| Form 5500-SF | | Short Form Annual | • | of Small Employ | OMB Nos. 1210-01 1210-00 | | | |
|-------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------|-----------------------------|--------------------------------------|----------------------------|--|
| | nent of the Treasury I Revenue Service | Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employed Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code). | | | | ee 2012 | | |
| | artment of Labor efits Security Administration | | | | | This Form is Open to | | |
| | efit Guaranty Corporation | Complete all entries in acc | ordance with the instr | uctions to the Form 550 | 0-SF. | Ins | spection | |
| | Annual Report Id plan year 2012 or fisca | entification Information al plan year beginning 01/01/2 | 012 | and ending 1 | 2/04/2 | 2012 | | |
| | m/report is for: | a single-employer plan | | plan (not multiemployer) | 2/04/ | a one-partici | pant plan | |
| | m/report is: | the first return/report | the final return/report | | | | | |
| | | an amended return/report | H . | rn/report (less than 12 m | onths |) | | |
| C Check bo | ox if filing under: | Form 5558 | automatic extension | | | DFVC progra | am | |
| | | special extension (enter descrip | otion) | | | _ | | |
| Part II | Basic Plan Inforn | nation—enter all requested info | rmation | | - | | | |
| 1a Name of CREDIT BURE | • | JT, INC EMPLOYEES 401(K) PR | OFIT SHARING PLAN | | 1b | Three-digit plan number (PN) ► | 001 | |
| | | | | | 1c | Effective date o | | |
| | onsor's name and addre | ess; include room or suite number JT, INC | (employer, if for a singl | e-employer plan) | 2b | Employer Identi | | |
| 600 SAW MIL | | | | | 2c | Sponsor's telep 800-24 | | |
| WEST HAVEN | | | | | 2d | Business code | (see instructions) | |
| | ninistrator's name and | | r Name Same as Pla | an Sponsor Address | 3b | Administrator's | EIN 867686 | |
| CREDIT BURE/ | AU OF CONNECTICUT | | ILL ROAD EN, CT 06516 | | 3с | Administrator's 800-24 | telephone number 3-0120 | |
| | | lan sponsor has changed since the reference of the second se | ne last return/report filed | for this plan, enter the | 4b | EIN | | |
| a Sponsor | | er nom me last return/report. | | | 4c | PN | | |
| 5a Total nu | mber of participants at | the beginning of the plan year | | | 5a | | 60 | |
| b Total nu | mber of participants at | the end of the plan year | | | 5b | | 0 | |
| | | count balances as of the end of th | | - | 5c | | 0 | |
| | | uring the plan year invested in eli | - | | | | X Yes No | |
| under 2 | 9 CFR 2520.104-46? (| e annual examination and report See instructions on waiver eligibili er line 6a or line 6b, the plan ca | ty and conditions.) | | | | X Yes 🗌 No | |
| | | incomplete filing of this return/ | | | | | | |
| Under penalt SB or Sched | ies of perjury and other | r penalties set forth in the instructi signed by an enrolled actuary, as | ons, I declare that I have | e examined this return/rep | oort, ii | ncluding, if applic | | |
| | iled with authorized/va | lid electronic signature. | 06/14/2013 | WILLIAM STAPLINS | | | | |
| HERE | Signature of plan adn | ninistrator | Date | Enter name of individe | ual się | gning as plan adr | ninistrator | |
| SIGN | | | | | | | | |
| | Signature of employe | | Date | Enter name of individu | | | | |
| Preparers na | ame (including inm han | ne, if applicable) and address; inc | | er (optional) | Piet | barer's telephone | number (optional) | |
| | | and OMB Control Numbers, see the | | | | | Form 5500-SF (2012) | |

| Part III Financial Information | | | | | | | | |
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| 7 Plan Assets and Liabilities | | (a) Beginning of Year | | (b) End of Year | | | | |
| a Total plan assets | | 5222584 | 1 | | | 0 | | |
| b Total plan liabilities | 7b | C |) | | | 0 | | |
| C Net plan assets (subtract line 7b from line 7a) | 7c | 5222584 | 1 | 0 | | | | |
| 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) Total | | |
| a Contributions received or receivable from: | | 0.4000 | | | | | | |
| (1) Employers | | 24629 | | | | | | |
| (2) Participants | · · · · · · | 140383 | | | | | | |
| (3) Others (including rollovers) | | 0 | | | | | | |
| b Other income (loss) | | 521253 | 5 | | | 000005 | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance) | | | | | | 686265 | | |
| to provide benefits) | | 1447913 | } | | | | | |
| e Certain deemed and/or corrective distributions (see i | nstructions) 8e | 7674 | L. | | | | | |
| f Administrative service providers (salaries, fees, com | missions) 8f | 250 |) | | | | | |
| g Other expenses | | 0 |) | | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 1455837 | | |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | -769572 | | |
| j Transfers to (from) the plan (see instructions) | 8j | -4453012 | 2 | | | | | |
| Part IV Plan Characteristics | | | | | | | | |
