

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2011</div> 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>10/01/2011</u> and ending <u>09/30/2012</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>ALL POINTS COOPERATIVE 401(K) PROFIT SHARING 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>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1994</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1994</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/1994</u>					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>ALL POINTS COOPERATIVE</u> <u>102 8TH STREET</u> <u>PO BOX 80</u> <u>GOTHENBURG, NE 69138</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>47-0175460</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>308-537-7141</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>115110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>47-0175460</u>	2c Sponsor's telephone number <u>308-537-7141</u>	2d Business code (see instructions) <u>115110</u>	
2b Employer Identification Number (EIN) <u>47-0175460</u>					
2c Sponsor's telephone number <u>308-537-7141</u>					
2d Business code (see instructions) <u>115110</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/26/2013	DONNA SCHNACKENBERG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/26/2013	DONNA SCHNACKENBERG
	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") ALL POINTS COOPERATIVE 102 8TH STREET PO BOX 80 GOTHENBURG, NE 69138	3b Administrator's EIN 47-0175460 3c Administrator's telephone number 308-537-7141
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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	185
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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	170
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	170
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	170
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	49
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

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

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

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2011 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning **10/01/2011** and ending **09/30/2012**

A Name of plan ALL POINTS COOPERATIVE 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN)	002
C Plan sponsor's name as shown on line 2a of Form 5500 ALL POINTS COOPERATIVE	D Employer Identification Number (EIN) 47-0175460	

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
HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	GA-021435	49	10/01/2011	09/30/2012

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
2344	0

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

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

PRIMEVEST FINANCIAL SVCS INC
400 1ST STREET SOUTH
SUITE 300
SAINT CLOUD, MN 56301

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1691			3

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

AMERITAS INVESTMENT CORP
AMERITAS INVESTMENT CORP PO BOX 550
LINCOLN, NE 68505

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
653			3

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

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

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

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

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

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

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

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

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

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

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	570932

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

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

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

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

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

b Balance at the end of the previous year	7b	0
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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)	0	
(4) Transferred from separate account	7c(4)	0	
(5) Other (specify below)	7c(5)	0	

(6) Total additions	7c(6)	0
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d Total of balance and additions (add b and c(6))	7d	0
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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)	0	

(5) Total deductions	7e(5)	0
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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 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 10/01/2011 and ending 09/30/2012

A Name of plan <u>ALL POINTS COOPERATIVE 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALL POINTS COOPERATIVE</u>	D Employer Identification Number (EIN) <u>47-0175460</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

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

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

HARTFORD LIFE INS. CO.

06-0974148

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 23 37 38 54 55 59 60 62 63 64 65 66 99	NONE	210	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HARTFORD LIFE INSURANCE COMPANY	15 23 37 38 54 55 59 60 62 63 64 65 66 99	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SEE ATTACHED	SEE ATTACHED	
06-0974148		
(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.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

A Name of plan <u>ALL POINTS COOPERATIVE 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN)	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ALL POINTS COOPERATIVE</u>	D Employer Identification Number (EIN) <u>47-0175460</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: SEPARATE ACCOUNT 401

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

c EIN-PN <u>06-0974148-000</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>570935</u>
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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)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="font-size: 24pt; font-weight: bold;">2011</div> This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>10/01/2011</u> and ending <u>09/30/2012</u>		
A Name of plan <u>ALL POINTS COOPERATIVE 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<div style="border: 1px solid black; padding: 2px;">002</div>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALL POINTS COOPERATIVE</u>	D Employer Identification Number (EIN) <u>47-0175460</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
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)	0	
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)	0	
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)	0	
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	21271	45375
	(9) Value of interest in common/collective trusts.....	1c(9)	11664	15367
	(10) Value of interest in pooled separate accounts.....	1c(10)	0	
	(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)	567511	555564
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	
	(15) Other	1c(15)	0	

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	600446	616306

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	600446	616306
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	52060	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		52060

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	2071	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2071

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

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		108439
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		162570

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	146500	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		146500
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	210	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		210
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		146710

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		15860
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: STEVENSON & ASSOCIATES, LLC

(2) EIN: 47-0836877

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		55000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

A Name of plan <u>ALL POINTS COOPERATIVE 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALL POINTS COOPERATIVE</u>	D Employer Identification Number (EIN) <u>47-0175460</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
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>06-0974148</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 <u>0</u>

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	<u>0</u>	
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>0</u>	
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	<u>0</u>	
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): _____

ALL POINTS COOPERATIVE 401(k) PROFIT SHARING PLAN

GOTHENBURG, NEBRASKA

FINANCIAL STATEMENTS

September 30, 2012 and 2011

ALL POINTS COOPERATIVE 401(k) PROFIT SHARING PLAN

GOTHENBURG, NEBRASKA

Table of Contents

Independent Auditor's Report

<u>Financial Statements:</u>	<u>Page</u>
Statements of Net Assets Available For Benefits	1
Statements of Changes in Net Assets Available For Benefits	2
Notes to Financial Statements	3 - 7
Supplemental Schedule of Assets Held for Investment at End of Year.....	8



INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of the
All Points Cooperative 401(k) Profit Sharing Plan
Gothenburg, Nebraska

We were engaged to audit the accompanying statement of net assets available for benefits of All Points Cooperative 401(k) Profit Sharing Plan (the "Plan"), as of September 30, 2012 and 2011, and the related statement of changes in net assets available for benefits for the years then ended and the supplemental schedule as of September 30, 2012, as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by The Hartford, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the The Hartford holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from The Hartford as of and for the years ended September 30, 2012 and 2011, that the information provided to the plan administrator is complete and accurate.

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

STEVENSON & ASSOCIATES, LLC

April 4, 2013

ALL POINTS COOPERATIVE 401(k) PROFIT SHARING PLAN

GOTHENBURG, NEBRASKA

Statements of Net Assets Available For Benefits

September 30, 2012 and 2011

Assets

	<u>2012</u>	<u>2011</u>
Investment contract with The Hartford (at fair value) (Note 3)	\$ 570,931	579,175
Loans to participants	<u>45,375</u>	<u>21,271</u>
Net Assets Available For Benefits	\$ <u>616,306</u>	<u>600,446</u>

See accompanying notes.

ALL POINTS COOPERATIVE 401(k) PROFIT SHARING PLAN

GOTHENBURG, NEBRASKA

Statements of Changes In Net Assets Available For Benefits

Years Ended September 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Additions to Net Assets:		
Participant contributions	\$ 52,060	55,626
Interest	2,071	1,114
Net appreciation in fair value of investments	108,439	-
Total Additions to Net Assets	<u>162,570</u>	<u>56,740</u>
Deductions From Net Assets:		
Participant withdrawals	146,500	64,736
Net depreciation in fair value of investments	-	35,179
Loan fees	210	140
Total Deductions From Net Assets	<u>146,710</u>	<u>100,055</u>
Net Increase (Decrease)	15,860	(43,315)
Net Assets Available for Benefits:		
Beginning of year	<u>600,446</u>	<u>643,761</u>
End of year	\$ <u><u>616,306</u></u>	<u><u>600,446</u></u>

See accompanying notes.

ALL POINTS COOPERATIVE 401(k) PROFIT SHARING PLAN

GOTHENBURG, NEBRASKA

Notes to Financial Statements

September 30, 2012 and 2011

(1) Description of Plan

The following description of the All Points Cooperative ("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 covering all full-time employees of the Company who have one year of service and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to 100% of pretax annual compensation, subject to the limits set by the Internal Revenue Service. Participants may also contribute amounts representing distributions from other qualified defined-benefit or defined-contribution plans. Each year, the Company may elect to make a discretionary profit-sharing contribution or matching contribution to the Plan. The total profit-sharing contribution or matching contribution, if any, is an amount determined and authorized by the Board of Directors of All Points Cooperative. Contributions are subject to certain limitations. There were no discretionary profit-sharing contributions or matching contributions made for the years ended September 30, 2012 and 2011.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's profit-sharing contribution and matching contribution, if any; (b) plan earnings (losses); and (c) allocation of any administrative expenses not paid by the Company. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after four years of credited service.

