Fo	rm 5500-SF	Short Form Annual Ret	urn/Report o nefit Plan	f Small Employ	/ee		OMB Nos. 1210-0110 1210-0089
	artment of the Treasury rnal Revenue Service	DE This form is required to be filed u		nd 4065 of the Employee	Э	2	012
	epartment of Labor Benefits Security Administration	Retirement Income Security Act of 19		tions 6057(b) and 6058		This Form is Open to Public	
Pension B	enefit Guaranty Corporation	Complete all entries in accordar	nce with the instruc	tions to the Form 5500)-SF.	Ins	pection
Part I		entification Information			o. /o. / /o		
For calend	lar plan year 2012 or fisca			<u> </u>	0/31/2		
A This re	turn/report is for:		multiple-employer pla	an (not multiemployer)		a one-particip	oant plan
B This re	turn/report is:		e final return/report				
		an amended return/report	short plan year return	/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558	itomatic extension			DFVC progra	m
		special extension (enter description)					
Part II	Basic Plan Inform	nation—enter all requested informatic	n				
1a Name					1b	Three-digit	
HM INSURA	NCE 401(K) PLAN					plan number (PN) ▶	001
					1c	Effective date of	
						01/01/	•
	ponsor's name and addre	ess; include room or suite number (emp INC.	loyer, if for a single-e	employer plan)	2b	Employer Identif (EIN) 91-125	
8518 GAGE	BOULEVARD				2c	Sponsor's telep 509-783	
KENNEWIC	K, WA 99336				2d	Business code (52421	
3a Plan a	dministrator's name and	address 🛛 Same as Plan Sponsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's	EIN
					3с	Administrator's t	elephone number
4 If the	nome and/or FINI of the n	lan ananaar haa ahangad ainaa tha laat	raturn/rapart filed fo	r this plan, optor the	46		
		lan sponsor has changed since the last er from the last return/report.	return/report med to	r this plan, enter the	40	EIN	
	or's name				4c	PN	
5a Total	number of participants at	the beginning of the plan year			5a		36
b Total	number of participants at	the end of the plan year			5b		0
	· ·	count balances as of the end of the plar	•	•	-		
					5c		0
b Are you under	ou claiming a waiver of th r 29 CFR 2520.104-46? (uring the plan year invested in eligible a le annual examination and report of an See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot	independent qualified conditions.)	d public accountant (IQI	PA)		X Yes No
		incomplete filing of this return/repor					
Under pen SB or Scho	alties of perjury and othe	r penalties set forth in the instructions, I signed by an enrolled actuary, as well a	declare that I have e	examined this return/rep	ort, in	cluding, if application	
SIGN	Filed with authorized/va	lid electronic signature.	05/24/2013	MARK H. MONTEITH			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individual signing as plan administration		ninistrator	
SIGN HERE							
	Signature of employe	r/plan sponsor	Date	Enter name of individu			
reparer's	name (including firm han	ne, if applicable) and address; include r	oom of suite number	(optional)	r-rep	arer s telephone	number (optional)

l

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a Total plan assets	7a	15096	2			0
b Total plan liabilities	7b		0			0
C Net plan assets (subtract line 7b from line 7a)	7c	15096	2			0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	a (1)		•			
(1) Employers	8a(1)		0	_		
(2) Participants	8a(2)		0	_		
(3) Others (including rollovers)	8a(3)		0	_		
b Other income (loss)	8b	1407	3			1.1070
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	8c			_		14073
to provide benefits)	8d	16503	4			
e Certain deemed and/or corrective distributions (see instructions)	8e		0			
f Administrative service providers (salaries, fees, commissions)	8f		1			
g Other expenses	8g		0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					165035
i Net income (loss) (subtract line 8h from line 8c)	8i					-150962
j Transfers to (from) the plan (see instructions)	8j		0			
Part IV Plan Characteristics						
Part V Compliance Questions 10 During the plan year:				Yes	No	A
10 During the plan year:a Was there a failure to transmit to the plan any participant contribut	tione within th	as time pariod described in		res	NO	Amount
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х	
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	·	•	10b		x	
C Was the plan covered by a fidelity bond?			10c	X		15000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		3	10d		Х	
e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)	of the benefits	s under the plan? (See	10e		×	
f Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount as	s of year end	.)	10g		Х	
 h If this is an individual account plan, was there a blackout period? (2520.101-3.) 	See instructi	ons and 29 CFR	10g		Х	
i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	ne required no	otice or one of the	10i			
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a Enter the amount from Schedule SB line 39					11a	
12 Is this a defined contribution plan subject to the minimum funding	requirements	s of section 412 of the Code	or se	ection :	302 of	ERISA? 🛛 Yes 🗙 No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
				and	ntor th	e date of the letter ruling
a If a waiver of the minimum funding standard for a prior year is bein granting the waiver.				, and e	Day	Year
	-	Mon		, and e		•

С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t of the PBGC?	e control		X Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	s) to		_
1	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
Part	t VIII Trust Information (optional)			