| b If the plan provides welfare benefits, enter the applie Part V Compliance Questions | cable welfare feature codes | from the List of Plan Charact | teristi | c Codes | in the ins | tructions: | | |
| 10 During the plan year: | | | | Yes | ło | Amount | | |
| a Was there a failure to transmit to the plan any parti 29 CFR 2510.3-102? (See instructions and DOL's | | | 10a | | X | Allount | | |
| b Were there any nonexempt transactions with any p on line 10a.) | arty-in-interest? (Do not incl | lude transactions reported | 10b | : | x | | | |
| C Was the plan covered by a fidelity bond? | | | 10c | Х | | | | |
| d Did the plan have a loss, whether or not reimburse or dishonesty? | d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud | | | | | 500000 | | |
| Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) | | | 10d | | × | 500000 | | |
| insurance service or other organization that provide | , agents, or other persons b es some or all of the benefits | y an insurance carrier, s under the plan? (See | 10d 10e | | x x | 500000 | | |
| insurance service or other organization that provide | , agents, or other persons b as some or all of the benefits | y an insurance carrier, s under the plan? (See | | | | 500000 | | |
| insurance service or other organization that provide instructions.) | , agents, or other persons b ss some or all of the benefits a under the plan? | y an insurance carrier, s under the plan? (See | 10e | | ĸ | 500000 | | |
| insurance service or other organization that provide instructions.)f Has the plan failed to provide any benefit when due | , agents, or other persons b es some or all of the benefits o under the plan? enter amount as of year end ckout period? (See instruction | y an insurance carrier, s under the plan? (See .) | 10e 10f | | x x | 500000 | | |
| insurance service or other organization that provide instructions.) f Has the plan failed to provide any benefit when due g Did the plan have any participant loans? (If "Yes," e h If this is an individual account plan, was there a bla | , agents, or other persons b as some or all of the benefits ounder the plan? enter amount as of year end ckout period? (See instruction ther provided the required no | y an insurance carrier, s under the plan? (See | 10e 10f 10g | | x | 500000 | | |
| insurance service or other organization that provide instructions.) f Has the plan failed to provide any benefit when due g Did the plan have any participant loans? (If "Yes," e h If this is an individual account plan, was there a bla 2520.101-3.) i If 10h was answered "Yes," check the box if you eith | , agents, or other persons b as some or all of the benefits ounder the plan? enter amount as of year end ckout period? (See instruction ther provided the required no | y an insurance carrier, s under the plan? (See | 10e 10f 10g 10h | | x | 500000 | | |
| insurance service or other organization that provide instructions.) f Has the plan failed to provide any benefit when due g Did the plan have any participant loans? (If "Yes," e h If this is an individual account plan, was there a bla 2520.101-3.) i If 10h was answered "Yes," check the box if you eit exceptions to providing the notice applied under 29 | agents, or other persons b as some or all of the benefits ounder the plan? enter amount as of year end ckout period? (See instruction ther provided the required no CFR 2520.101-3 | y an insurance carrier, s under the plan? (See .) | 10e 10f 10g 10h 10i | Schedule | < | m | | |
| insurance service or other organization that provide instructions.) f Has the plan failed to provide any benefit when due g Did the plan have any participant loans? (If "Yes," e h If this is an individual account plan, was there a bla 2520.101-3.) i If 10h was answered "Yes," check the box if you eit exceptions to providing the notice applied under 29 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum fundamental service of the service of the | agents, or other persons b as some or all of the benefits ounder the plan? enter amount as of year end ckout period? (See instruction her provided the required no CFR 2520.101-3 | y an insurance carrier, s under the plan? (See | 10e 10f 10g 10h 10i | Schedule | < < < > SB (Form | m | | |
| insurance service or other organization that provide instructions.) f Has the plan failed to provide any benefit when due g Did the plan have any participant loans? (If "Yes," e h If this is an individual account plan, was there a bla 2520.101-3.) i If 10h was answered "Yes," check the box if you eit exceptions to providing the notice applied under 29 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum fut 5500) and line 11a below). | agents, or other persons b as some or all of the benefits ounder the plan? enter amount as of year end ckout period? (See instruction ther provided the required no CFR 2520.101-3 | y an insurance carrier, s under the plan? (See .) | 10e 10f 10g 10h 10i | Schedule | < <tr> > SB (Formality of the second second</tr> | m Yes No | | |