Investment Options

All Points Cooperative, the plan administrator, works with an investment advisor to select the array of funds available to the Plan. The selection of funds is intended to meet the various savings and investment goals of all participants. The participant directs the investment of all money in their accounts. The participant can allocate all of their contributions into one investment fund or divide them (in whole percentages) among any combination of the funds.

(1) Description of Plan (Continued)

Forfeited Accounts

Any forfeited accounts can be applied first to plan administrative expenses and then allocated among the remaining plan participants. At September 30, 2012 and 2011, forfeited non-vested accounts totaled \$-0-. No forfeited non-vested accounts were used to offset administrative expenses or allocated to plan participants during the years ended September 30, 2012 or 2011.

Participant Loans

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant loan fund. The loans are secured by the balance in the participant's account and bear interest using the prime interest rate (as quoted in the Wall Street Journal on the day of the loan) plus 2%. Principal and interest is paid ratably through mandatory payroll deductions.

Payments of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or installments over a fixed period of time.

(2) Summary of Significant Accounting Policies

Basis of Accounting

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

Date of Management's Review

Subsequent events were evaluated through April 4, 2013, which is the date the financial statements were available to be issued.

Estimates

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

Investment Valuation and Income Recognition

The Plan participates in The Hartford Advantage retirement program that is funded by group variable annuity contracts. Each investment option is invested exclusively in a sub-account of Hartford Life's separate accounts, which in turn invests exclusively in an underlying mutual fund. The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Footnote 3 for discussion of fair value measurements. Participant loans are valued at their unpaid principal balances plus any accrued but unpaid interest, if material.

All investment transactions are recorded on a trade-date basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

(3) Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Generally accepted accounting principles define fair value, establish a framework for measuring fair value, and establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels:

Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets and have the highest priority.

Level 2 inputs are inputs other than those included in Level 1 that are observable either directly or indirectly.

Level 3 inputs are unobservable inputs for the asset and rely on management's own assumptions about the assumptions that market participants would use in pricing the asset.

Level 2 Fair Value Measurements

The Plan's investments are held with The Hartford in group annuity contracts that include variable investment offerings through pooled separate accounts. These unregistered pooled separate accounts are divided into investment divisions called "sub-accounts". Each sub-account invests in shares of underlying mutual funds that are traded on the New York Stock Exchange. Although the annuity contracts themselves are not actively traded, the underlying investments in mutual funds are actively traded and can be valued in an active market. Investments stated at their fair value using Level 2 fair value measurements totaled \$570,931 and \$579,175, as of September 30, 2012 and 2011, respectively.

There were no Level 1 or Level 3 inputs used to value Plan investments.

(4) Related Party Transactions

Certain Plan investments are shares of mutual funds managed by The Hartford. The Hartford is also the record keeper for the Plan and, therefore, these transactions qualify as party-in-interest. Fees paid by the Plan sponsor for the recordkeeping services were \$2,705 and \$2,025 for the years ended September 30, 2012 and 2011, respectively.

(5) Tax Status

The Plan is operating under a prototype plan established by The Hartford. The Internal Revenue Service has determined and informed The Hartford by a letter dated March 31, 2008, that the prototype plan is designed in accordance with applicable sections of the Internal Revenue Code.

(6) Plan Termination

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

(7) Investments

Investment options available under the investment contract stated at their fair values as of September 30, 2012 and 2011, are summarized as follows:

	<u>2012</u>	<u>2011</u>
Hartford Midcap HLS	\$ 86,154 *	61,419 *
Oppenheimer Global Allocation	82,108 *	74,492 *
Hartford Capital Appreciation HLS	69,145 *	94,697 *
Eaton Vance Large Cap Value	51,227 *	82,552 *
Franklin Balance Sheet Investment	39,913 *	40,211 *
Federated Capital Appreciation	39,369 *	30,396 *
Federated International High Income	34,978 *	37,485 *
Templeton Foreign	34,763 *	53,921 *
Hartford Advisers HLS	32,715 *	28,283
Hartford Global Health HLS	29,025	20,511
Hartford Global Growth HLS	22,462	18,242
SEI Stable Asset	15,367	11,664
Hartford Dividend & Growth HLS	14,227	9,038
Eaton Vance Dividend Builder	8,044	5,565
MFS Growth	6,092	4,849
Hartford High Yield HLS	2,805	1,925
MFS Midcap Growth	1,714	1,245
Pimco Total Return	823	2,680
	<u>\$ 570,931</u>	<u>579,175</u>

Investment balances with an * represent 5% or more of the Plan's net assets as of September 30, 2012 and 2011.

(8) Investment Certification

The Hartford holds the Plan assets in pooled separate accounts. The Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits were prepared from information certified by The Hartford in accordance with 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 information certified includes the following:

	<u>2012</u>	<u>2011</u>
Investments at fair value	\$ 570,931	579,175
Net appreciation (depreciation) in fair value of investments	108,439	(35,179)

(9) 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.

(10) Subsequent Events

Subsequent to September 30, 2012, pursuant to a resolution by the Board of Directors of All Points Cooperative, all net assets of the Plan were transferred to The Restated Thrift/Profit Sharing Plan for Cooperatives sponsored by Associated Benefits Corporation. This new plan was to be effective as of October 1, 2012. Other than the change in administration, trustee and investment elections, the significant provisions of the Plan remained unchanged.

ALL POINTS COOPERATIVE 401(k) Profit Sharing Plan
EIN 47-0175460 Plan Number 002

Schedule H, line 4i-Schedule of Assets Held at End of Year

September 30, 2012

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Hartford Life Insurance Company	Hartford Midcap HLS	\$	\$ 86,154
	Hartford Life Insurance Company	Oppenheimer Global Allocation		82,108
	Hartford Life Insurance Company	Hartford Capital Appreciation HLS		69,145
	Hartford Life Insurance Company	Eaton Vance Large Cap Value		51,227
	Hartford Life Insurance Company	Franklin Balance Sheet Investment		39,913
	Hartford Life Insurance Company	Federated Capital Appreciation		39,369
	Hartford Life Insurance Company	Federated International High Income		34,978
	Hartford Life Insurance Company	Templeton Foreign		34,763
	Hartford Life Insurance Company	Hartford Advisers HLS		32,715
	Hartford Life Insurance Company	Hartford Global Health HLS		29,025
	Hartford Life Insurance Company	Hartford Global Growth HLS		22,462
	Hartford Life Insurance Company	SEI Stable Asset		15,367
	Hartford Life Insurance Company	Hartford Dividend & Growth HLS		14,227
	Hartford Life Insurance Company	Eaton Vance Dividend Builder		8,044
	Hartford Life Insurance Company	MFS Growth		6,092
	Hartford Life Insurance Company	Hartford High Yield HLS		2,805
	Hartford Life Insurance Company	MFS Midcap Growth		1,714
	Hartford Life Insurance Company	Pimco Total Return		823
	Participant Loans	Interest rate is 5.25% on all loans		<u>45,375</u>
				<u>\$ 616,306</u>

ALL POINTS COOPERATIVE 401(K) PROFIT SHARING PLAN (THE "PLAN")

PLAN ID: 021435

As of 08/02/12

IMPORTANT NOTICE

Plan and Investment-Related Information Including Investment Option Performance History, Fees and Expenses

The following information is being provided to you by, or at the direction of, your Plan Fiduciary to help provide you with important disclosures and information regarding any Plan account you may maintain.