14a Name of trust	14b Trust's EIN

	orm 5500-SF	Short Form Annual Return/Report of Small Employ Benefit Plan			e	1210-0089		
Department of the Treasury Internal Revenue Service		This form is required to be fill	ed under sections 104 a	nd 4065 of the Employee		2012		
	Department of Labor as Benefits Security Administration n Benefit Guaranty Corporation	rity Administration the Internal Revenue Code (the Code).				is Open to Public spection		
		Identification Information	rdance with the instru	ctions to the Form 5500-S	F.			
Part I For cale	ndar plan year 2012 or fis	scal plan year beginning	01/01/2012	and ending	10/31/20	12		
	return/report is for:	a single-employer plan	4	lan (not multiemployer)	a one-partie			
	retum/report is:	the first return/report				olpant pian		
	return/report is.	an amended return/report		im/report (less than 12 mon	the)			
C Chec	k bax if filing under:	Form 5558	automatic extension			men		
C Chec	x bax ir ning under.	special extension (enter descript	2			µain		
Part II	Rocie Dian Info	rmation-enter all requested inform						
	ne of plan	mation-enter all requested morn	18001	1	b Three-digit			
	Insurance 401()	<) Plan		1.	plan number	0.01		
				-	(PN) C Effective date	001		
					01/01/200			
	sponsor's name and add	dress; include room or sulte number (nsurance, Inc.	employer, if for a single-	-employer plan) 2	Employer Iden (EIN) 91-12	tification Number		
				2	c Sponsor's tele (509) 783	phone number		
851	.8 Gage Boulevan	rd	8518 Gage Boulevard					
Kennewick WA 99336					2d Business code (see instructions) 524210			
		d addmass MRsams as Dias Casasa						
		d address XSame as Plan Sponsor		Sponsor Address 3	b Administrator's	EIN telephone number		
3a Plan 4 If the	administrator's name an e name and/or EIN of the	plan sponsor has changed since the	Name 🗍 Same as Plan	Sponsor Address 3	b Administrator's			
 3a Plan 4 If the nam a Sport 	e name and/or EIN of the ne, EIN, and the plan nun nsor's name	plan sponsor has changed since the nber from the last return/report.	Name 🗍 Same as Plan last return/report filed fo	Sponsor Address 3 3 or this plan, enter the 4 4	 b Administrator's c Administrator's 			
 3a Plan 4 If the nam a Sport 	e name and/or EIN of the ne, EIN, and the plan nun nsor's name	plan sponsor has changed since the	Name 🗍 Same as Plan last return/report filed fo	Sponsor Address 3 3 or this plan, enter the 4 4	b Administrator's C Administrator's b EIN C PN	telephone number		
3a Plan 4 If the nam a Spor 5a Tota	e name and/or EIN of the ne, EIN, and the plan nun nsor's name al number of participants	plan sponsor has changed since the nber from the last return/report.	Name Same as Plan	Sponsor Address 3 3 or this plan, enter the 4 4 5	b Administrator's C Administrator's b EIN C PN a	s telephone number		
 3a Plan 4 If the nam a Spor 5a Tota b Tota c Num 	e name and/or EIN of the ne, EIN, and the plan nun nsor's name al number of participants a al number of participants with a	plan sponsor has changed since the nber from the last return/report. at the beginning of the plan year at the end of the plan year	Name Same as Plan	Sponsor Address 3 3 or this plan, enter the 4 4 5 5 5 5 5 5	b Administrator's C Administrator's b EIN C PN a b	s telephone number		
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Form 5500-SF 2012