| | | | | | | | | |
| insurance service or other organization that provide instructions.) f Has the plan failed to provide any benefit when due g Did the plan have any participant loans? (If "Yes," e h If this is an individual account plan, was there a bla 2520.101-3.) i If 10h was answered "Yes," check the box if you eit exceptions to providing the notice applied under 29 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum fun 5500) and line 11a below) | agents, or other persons b as some or all of the benefits a under the plan? enter amount as of year end ckout period? (See instruction her provided the required no CFR 2520.101-3 nding requirements? (If "Yes | y an insurance carrier, s under the plan? (See | 10e 10f 10g 10h 10i | Schedule | < <tr> > SB (Formality of the second second</tr> | m Yes No | | |
| | | | | | | | | |
| insurance service or other organization that provide instructions.) f Has the plan failed to provide any benefit when due g Did the plan have any participant loans? (If "Yes," e h If this is an individual account plan, was there a bla 2520.101-3.) i If 10h was answered "Yes," check the box if you eit exceptions to providing the notice applied under 29 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum fur 5500) and line 11a below) 12 Is this a defined contribution plan subject to the minimum fur subje | agents, or other persons b as some or all of the benefits a under the plan? enter amount as of year end ckout period? (See instruction ther provided the required no CFR 2520.101-3 nding requirements? (If "Yes nimum funding requirements and 12e below, as applicable rior year is being amortized | y an insurance carrier, s under the plan? (See | 10e 10f 10g 10h 10i Dlete \$ or sec | Schedule | < | n Yes No A? Yes X No | | |
| insurance service or other organization that provide instructions.) f Has the plan failed to provide any benefit when due g Did the plan have any participant loans? (If "Yes," e h If this is an individual account plan, was there a bla 2520.101-3.) i If 10h was answered "Yes," check the box if you eit exceptions to providing the notice applied under 29 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum fun 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39. 12 Is this a defined contribution plan subject to the minimum fun (If "Yes," complete line 12a or lines 12b, 12c, 12d, a a If a waiver of the minimum funding standard for a p | agents, or other persons b as some or all of the benefits a under the plan? enter amount as of year end ckout period? (See instruction her provided the required no CFR 2520.101-3 nding requirements? (If "Yes nimum funding requirements and 12e below, as applicable rior year is being amortized | y an insurance carrier, s under the plan? (See | 10e 10f 10g 10h 10i Dlete \$ or sec | Schedule | SB (Form SB (Form a 2 of ERIS/ er the date Day | A? Yes No | | |

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| 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 Y | /es 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 the of the PBGC? | 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(s) which assets or liabilities were transferred. (See instructions.) | to | | | |
| 1 | I3c(1) Name of plan(s): | 3c(2) El | N(s) | 13c(3) | PN(s) |
| ADP T | TOTALSOURCE RETIREMENT SAVINGS PLAN 59-24 | 52823 | | 001 | |
| Part | VIII Trust Information (optional) | | | | |
| 14a | Name of trust | 14b ⊺⊧ | rust's EIN | | |

| Form 5500-SF | Short Form Annual | | Small Employ | vee | | OMB Nos. 1210-0110 1210-0089 | | |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------|----------------------------------------------|--------------------------------------|--|--|
| Department of the Treasury Internal Revenue Service | | Benefit Plan | t 1065 of the Employee | | 2 | 2012 | | |
| Department of Labor Employee Benefits Security Administration | Retirement Income Security Ac | filed under sections 104 and t of 1974 (ERISA), and sect ernal Revenue Code (the Co | ions 6057(b) and 6058(| a) of This Form is Open to Public Inspection | | | | |
| Pension Benefit Guaranty Corporation | Complete all entries in act | cordance with the instruct | ions to the Form 5500 | -SF. | | | | |
| | dentification Information | 01/01/2012 | and anding | | 12/04/2012 | <u> </u> | | |
| For calendar plan year 2012 or fis | | 01/01/2012 | and ending | | | | | |
| A This return/report is for: | X a single-employer plan | a multiple-employer pla | in (not multiemployer) | L | a one-partici | pant plan | | |
| B This return/report is: | the first return/report | X the final return/report | | | | | | |
| | an amended return/report | X a short plan year return | report (less than 12 mo | onths) | - | | | |
| C Check box if filing under: | | | | | DFVC progra | im | | |
| | special extension (enter descr | iption) | | | | | | |
| Part II Basic Plan Info | rmation-enter all requested info | ormation | | | | ······ | | |