Please note that nothing in this Notice is intended to serve as a substitute for investment, fee and expense information that may be available to you in a summary plan description, prospectus, or in other disclosure materials. Before making any investment decisions regarding your account, you should review all information available to you and not rely solely upon the information contained in this Notice.

In addition, please be mindful that:

- An investment's past performance is no guarantee of future results.
- To help achieve long-term retirement security, you should give careful consideration to the benefits of a well-balanced and diversified investment portfolio.
- Fees and expenses are only one of several factors you should consider when making investment decisions. For more information and an example demonstrating the long-term effect of fees and expenses, please visit: <http://www.dol.gov/ebsa/publications/undrstndgrtrmnt.html>.

Please review this information carefully, and note that no other action on your part is required at this time. However, if you would like to enroll or make changes to your account, simply log-in to www.thehartford.com/retirementplans/access at any time, or call the Participant Service Center at **1-888-547-1405**. Representatives are available Monday through Friday, 8:00 a.m. – 8:00 p.m. Eastern Time.

Your Plan Sponsor can provide you with the following additional information regarding your Plan, upon your request:

- Copies of prospectuses (or any short-form or summary prospectuses, or similar documents) relating to your Plan's investment options.
- Copies of any financial statements or reports, such as statements of additional information, shareholder reports and similar materials relating to your Plan's investment options to the extent such materials are provided to the plan.
- A statement of the value of a share or unit of each investment option in your Plan, as well as the date of the valuation.
- A list of the assets comprising the portfolio of each investment option which constitute Plan assets and the value of each such asset (or the proportion of the investment which it comprises).

If you'd like any additional information or have any questions about this notice, please contact your Plan Sponsor. Contact information: ALL POINTS COOPERATIVE 401(K) PROFIT SHARING PLAN, PO BOX 80, 102 8TH STREET, GOTHENBURG NE 69138 0080.

GETTING STARTED

Below is a Notice Summary that will help you navigate the information provided in this document. An investment Glossary of Terms is available at the following website: www.thehartford.com/retirementplans/access

Notice Summary

Part I:

General Plan information, including:

- Your right to direct investments in your Plan account
- Restrictions that may apply to your investment direction
- Exercising voting, tender and other rights
- The Plan's investment options
- The Plan's administrative fees and expenses
- The Plan's individual fees and expenses

Part II:

Plan Investment Option Information, including, where applicable:

- The fees and expenses charged for each investment option in the Plan
- Historical and benchmark performance for any Plan variable return investment options
- Any restrictions applicable to any investment option
- Objectives/goals and pricing information for any Plan annuity options

PART I

GENERAL PLAN INFORMATION

Your right to direct investments in your Plan account

- You may direct your contributions into the investment options available through the Plan, subject to the terms of your Plan and the limitations and restrictions described in this notice. Please refer to your Summary Plan Description or contact your Plan Sponsor.

Restrictions that may apply to your investment direction

- You may change how contributions to your account are invested on any day the New York Stock Exchange is open for business, subject to the terms of your Plan and the limitations and restrictions described in this notice, including any restrictions described in the investment performance and fees section of this Notice. Please note that, if you initiate in excess of 20 exchanges among the investment options offered in the plan during a calendar year, you must submit any subsequent changes using the form provided by The Hartford. Note: the 20-exchange limit does not apply to Fund exchanges that occur automatically as part of an asset allocation or Dollar Cost Averaging program that operates pursuant to your plan's recordkeeping system. Reallocations made based on a Fund merger or liquidation also do not count toward this transfer limit. Additionally, changes your plan sponsor or other plan fiduciary make to your plan's Fund line-up do not count towards this transfer limit.

Exercising voting, tender and other rights

- Voting, Tender and Similar Rights - Generally, any voting, tender or similar rights regarding the investment options available through your Plan will be exercised by your Plan Sponsor, or your Plan Sponsor's designee. Certain exceptions may apply; if your Plan Sponsor, or its designee, receives materials relating to the exercise of voting, tender or similar rights that are passed through to you, the Plan presently intends to provide them to you. You will generally have the ability to exercise voting, tender or similar rights, regarding any investments in a self-directed brokerage account. If your plan offers Company Stock, you have the right to exercise any voting, tender or similar rights on company common stock credited to your Plan account. If applicable, you will receive proxy, tender or exchange materials along with further instructions, which you must follow in order to exercise any voting, tender or similar rights.

The Plan's investment options

- The Plan provides investment options into which you can direct your contributions. The investment performance and fees section of this document lists these investment options and provides information regarding each alternative. A copy of this document, including the chart comparing investment options, is available on the Web site or can be obtained by contacting your Plan Sponsor.

THE PLAN'S ADMINISTRATIVE FEES AND EXPENSES:

The Plan pays certain outside service providers for Plan administrative services, such as legal, trustee/custodial accounting and recordkeeping services. The funds for the payment of such service expenses may be deducted from individual Plan accounts, unless the Plan Sponsor elects, at its own discretion, to pay for some or all of the Plan's administrative service expenses through non-Plan assets. The cost for these expenses may vary from year to year and is based on a variety of factors.

As of the date of these materials, the Plan administrative fees and expenses listed below may be deducted from Plan accounts as applicable. Your quarterly account statement will show any administrative fees charged to your account. To the extent that any other applicable Plan administrative expenses are not charged against forfeitures, paid by the employer, or reimbursed by a third party, the Plan may charge such expenses on a pro rata (i.e., based on the relative size of each participant account), or per capita basis (i.e., a flat fee assessed against each individual account).

Please note: The fees listed below are shown as full dollar amounts, as a percentage of your account balance, or, if applicable, as a dollar amount per each investment option you select. In addition, any applicable fee minimums or maximums associated with a particular charge will be displayed below. All fees and expenses are displayed as charges on an annualized basis (unless otherwise indicated below in the Charge Frequency column) and subject to change at any time. All fees actually deducted from your account during a particular Plan quarter will be reflected and identified on your Plan's quarterly account statement.

Please also note that, if your Plan permits participant loans, it is possible that information regarding certain charges associated with participant loans that are deducted from individual accounts may be incorrectly appearing in this section, instead of in the section regarding "The Plan's Individual Fees and Expenses." Similarly, information regarding certain charges associated with participant paper enrollment elections and, for plans with a Self Directed Brokerage Account ("SDBA") feature, a participant's election to use the SDBA feature may also be incorrectly appearing in this section, instead of in the section regarding "The Plan's Individual Fees and Expenses." Please refer to the below chart, as well as the section regarding "The Plan's Individual Fees and Expenses" to review any applicable fees and expenses associated with taking a participant loan, electing to enroll by paper or electing to use a SDBA feature.

Type of Plan Administrative Fee	Fee Amount/Percentage	Minimum	Maximum	Calculation Method	Charge Frequency	Allocation
None		N/A	N/A	Not Available	Not Available	Not Available

THE PLAN'S INDIVIDUAL FEES AND EXPENSES:

The Plan assesses certain fees against individual participant accounts, rather than against the Plan as a whole, when individual participants initiate certain transactions or utilize certain plan services. These fees may arise from, among other items, a participant's use of a feature available under the Plan (e.g., participant loans, exercising withdrawal/distribution rights), the addition of a service (e.g., investment advice or brokerage window services), or the application of applicable law (e.g., processing a domestic relations order issued by a court). The following list includes the individual participant fees and expenses that could be charged to you, based on your usage. Your quarterly account statement will show any individual fees charged to your account. In addition, buying, selling or holding some investments may result in charges to an individual account, such as sales charges or redemption fees. For information regarding such investment-related fees and expenses, please refer to the investment performance and fees section of this Notice.

