complete this item)					7		
b	If the plan provides pension benefits, enter the applicable pension feat of the plan provides welfare benefits, enter the applicable welfare feature $4\mathrm{B}$ $4\mathrm{D}$ $4\mathrm{H}$ $4\mathrm{L}$							
9a	Plan funding arrangement (check all that apply)	Qh Blon	bonofit au					
	(1) X Insurance			rangem rance	ent (check all t	nat appi	ly)	
	(2) Code section 412(e)(3) insurance contracts	(2)			n 412(e)(3) inst	irance c	ontracte	
	(3) Trust	(3)	10.00		112(0)(0) 11100	101000	ontracts	
	(4) General assets of the sponsor	(4)		eral asse	ets of the spon	sor		
10	Check all applicable boxes in 10a and 10b to indicate which schedules (See instructions)	are attache	ed, and, w	here ind	icated, enter th	he numb	per attached	
а	Pension Schedules	b Ger	eral Sche	dules				
	(1) R (Retirement Plan Information)	(1)		Н	(Financial Info	ormation	n)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Mone			1	(Financial Info			n)
	Purchase Plan Actuarial Information) - signed by the plan	(3)	X	<u>1</u> A	(Insurance In			*
	actuary	(4)	Н	C	(Service Prov	rider Info	ormation)	
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5)	Н	D	(DFE/Particip	ating Pl	an Informatio	on)
	Information) - signed by the plan actuary	(6)	Ш	G	(Financial Tra	nsactio	n Schedules)