	rt III Financial Information					-		
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır 🗌			(b) End of Year	
а	Total plan assets	7a		0,90	62			0
b	Total plan liabilities	7b			0			0
C	Net plan assets (subtract line 7b from line 7a)	7c	15	0,90	62			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		Т		(b) Total	
a	Contributions received or receivable from:							
	(1) Employers	8a(1)			0	_		
	(2) Participants	8a(2)		_	0	-		
	(3) Others (including rollovers)	8a(3)			0			
-	Other income (loss)	8b	1	4,0	73			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		_	_			14,073
-	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	16	5,03	34			
	Certain deemed and/or corrective distributions (see instructions)	8e			0	-		
f	Administrative service providers (salaries, fees, commissions)	8f			1			
g	Other expenses	<u>6g</u>		_	0	_		
_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_			L65,035
1	Net income (loss) (subtract line 8h from line 8c)	8i		_			(1	50,962)
1	Transfers to (from) the plan (see instructions)	8j			0			
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature code	s from the List of Plan Chara	acteri	stic Co	des in	the instructions:	
b Part	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	cteris	lic Coo	les in i	he instructions:	
10	During the plan year:	-			Yes	No	Amoun	
_	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		x	Anodi	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)		the second se					
с	On inter road science and the second science and the science a			10ь		x		
					v			15,000
ď	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bond	, lhat was caused by fraud	10c	x	x		15,000
	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	fidelity bond er persons t of the benefit	, that was caused by fraud by an insurance carrier, is under the plan? (See	10c 10d	X	x x		15,000
	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)	fidelity bond her persons t of the benefit	, ihat was caused by fraud by an insurance carrier, is under the plan? (See	10c 10d 10e	X	x x x		15,000
e	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond for persons b of the benefit n?	, that was caused by fraud by an insurance carrier, is under the plan? (See	10c 10d		x x		15,000
e f g	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond for persons to f the benefit n? s of year end	, that was caused by fraud by an insurance carrier, is under the plan? (See	10c 10d 10e	x	x x x		15,000
e f g	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond of persons to f the benefit n? s of year end See instruct	, that was caused by fraud by an insurance carrier, is under the plan? (See 1.)	10c 10d 10e 10f		x x x x		15,000
e f g	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond of persons to f the benefit n? s of year end See instruct ne required n	, that was caused by fraud by an insurance carrier, is under the plan? (See 1.) ions and 29 CFR potice or one of the	10c 10d 10e 10f 10g	x	x x x x x x x		15,000
e f g	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount are If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10"	fidelity bond of persons to f the benefit n? s of year end See instruct ne required n	, that was caused by fraud by an insurance carrier, is under the plan? (See 1.) ions and 29 CFR potice or one of the	10c 10d 10e 10f 10g 10h		x x x x x x x		15,000
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e f g h i Part	 Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yee," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Is this a defined contribution plan subject to the minimum funding 	fidelity bond er persons b of the benefit n? s of year end See instruct ne required n 1-3 ents? (If "Ye requirement	, that was caused by fraud by an insurance carrier, is under the plan? (See 1.) ions and 29 CFR notice or one of the s," see instructions and com	10c 10d 10e 10f 10g 10h 10l	Scher	X X X X X X X IIIa	Ye	s []No
e f g h i Part 11 11a 12	 Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yee," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10⁻⁷ VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being the set of the set of the minimum funding standard for a prior year is being the plan subject for a prior year is being the plan subject for a prior year is being the plan waite of the minimum funding standard for a prior year is being the plan year is being the prior year is being the prior year is being the prior year is being the plan year i	fidelity bond er persons b of the benefit n? s of year end See instruct ne required n 1-3 ents? (If "Ye requirement as applicab og amortized	, that was caused by fraud by an insurance carrier, is under the plan? (See 1.) ions and 29 CFR notice or one of the s," see instructions and com is of section 412 of the Code le.) in this plan year, see instruct	10c 10d 10e 10g 10h 10g 10h 10l e or see	Schee	X X X X X X X X X X 11a 302 of	ERISA? Ye	в <u>No</u> в <u>No</u>
e f g h i 11 11a 12 a	 Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yee," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.107 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year Is bein granting the waiver. 	fidelity bond or persons to f the benefit n? s of year end (See instruct ne required n 1-3 ents? (If "Ye requirement as applicab og amortized	, that was caused by fraud by an insurance carrier, is under the plan? (See 1.) ions and 29 CFR notice or one of the s," see instructions and com is of section 412 of the Code le.) in this plan year, see instruc- Mon	10c 10d 10e 10g 10h 10g 10h 10l e or see	Schee	X X X X X X X X 11a 302 of	ERISA?	в <u>No</u> в <u>No</u>
e f g h i 11 11a 12 a ify	 Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yee," enter amount as If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10⁻⁷ VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being the set of the set of the minimum funding standard for a prior year is being the plan subject for a prior year is being the plan subject for a prior year is being the plan waite of the minimum funding standard for a prior year is being the plan year is being the prior year is being the prior year is being the prior year is being the plan year i	fidelity bond er persons b of the benefit n? s of year end See instruct ne required n 1-3 ents? (If "Ye requirement as applicab g amortized MB (Form	, that was caused by fraud by an insurance carrier, is under the plan? (See 1.) ions and 29 CFR notice or one of the s," see instructions and com is of section 412 of the Code le.) in this plan year, see instruc- Mon 5500), and skip to line 13.	10c 10d 10e 10g 10h 10g 10h 10l 10l	Schee ection	X X X X X X X X X X 11a 302 of	ERISA? Ye	в <u>No</u> в <u>No</u>

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	Form 5500-SF 2012	Page 3	-				
	Enter the amount contributed by the employer to the	plan for this plan year		12¢		-	
d	Subtract the amount in line 12c from the amount in linegative amount)	ine 12b. Enter the result (enter a mi	nus sign to the left of a	12đ			
Ð	Will the minimum funding amount reported on line 12	2d be met by the funding deadline?			Yes	No	N/A
Part	VII Plan Terminations and Transfers of	of Assets					
13a	Has a resolution to terminate the plan been adopted in a	any plan year?		XI	res 🗌 No		
	If "Yes," enter the amount of any plan assets that re-	verted to the employer this year		13a			(
b	Were all the plan assets distributed to participants of of the PBGC?					X Yes	No.
C	If during this plan year, any assets or liabilities were which assets or liabilities were transferred. (See inst	transferred from this plan to anothe					
1	3c(1) Name of plan(s):			3c(2) El	N(s)	13c(3	8) PN(s)
Part	VIII Trust Information (optional)						
14a	Name of trust			14b Tr	ust's EIN		