Please note: The fees listed below are shown as full dollar amounts, as a percentage of your account balance, or, if applicable, as a dollar amount per each investment option you select. In addition, any applicable fee minimums or maximums associated with a particular charge will be displayed below. All fees and expenses are displayed as charges on an annualized basis (unless otherwise indicated below in the Charge Frequency column) and subject to change at any time. All fees actually deducted from your account during a particular Plan quarter will be reflected and identified on your Plan's quarterly account statement.

Please also note that, if your Plan permits participant loans, it is possible that information regarding certain charges associated with participant loans that are deducted from individual accounts may be incorrectly appearing in the above-section regarding "The Plan's Administrative Fees and Expenses" instead of in this section. Similarly, information regarding certain charges associated with participant paper enrollment elections and, for plans with a Self Directed Brokerage Account ("SDBA") feature, a participant's election to use the SDBA feature may also be incorrectly appearing in the section directly above regarding "The Plan's Administrative Fees and Expenses," instead of in this section. Please refer to the below chart, as well as the above section regarding "The Plan's Administrative Fees and Expenses" to review any applicable fees and expenses associated with taking a participant loan, electing to enroll by paper or electing to use a SDBA feature.

The Plan may impose service charges on individual accounts as follows:

Withdrawal/Distribution Fee

Described and listed below are any fees associated with taking a withdrawal or distribution from your Plan account.

Withdrawal/Distribution Fee	Fee Amount/Percentage	Minimum	Maximum	Calculation Method	Charge Frequency
None		N/A	N/A	Not Available	Not Available

Loan Fee

Described and listed below are any fees associated with taking a loan from your Plan account.

Loan Fee	Fee Amount/Percentage	Minimum	Maximum	Calculation Method	Charge Frequency
LOAN INITIATION FEE	\$70.00	N/A	N/A	Flat Dollar per Transaction	On-Request
LOAN CANCELLATION FEE	\$75.00	N/A	N/A	Flat Dollar per Transaction	On-Request

Qualified Domestic Relations (QDRO) Fee

Described and listed below are any fees associated with the processing of any Domestic Relations Order (DRO) issued by a court with respect to the assets maintained in your Plan account.

Qualified Domestic Relations (QDRO) Fee	Fee Amount/Percentage	Minimum	Maximum	Calculation Method	Charge Frequency
None		N/A	N/A	Not Available	Not Available

Guidance and Advice Fee

Described and listed below are any fees associated with any investment guidance or investment advice services available through your Plan.

Guidance and Advice Fee	Fee Amount/Percentage	Minimum	Maximum	Calculation Method	Charge Frequency
None		N/A	N/A	Not Available	Not Available

Managed Account Fee

Described and listed below are any fees associated with any investment management services available through your Plan.

Managed Account Fee	Fee Amount/Percentage	Minimum	Maximum	Calculation Method	Charge Frequency
None		N/A	N/A	Not Available	Not Available

Other Fee

Described and listed below are any other fees associated with your Plan, its services and features.

Other Fee	Fee Amount/Percentage	Minimum	Maximum	Calculation Method	Charge Frequency
None		N/A	N/A	Not Available	Not Available

For further information or detail regarding any fees described as "Ad Hoc or miscellaneous fees" on your statement, you may contact the Participant Service Center or your plan sponsor

PART II

YOUR PLAN'S INVESTMENT OPTIONS

06/30/12

INTRODUCTION:

The table appearing in Part II is intended to provide you with information regarding the investment options in your Plan, including information regarding investment performance history, fees and expenses, and any investment restrictions applicable as of the date of this material. For your Plan's variable return investment options, we have additionally provided benchmark information against which each investment option's performance can be compared.

Fees and expenses are among many factors to consider when you decide to invest in an option. You may also want to think about whether an investment in a particular option, along with your other investments, fits with your personal circumstances and will help you achieve your investment goals.

The performance data shown represents past performance and is no guarantee of future results. The investment return and principal value of an investment may fluctuate so that when shares/units are redeemed they may be worth more or less than their original cost. Current performance may vary from the performance data quoted.

You may obtain additional information about your Plan's investment options, including updated performance data, portfolio turnover rates, principal strategies, goals and objectives, and a glossary of commonly-used investment terms, by logging in to your Plan account at the following website: **www.thehartford.com/retirementplans/access**.

The cumulative effect of fees and expenses can substantially reduce the growth of your retirement Plan account. Visit the Department of Labor's Website for an example showing the long-term effect of fees and expenses at http://www.dol.gov/ebsa/publications/401k_employee.html.

To request additional information regarding your Plan, or to obtain a free paper copy of these materials or any Plan information provided online, please contact your Plan Sponsor.

VARIABLE RETURN INVESTMENT OPTIONS

The table below focuses on investment options that do not have a fixed or stated rate of return.

The performance data quoted represents past performance and does not guarantee future results. The investment return and principal value of an investment will fluctuate so that an investor's shares/units, when redeemed, may be worth more or less than their original cost. Please visit www.thehartford.com/retirementplans/access or call The Hartford at 1-888-547-1405 to obtain performance data current to the most recent month-end.

As of 06/30/12

ASSET CLASS	Gross Annual Underlying Fund Expense Ratio ¹	Program and Administrative Charge ²	Total Gross Annual Expense Ratio ³	Investment Option Performance ⁴	Inception Date
Fund Name					
Morningstar Category					
Benchmark					
		As a %	Per \$1000 invested	Average Annual Return ⁵	
				1 Yr.	10 Yr./
				5 Yr.	Since Inception*
STABLE VALUE/MONEY MARKET					
SEI STABLE ASSET 4	0.66%	1.15%	1.81%	-1.09%	0.16%
Stable Value					1.44%
USTREAS T-Bill Cnst Mat Rate 3 Yr				1.60%	4.12%
Fees and Restrictions: ⁶ N/A					3.34%
N/A					
Money market investments are not insured or guaranteed by the Federal Deposit Insurance Corporation (FDIC) or any other government agency. Although these investments seek to preserve their value at \$1.00 per share, it is possible to lose money by investing in them. If a money market investment is pending liquidation under the U.S. Treasury Department's Guarantee Program, there may be a period of time in which assets cannot be invested or redeemed.					

The performance data quoted represents past performance and does not guarantee future results. The investment return and principal value of an investment will fluctuate so that an investor's shares/units, when redeemed, may be worth more or less than their original cost. Please visit www.thehartford.com/retirementplans/access or call The Hartford at 1-888-547-1405 to obtain performance data current to the most recent month-end.

ASSET CLASS Fund Name Morningstar Category Benchmark	Gross Annual Underlying Fund Expense Ratio ¹	Program and Administrative Charge ²	Total Gross Annual Expense Ratio ³	Investment Option Performance ⁴			Inception Date
			As a %	Per \$1000 invested	1 Yr.	Average Annual Return ⁵ 5 Yr. 10 Yr./ Since Inception*	
BOND							
PIMCO TOTAL RETURN A	0.85%	1.15%	2.00%	\$20.00	5.33%	7.52%	5.29%
Intermediate-Term Bond							
Barclays US Govt/Credit 5-10 Yr TR USD					11.03%	8.57%	6.89%
Fees and Restrictions: ⁶ N/A							
FEDERATED EMERGING MKT DEBT A	1.72%	1.15%	2.87%	\$28.70	7.64%	7.39%	10.57%
Emerging Markets Bond							
JPM EMBI Global TR USD					10.90%	9.44%	11.74%
Fees and Restrictions: ⁶ N/A							
N/A							

The performance data quoted represents past performance and does not guarantee future results. The investment return and principal value of an investment will fluctuate so that an investor's shares/units, when redeemed, may be worth more or less than their original cost. Please visit www.thehartford.com/retirementplans/access or call The Hartford at 1-888-547-1405 to obtain performance data current to the most recent month-end.

ASSET CLASS Fund Name Morningstar Category Benchmark	Gross Annual Underlying Fund Expense Ratio ¹	Program and Administrative Charge ²	Total Gross Annual Expense Ratio ³	Investment Option Performance ⁴			Inception Date
			As a % Per \$1000 invested	1 Yr.	Average Annual Return ⁵ 5 Yr.	10 Yr./ Since Inception [*]	

BOND

HARTFORD HIGH YIELD HLS IB	0.99%	1.15%	2.14%	\$21.40	4.62%	6.26%	7.05%	09/30/98
High Yield Bond								
BofAML US HY Master II TR USD					6.49%	8.16%	9.94%	N/A

Fees and Restrictions:⁶ N/A

Corporate bonds, U.S. Treasury bills and U.S. government bonds will fluctuate in value, and the return of principal is not guaranteed if sold before maturity.

ASSET ALLOCATION/BALANCED

HARTFORD BALANCED HLS IB	0.89%	1.15%	2.04%	\$20.40	2.70%	-0.02%	3.40%	03/31/83
Moderate Allocation								
Morningstar Moderately Aggr Target Risk					-1.39%	1.36%	7.09%	N/A

Fees and Restrictions:⁶ N/A

The performance data quoted represents past performance and does not guarantee future results. The investment return and principal value of an investment will fluctuate so that an investor's shares/units, when redeemed, may be worth more or less than their original cost. Please visit www.thehartford.com/retirementplans/access or call The Hartford at 1-888-547-1405 to obtain performance data current to the most recent month-end.

ASSET CLASS Fund Name Morningstar Category Benchmark	Gross Annual Underlying Fund Expense Ratio ¹	Program and Administrative Charge ²	Total Gross Annual Expense Ratio ³	Investment Option Performance ⁴	Inception Date
			As a % Per \$1000 invested	1 Yr. 5 Yr. Average Annual Return ⁵ 10 Yr./ Since Inception*	
ASSET ALLOCATION/BALANCED					
OPPENHEIMER GBL ALLOCATION A	1.45%	1.15%	2.60%	-9.86%	11/01/91
World Allocation					
MSCI World NR USD				-4.98%	N/A
Fees and Restrictions: ⁶ N/A					
Asset Allocation doesn't ensure a profit or protect against loss.					
LARGE-CAP					
FEDERATED CAPITAL APPRECIATION A	1.37%	1.15%	2.52%	-2.49%	01/01/77
Large Blend					
Russell 1000 TR USD				4.37%	N/A
Fees and Restrictions: ⁶ N/A					

The performance data quoted represents past performance and does not guarantee future results. The investment return and principal value of an investment will fluctuate so that an investor's shares/units, when redeemed, may be worth more or less than their original cost. Please visit www.thehartford.com/retirementplans/access or call The Hartford at 1-888-547-1405 to obtain performance data current to the most recent month-end.

ASSET CLASS Fund Name Morningstar Category Benchmark	Gross Annual Underlying Fund Expense Ratio ¹	Program and Administrative Charge ²	Total Gross Annual Expense Ratio ³	As a % Per \$1000 invested	Average Annual Return ⁵ 1 Yr. 5 Yr. 10 Yr./ Since Inception*	Investment Option Performance ⁴	Inception Date
LARGE-CAP							
EATON VANCE LARGE-CAP VALUE A	0.98%	1.15%	2.13%	\$21.30	-0.50%	-3.52%	3.75%
09/23/31							
Large Value							
Russell 1000 Value TR USD							
				3.01%	-2.19%	5.28%	N/A
Fees and Restrictions: ⁶ N/A							
EATON VANCE DIVIDEND BUILDER A	1.09%	1.15%	2.24%	\$22.40	1.52%	-3.21%	7.57%
12/18/81							
Large Blend							
Russell 1000 TR USD							
				4.37%	0.39%	5.72%	N/A
Fees and Restrictions: ⁶ N/A							

The performance data quoted represents past performance and does not guarantee future results. The investment return and principal value of an investment will fluctuate so that an investor's shares/units, when redeemed, may be worth more or less than their original cost. Please visit www.thehartford.com/retirementplans/access or call The Hartford at 1-888-547-1405 to obtain performance data current to the most recent month-end.

ASSET CLASS Fund Name Morningstar Category Benchmark	Gross Annual Underlying Fund Expense Ratio ¹	Program and Administrative Charge ²	Total Gross Annual Expense Ratio ³	As a % Per \$1000 invested	Average Annual Return ⁵ 1 Yr. 5 Yr. 10 Yr./ Since Inception*	Investment Option Performance ⁴	Inception Date
LARGE-CAP							
HARTFORD CAPITAL APP HLS IB	0.92%	1.15%	2.07%	\$20.70	-8.06%	-2.97%	6.82%
Large Blend							04/02/84
Russell 1000 TR USD					4.37%	0.39%	5.72%
Fees and Restrictions: ⁶ N/A							
HARTFORD DIVIDEND & GRTH HLS IB	0.92%	1.15%	2.07%	\$20.70	1.51%	-0.82%	4.73%
Large Value							03/08/94
Russell 1000 Value TR USD					3.01%	-2.19%	5.28%
Fees and Restrictions: ⁶ N/A							

The performance data quoted represents past performance and does not guarantee future results. The investment return and principal value of an investment will fluctuate so that an investor's shares/units, when redeemed, may be worth more or less than their original cost. Please visit www.thehartford.com/retirementplans/access or call The Hartford at 1-888-547-1405 to obtain performance data current to the most recent month-end.

ASSET CLASS Fund Name Morningstar Category Benchmark	Gross Annual Underlying Fund Expense Ratio ¹	Program and Administrative Charge ²	Total Gross Annual Expense Ratio ³	As a % Per \$1000 invested	Average Annual Return ⁵ 1 Yr. 5 Yr. 10 Yr./ Since Inception*	Investment Option Performance ⁴	Inception Date
LARGE-CAP							
MFS GROWTH INV A	1.18%	1.15%	2.33%	\$23.30	2.63%	2.06%	5.70%
Large Growth							12/29/86
Russell 1000 Growth TR USD					5.76%	2.87%	6.03%
N/A							
Fees and Restrictions: ⁶ N/A							
Stocks fluctuate in value and are subject to more risk than bonds or money market investments. Shares, when redeemed, may be worth more or less than their original cost.							
MID-CAP							
FRANKLIN BALANCE SHEET INVEST A	0.96%	1.15%	2.11%	\$21.10	-7.60%	-5.07%	4.08%
Mid-Cap Value							04/02/90
Russell Mid Cap Value TR USD					-0.37%	-0.13%	8.17%
N/A							
Fees and Restrictions: ⁶ N/A							

The performance data quoted represents past performance and does not guarantee future results. The investment return and principal value of an investment will fluctuate so that an investor's shares/units, when redeemed, may be worth more or less than their original cost. Please visit www.thehartford.com/retirementplans/access or call The Hartford at 1-888-547-1405 to obtain performance data current to the most recent month-end.

ASSET CLASS Fund Name Morningstar Category Benchmark	Gross Annual Underlying Fund Expense Ratio ¹	Program and Administrative Charge ²	Total Gross Annual Expense Ratio ³	As a % Per \$1000 invested	Average Annual Return ⁵ 1 Yr. 5 Yr. 10 Yr./ Since Inception*	Investment Option Performance ⁴	Inception Date
MID-CAP							
HARTFORD MIDCAP HLS IB	0.96%	1.15%	2.11%	\$21.10	-5.41%	-0.22%	7.07%
Mid-Cap Growth							
Russell Mid Cap Growth TR USD					-2.99%	1.90%	8.47%
Fees and Restrictions: ⁶ N/A							
MFS MID-CAP GROWTH A	1.28%	1.15%	2.43%	\$24.30	-5.14%	-3.47%	2.42%
Mid-Cap Growth							
Russell Mid Cap Growth TR USD					-2.99%	1.90%	8.47%
Fees and Restrictions: ⁶ N/A							
Mid-cap stocks generally have higher risk and reward characteristics than large company stocks.							

The performance data quoted represents past performance and does not guarantee future results. The investment return and principal value of an investment will fluctuate so that an investor's shares/units, when redeemed, may be worth more or less than their original cost. Please visit www.thehartford.com/retirementplans/access or call The Hartford at 1-888-547-1405 to obtain performance data current to the most recent month-end.

ASSET CLASS Fund Name Morningstar Category Benchmark	Gross Annual Underlying Fund Expense Ratio ¹	Program and Administrative Charge ²	Total Gross Annual Expense Ratio ³	Investment Option Performance ⁴			Inception Date
			As a %	Per \$1000 invested	Average Annual Return ⁵ 1 Yr.	5 Yr.	10 Yr./ Since Inception*
INTERNATIONAL/GLOBAL							
TEMPLETON FOREIGN A	1.17%	1.15%	2.32%	\$23.20	-19.83%	-5.07%	3.66%
Foreign Large Value							
MSCI EAFE Value NR USD					-15.16%	-7.66%	5.29%
Fees and Restrictions: ⁶ N/A							
HARTFORD GLOBAL GROWTH HLS IB	1.05%	1.15%	2.20%	\$22.00	-10.42%	-5.96%	2.30%
09/30/98							
World Stock							
MSCI World NR USD					-4.98%	-2.96%	5.18%
N/A							
Fees and Restrictions: ⁶ N/A							
Investments in international stocks involve risks associated with interest-rate and currency-exchange-rate changes as well as with market, economic, and political conditions of the countries where investments are made. There may be greater returns but also greater risks than with U.S. investments. International stocks fluctuate in value and may be worth more or less than their original cost.							

The performance data quoted represents past performance and does not guarantee future results. The investment return and principal value of an investment will fluctuate so that an investor's shares/units, when redeemed, may be worth more or less than their original cost. Please visit www.thehartford.com/retirementplans/access or call The Hartford at 1-888-547-1405 to obtain performance data current to the most recent month-end.

ASSET CLASS Fund Name Morningstar Category Benchmark	Gross Annual Underlying Fund Expense Ratio ¹	Program and Administrative Charge ²	Total Gross Annual Expense Ratio ³	Investment Option Performance ⁴	Inception Date
			As a % Per \$1000 invested	Average Annual Return ⁵ 1 Yr. 5 Yr. 10 Yr./ Since Inception*	

SPECIALTY

HARTFORD HEALTHCARE HLS IB	1.16%	1.15%	2.31%	\$23.10	5.32%	3.29%	7.54%	05/01/00
Health								
DJ US Health Care TR USD					10.07%	4.73%	6.42%	N/A

Fees and Restrictions: ⁶ N/A

- * Since inception return is used for funds fewer than 10 years old. The performance returns reflected in this chart are calculated to the inception date of the initial class of the fund. The performance returns reflected in this chart with respect to each benchmark investment are calculated to the inception date of the fund share class to which it is being compared.
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- 1 With respect to mutual fund investment options, this expense ratio is presented as the total annual fund or class operating expenses, before waivers and reimbursements, that have been paid by the fund and stated as a percent of the fund's total net assets. With respect to investment options that are not mutual funds, the expense ratio is intended to present similar information, but may have been calculated using methodologies that differ from those used for mutual fund investment options. The Gross Annual Underlying Fund Expense Ratio presented here do not reflect the effect of the Program and Administrative Charge applicable to your Plan's Contract with The Hartford.
- 2 A Program and Administrative Expense fee is deducted on the investment options in the Plan to cover administrative services under the Plan's contract with the Hartford.
- 3 The Total Gross Annual Expense Ratio is intended to reflect the effect of the Program and Administrative Charge applicable to your Plan's Contract with The Hartford when added to The Gross Annual Underlying Fund Expense Ratio for this investment option.

- 4 These performance data reflect the deduction of the Program and Administrative Charge applicable to your Plan's Contract with The Hartford, but do not reflect the possible imposition of any redemption fees or charges associated with any withdrawal benefits that may be available through your Plan.
- 5 Average annual returns are calculated as a steady compounded rate of return over the period of time indicated. Returns are historical and include change in share value and reinvestment of dividends and capital gains, if any.
- 6 Any fees described in this section are fees paid directly from your investment in this option (e.g. redemption fees, exchange fees, account fees, purchase fees, transfer or withdrawal fees, surrender charges).

ANNUITY OPTIONS

The tables below focus on the annuity options under the Plan.

Annuities are insurance contracts that allow you to receive a guaranteed stream of payments at regular intervals, usually beginning when you retire and lasting your entire life. Guarantees of an insurance company are subject to its long-term financial strength and claims-paying ability.

Fixed Annuity Payout Option Information

The table below focuses on the annuity options under the Plan. Annuities are insurance contracts that allow you to receive a guaranteed stream of payments at regular intervals, usually beginning when you retire and lasting your entire life. Guarantees of an insurance company are subject to its long-term financial strength and claims-paying ability.

Option name: Fixed Annuity Payout Option [†] .	
Objectives and goals:	To provide a guaranteed stream of retirement income for your life based on the number of annuity units you acquire during your participation in the Plan.
Pricing Factors:	<p>The cost of each annuity unit depends on your age and interest rates when you buy it. Ordinarily the closer you are to retirement the more it will cost you to buy a unit.</p> <p>Subject to terms of your Plan and applicable Plan contractual arrangements, benefit forms may include a single life annuity, a life annuity with a 10, 15, or 20-year certain period, a cash refund life annuity, a joint and survivor life annuity, an annuity with monthly payments for a designated period, which may be from five to 30 years and any other payment options mutually agreed by your annuity provider and your Plan. The price per share will be adjusted accordingly based on the payment options you select.</p> <p>Subject to terms of your Plan and applicable Plan contractual arrangements, if you die before income payments begin, a death benefit will be provided to your beneficiary. The death benefit shall generally be equal to the participant's account value, reduced by any applicable state/municipality premium taxes, any unpaid fees or charges and any outstanding loan indebtedness. Beneficiary coverage may also be available during the benefit payout phase, subject to the annuity benefit form selected by you.</p>

<p>Restrictions and Fees:</p>	<p>Subject to terms of your Plan and applicable Plan contractual arrangements, the election of an annuity payout option is typically irrevocable and no surrenders are permitted once payments commence, with the exception of any annuity featuring monthly payments for a designated period. With respect to an annuity with monthly payments for a designated period, surrenders will generally be subject to any applicable contingent deferred sales charges (typically a percentage of the full amount of the surrender, based on certain Plan contract criteria).</p> <p>A Program and Administrative Charge (“Charge”, also referred to as a mortality, expense risk and/or administrative charge) is applicable to the assets associated with your account. The maximum Charge applicable to your account is 1.25% per year. However, your exact Charge may be lower. Upon advance notice to your Plan, this Charge may decrease or increase.</p> <p>In addition to any charges described above, any amounts withdrawn from your account to purchase an annuity payout option will be subject to a deduction for any applicable state/municipality premium taxes.</p> <p>† This option may be available to you if permitted under the terms of your Plan. For additional information regarding any annuity payout options that may be available to you under your Plan, as well as any associated fees and expenses, please contact your Plan Sponsor.</p>
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Variable Annuity Payout Option Information

The table below focuses on the annuity options under the Plan. Annuities are insurance contracts that allow you to receive a guaranteed stream of payments at regular intervals, usually beginning when you retire and lasting your entire life. Guarantees of an insurance company are subject to its long-term financial strength and claims-paying ability.

<p>Option name:</p>	<p>Variable Annuity Payout Option^{††}</p>
<p>Objectives and goals:</p>	<p>To provide a source of retirement income for your life, with payment amounts that may vary depending upon underlying investment performance and any applicable fees and expenses, based upon the investment options you have selected for your account, subject to the investment options available under your Plan. For information regarding underlying investment performance, fees and expenses, please refer to the information provided in the preceding chart tables.</p>

<p>Pricing Factors:</p> <p>The cost of each annuity unit depends on your age and interest rates when you buy it. Ordinarily the closer you are to retirement the more it will cost you to buy a unit.</p> <p>Subject to terms of your Plan and applicable Plan contractual arrangements, benefit forms may include a single life annuity, a life annuity with a 10, 15, or 20-year certain period, a cash refund life annuity, a joint and survivor life annuity, an annuity with monthly payments for a designated period, which may be from five to 30 years and any other payment options mutually agreed by your annuity provider and your Plan. The price per share will be adjusted accordingly based on the payment options you select.</p> <p>Subject to terms of your Plan and applicable Plan contractual arrangements, if you die before income payments begin, a death benefit will be provided to your beneficiary. The death benefit shall generally be equal to the participant's account value, reduced by any applicable state/municipality premium taxes, any unpaid fees or charges and any outstanding loan indebtedness. Beneficiary coverage may also be available during the benefit payout phase, subject to the annuity benefit form selected by you.</p>	<p>Restrictions and Fees:</p> <p>For information regarding any restrictions applicable to the investment options you have selected for your account, please refer to the information provided in the preceding chart tables.</p> <p>Subject to terms of your Plan and applicable Plan contractual arrangements, the election of an annuity payout option is typically irrevocable and no surrenders are permitted once payments commence, with the exception of any annuity featuring monthly payments for a designated period. With respect to an annuity with monthly payments for a designated period, surrenders will generally be subject to any applicable contingent deferred sales charges (typically a percentage of the full amount of the surrender, based on certain Plan contract criteria).</p> <p>A Program and Administrative Charge ("Charge", also referred to as a mortality, expense risk and/or administrative charge) is applicable to the assets associated with your account. The maximum Charge applicable to your account is 1.25% per year. However, your exact Charge may be lower. Upon advance notice to your Plan, this Charge may decrease or increase.</p> <p>In addition to any charges described above, any amounts withdrawn from your account to purchase an annuity payout option will be subject to a deduction for any applicable state/municipality premium taxes.</p> <p>†† This option may be available to you if permitted under the terms of your Plan. For additional information regarding any annuity payout options that may be available to you under your Plan, as well as any associated fees and expenses, please contact your Plan Sponsor.</p>
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A Separate Account Fee is deducted on the investment options in the Plan to cover administrative services under the Plan's contract with The Hartford.

These investment options are available to your plan through a group variable annuity contract or group variable funding agreement issued by Hartford Life Insurance Company offered to fund retirement programs. Your plan does not invest directly in the underlying fund.

This table shows only the asset-based fees, charges and expenses associated with the investment choices of the group variable annuity contract, group variable funding agreement, or mutual fund program. Please refer to Part I for information on other fees and charges that may apply to your plan's contract such as a contingent deferred sales charge, annual maintenance fee, and other fees or charges, if applicable.

Before investing, you should carefully consider the investment objectives, risks, charges and expenses of the investment options available to you, including, where applicable, The Hartford's group variable annuity products and funding agreements, and their underlying funds. For fund and product prospectuses and/or a disclosure document containing this and other information, contact your financial professional or visit our website. Read them carefully.

The performance data shown represents past performance and is no guarantee of future results. The investment return and principal value of an investment may fluctuate so that when shares/units are redeemed they may be worth more or less than their original cost. Current performance may vary from the performance data quoted. Please visit www.thehartford.com/retirementplans/access for more current performance information to the most recent month ended.

"The Hartford" is The Hartford Financial Services Group, Inc. and its subsidiaries, including Hartford Life Insurance Company, Hartford Retirement Services, LLC ("HRS"), and Hartford Securities Distribution Company, Inc. ("HSD"). HSD (member FINRA and SIPC) is a registered broker/dealer affiliate of The Hartford.

Retirement programs can be funded by group fixed or variable annuity products and funding agreements issued by Hartford Life Insurance Company (Simsbury, CT). Group variable contracts are underwritten and distributed by HSD, where applicable. HRS and HSD offer certain service programs for retirement plans through which a sponsor or administrator of a plan may also invest in mutual funds on behalf of plan participants.

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ALL POINTS COOPERATIVE 401(k) PROFIT SHARING PLAN

GOTHENBURG, NEBRASKA

FINANCIAL STATEMENTS

September 30, 2012 and 2011

ALL POINTS COOPERATIVE 401(k) PROFIT SHARING PLAN

GOTHENBURG, NEBRASKA

Table of Contents

Independent Auditor's Report

<u>Financial Statements:</u>	<u>Page</u>
Statements of Net Assets Available For Benefits	1
Statements of Changes in Net Assets Available For Benefits	2
Notes to Financial Statements	3 - 7
Supplemental Schedule of Assets Held for Investment at End of Year.....	8



INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of the
All Points Cooperative 401(k) Profit Sharing Plan
Gothenburg, Nebraska

We were engaged to audit the accompanying statement of net assets available for benefits of All Points Cooperative 401(k) Profit Sharing Plan (the "Plan"), as of September 30, 2012 and 2011, and the related statement of changes in net assets available for benefits for the years then ended and the supplemental schedule as of September 30, 2012, as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by The Hartford, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the The Hartford holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from The Hartford as of and for the years ended September 30, 2012 and 2011, that the information provided to the plan administrator is complete and accurate.

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

STEVENSON & ASSOCIATES, LLC

April 4, 2013

ALL POINTS COOPERATIVE 401(k) PROFIT SHARING PLAN

GOTHENBURG, NEBRASKA

Statements of Net Assets Available For Benefits

September 30, 2012 and 2011

Assets

	<u>2012</u>	<u>2011</u>
Investment contract with The Hartford (at fair value) (Note 3)	\$ 570,931	579,175
Loans to participants	<u>45,375</u>	<u>21,271</u>
Net Assets Available For Benefits	\$ <u>616,306</u>	<u>600,446</u>

See accompanying notes.

ALL POINTS COOPERATIVE 401(k) PROFIT SHARING PLAN

GOTHENBURG, NEBRASKA

Statements of Changes In Net Assets Available For Benefits

Years Ended September 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Additions to Net Assets:		
Participant contributions	\$ 52,060	55,626
Interest	2,071	1,114
Net appreciation in fair value of investments	108,439	-
Total Additions to Net Assets	<u>162,570</u>	<u>56,740</u>
Deductions From Net Assets:		
Participant withdrawals	146,500	64,736
Net depreciation in fair value of investments	-	35,179
Loan fees	210	140
Total Deductions From Net Assets	<u>146,710</u>	<u>100,055</u>
Net Increase (Decrease)	15,860	(43,315)
Net Assets Available for Benefits:		
Beginning of year	<u>600,446</u>	<u>643,761</u>
End of year	\$ <u><u>616,306</u></u>	<u><u>600,446</u></u>

See accompanying notes.

ALL POINTS COOPERATIVE 401(k) PROFIT SHARING PLAN

GOTHENBURG, NEBRASKA

Notes to Financial Statements

September 30, 2012 and 2011

(1) Description of Plan

The following description of the All Points Cooperative ("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 covering all full-time employees of the Company who have one year of service and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to 100% of pretax annual compensation, subject to the limits set by the Internal Revenue Service. Participants may also contribute amounts representing distributions from other qualified defined-benefit or defined-contribution plans. Each year, the Company may elect to make a discretionary profit-sharing contribution or matching contribution to the Plan. The total profit-sharing contribution or matching contribution, if any, is an amount determined and authorized by the Board of Directors of All Points Cooperative. Contributions are subject to certain limitations. There were no discretionary profit-sharing contributions or matching contributions made for the years ended September 30, 2012 and 2011.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's profit-sharing contribution and matching contribution, if any; (b) plan earnings (losses); and (c) allocation of any administrative expenses not paid by the Company. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after four years of credited service.

Investment Options

All Points Cooperative, the plan administrator, works with an investment advisor to select the array of funds available to the Plan. The selection of funds is intended to meet the various savings and investment goals of all participants. The participant directs the investment of all money in their accounts. The participant can allocate all of their contributions into one investment fund or divide them (in whole percentages) among any combination of the funds.

(1) Description of Plan (Continued)

Forfeited Accounts

Any forfeited accounts can be applied first to plan administrative expenses and then allocated among the remaining plan participants. At September 30, 2012 and 2011, forfeited non-vested accounts totaled \$-0-. No forfeited non-vested accounts were used to offset administrative expenses or allocated to plan participants during the years ended September 30, 2012 or 2011.

Participant Loans

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant loan fund. The loans are secured by the balance in the participant's account and bear interest using the prime interest rate (as quoted in the Wall Street Journal on the day of the loan) plus 2%. Principal and interest is paid ratably through mandatory payroll deductions.

Payments of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or installments over a fixed period of time.

(2) Summary of Significant Accounting Policies

Basis of Accounting

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

Date of Management's Review

Subsequent events were evaluated through April 4, 2013, which is the date the financial statements were available to be issued.

Estimates

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

Investment Valuation and Income Recognition

The Plan participates in The Hartford Advantage retirement program that is funded by group variable annuity contracts. Each investment option is invested exclusively in a sub-account of Hartford Life's separate accounts, which in turn invests exclusively in an underlying mutual fund. The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Footnote 3 for discussion of fair value measurements. Participant loans are valued at their unpaid principal balances plus any accrued but unpaid interest, if material.

All investment transactions are recorded on a trade-date basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

(3) Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Generally accepted accounting principles define fair value, establish a framework for measuring fair value, and establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels:

Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets and have the highest priority.

Level 2 inputs are inputs other than those included in Level 1 that are observable either directly or indirectly.

Level 3 inputs are unobservable inputs for the asset and rely on management's own assumptions about the assumptions that market participants would use in pricing the asset.

Level 2 Fair Value Measurements

The Plan's investments are held with The Hartford in group annuity contracts that include variable investment offerings through pooled separate accounts. These unregistered pooled separate accounts are divided into investment divisions called "sub-accounts". Each sub-account invests in shares of underlying mutual funds that are traded on the New York Stock Exchange. Although the annuity contracts themselves are not actively traded, the underlying investments in mutual funds are actively traded and can be valued in an active market. Investments stated at their fair value using Level 2 fair value measurements totaled \$570,931 and \$579,175, as of September 30, 2012 and 2011, respectively.

There were no Level 1 or Level 3 inputs used to value Plan investments.

(4) Related Party Transactions

Certain Plan investments are shares of mutual funds managed by The Hartford. The Hartford is also the record keeper for the Plan and, therefore, these transactions qualify as party-in-interest. Fees paid by the Plan sponsor for the recordkeeping services were \$2,705 and \$2,025 for the years ended September 30, 2012 and 2011, respectively.

(5) Tax Status

The Plan is operating under a prototype plan established by The Hartford. The Internal Revenue Service has determined and informed The Hartford by a letter dated March 31, 2008, that the prototype plan is designed in accordance with applicable sections of the Internal Revenue Code.

(6) Plan Termination

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

(7) Investments

Investment options available under the investment contract stated at their fair values as of September 30, 2012 and 2011, are summarized as follows:

	<u>2012</u>	<u>2011</u>
Hartford Midcap HLS	\$ 86,154 *	61,419 *
Oppenheimer Global Allocation	82,108 *	74,492 *
Hartford Capital Appreciation HLS	69,145 *	94,697 *
Eaton Vance Large Cap Value	51,227 *	82,552 *
Franklin Balance Sheet Investment	39,913 *	40,211 *
Federated Capital Appreciation	39,369 *	30,396 *
Federated International High Income	34,978 *	37,485 *
Templeton Foreign	34,763 *	53,921 *
Hartford Advisers HLS	32,715 *	28,283
Hartford Global Health HLS	29,025	20,511
Hartford Global Growth HLS	22,462	18,242
SEI Stable Asset	15,367	11,664
Hartford Dividend & Growth HLS	14,227	9,038
Eaton Vance Dividend Builder	8,044	5,565
MFS Growth	6,092	4,849
Hartford High Yield HLS	2,805	1,925
MFS Midcap Growth	1,714	1,245
Pimco Total Return	823	2,680
	<u>\$ 570,931</u>	<u>579,175</u>

Investment balances with an * represent 5% or more of the Plan's net assets as of September 30, 2012 and 2011.

(8) Investment Certification

The Hartford holds the Plan assets in pooled separate accounts. The Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits were prepared from information certified by The Hartford in accordance with 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 information certified includes the following:

	<u>2012</u>	<u>2011</u>
Investments at fair value	\$ 570,931	579,175
Net appreciation (depreciation) in fair value of investments	108,439	(35,179)

(9) 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.

(10) Subsequent Events

Subsequent to September 30, 2012, pursuant to a resolution by the Board of Directors of All Points Cooperative, all net assets of the Plan were transferred to The Restated Thrift/Profit Sharing Plan for Cooperatives sponsored by Associated Benefits Corporation. This new plan was to be effective as of October 1, 2012. Other than the change in administration, trustee and investment elections, the significant provisions of the Plan remained unchanged.

ALL POINTS COOPERATIVE 401(k) Profit Sharing Plan
EIN 47-0175460 Plan Number 002

Schedule H, line 4i-Schedule of Assets Held at End of Year

September 30, 2012

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Hartford Life Insurance Company	Hartford Midcap HLS	\$	\$ 86,154
	Hartford Life Insurance Company	Oppenheimer Global Allocation		82,108
	Hartford Life Insurance Company	Hartford Capital Appreciation HLS		69,145
	Hartford Life Insurance Company	Eaton Vance Large Cap Value		51,227
	Hartford Life Insurance Company	Franklin Balance Sheet Investment		39,913
	Hartford Life Insurance Company	Federated Capital Appreciation		39,369
	Hartford Life Insurance Company	Federated International High Income		34,978
	Hartford Life Insurance Company	Templeton Foreign		34,763
	Hartford Life Insurance Company	Hartford Advisers HLS		32,715
	Hartford Life Insurance Company	Hartford Global Health HLS		29,025
	Hartford Life Insurance Company	Hartford Global Growth HLS		22,462
	Hartford Life Insurance Company	SEI Stable Asset		15,367
	Hartford Life Insurance Company	Hartford Dividend & Growth HLS		14,227
	Hartford Life Insurance Company	Eaton Vance Dividend Builder		8,044
	Hartford Life Insurance Company	MFS Growth		6,092
	Hartford Life Insurance Company	Hartford High Yield HLS		2,805
	Hartford Life Insurance Company	MFS Midcap Growth		1,714
	Hartford Life Insurance Company	Pimco Total Return		823
	Participant Loans	Interest rate is 5.25% on all loans		<u>45,375</u>
				<u>\$ 616,306</u>