| | NNECTICUT, INC EMPLOY | YEES 401(K) PROFI | T SHARING | | Three-digit plan number (PN) | 001 | | |
| PLAN | | | | 1c | Effective date o | | | |
| 2a Plan sponsor's name and ad CREDIT BUREAU OF CON | dress; include room or suite numbe | er (employer, if for a single-e | mployer plan) | | Employer Identi (EIN) 06-086 | fication Number | | |
| 600 SAW MILL ROAD | | | | | C Sponsor's telephone number 800-243-0120 | | | |
| •••• | | | | 2d | Business code | (see instructions) | | |
| WEST HAVEN | CT 06516 | | | | 522298 | | | |
| 3a Plan administrator's name ar | nd address Same as Plan Spons | or Name Same as Plan | Sponsor Address | | Administrator's 06-086768 | | | |
| CREDIT BUREAU OF CO | NNECTICUT, INC | | | | | telephone number | | |
| 600 SAW MILL ROAD WEST HAVEN | CT 06516 | | | | 800-243-0: | 120 | | |
| | e plan sponsor has changed since | the last return/report filed fo | this plan enter the | 4b | FIN | | | |
| a Sponsor's name | mber from the last return/report. | | | 4c | | | | |
| | at the beginning of the plan year | | | 5a | | 60 | | |
| b Total number of participants | at the end of the plan year | | | 5b | | 0 | | |
| | account balances as of the end of | | | 5c | | 0 | | |
| | s during the plan year invested in e | | | | | X Yes No | | |
| b Are you claiming a waiver o | f the annual examination and repor ? (See instructions on waiver eligib | t of an independent qualifie ility and conditions.) | d public accountant (IQ | PA) | | 🔀 Yes 🗌 No | | |
| If you answered "No" to e | ither line 6a or line 6b, the plan o | annot use Form 5500-SF | and must instead use | Form | 5500. | | | |
| | or incomplete filing of this return | | | | | <u> </u> | | |
| Under penalties of perjury and ot SB or Schedule MB completed a belief, it is true, corpect, and com | her penalties set forth in the instruct nd signed by an enrolled actuary, a plete. | ctions, I declare that I have a as well as the electronic vers | examined this return/report ion of this return/report | port, in and t | cluding, if applic to the best of my | cable, a Schedule y knowledge and | | |
| SIGN CILL | Starlin | 6-13-2013 | William Stapl: | ins | | | | |
| HERE Signature of plan a | dministrator | Date | Enter name of individ | ual sig | ning as plan ad | ministrator | | |
| SIGN Will | Stanli | 6-13-2013 | William Stapl: | ins | | | | |
| HERE Signature of emplo | oyer/plan sponsor | Date | Enter name of individ | | | | | |
| Preparer's name (including firm r | name, if applicable) and address; in | nclude room or suite number | (optional) | Prep | arer's telephone | e number (optional) | | |
| | | | | | | | | |
| For Paperwork Reduction Act Notic | e and OMB Control Numbers, see th | e instructions for Form 5500- | SF. | | | Form 5500-SF (2012) | | |
| | | | | | | v. 120126 | | |

Form 5500-SF 2012

| Part III Financial Information | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------|-------------------------------------------------|---------------|-------------|-------|
| 7 Plan Assets and Liabilities | | (a) Beginning of Year | r | | | (b) End o | f Year | |
| a Total plan assets | . 7a | | 258 | 4 | | | | 0 |
| b Total plan liabilities | | | | 0 | | | | 0 |
| C Net plan assets (subtract line 7b from line 7a) | 7c | 522 | 258 | 4 | | | | 0 |
| 8 Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | 1- | | (b) To | tai | |
| a Contributions received or receivable from: | | | | | | | | |
| (1) Employers | . 8a(1) | | 462 | | | | | |
| (2) Participants | 8a(2) | 14 | 038 | 3 | | | | |
| (3) Others (including rollovers) | . 8a(3) | | | 0 | | | | |
| b Other income (loss) | . 8b | 52 | 2125 | 3 | | | | |
| C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | . 8c | | | | | | 68 | 36265 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | | 144 | 1791 | .3 | | | | |
| e Certain deemed and/or corrective distributions (see instructions) | . 8e | | 767 | 4 | | | | · |
| f Administrative service providers (salaries, fees, commissions) | . 8f | | 25 | 0 | | | | |
| g Other expenses | . 8g | | | 0 | | | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | | | | | | | 14 | 55837 |
| i Net income (loss) (subtract line 8h from line 8c) | | | | | | | -7 | 69572 |
| Transfers to (from) the plan (see instructions) | | -44 | 5301 | .2 | | | | |
| Part IV Plan Characteristics | | | | | | | | |
| 9a If the plan provides pension benefits, enter the applicable pension | feature co | des from the List of Plan Chara | acteris | stic Co | des in | the instruct | ions: | |
| 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare | feature cod | es from the List of Plan Charac | cterist | ic Cod | les in th | ne instructio | ons: | |
| | | | | | | | | |
| Part V Compliance Questions | | | | | | | | |
| 10 During the plan year: | | | | Yne | Nol | | Amount | |
| | utions withi | n the time period described in | | Yos | No | | Amount | |
| a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic | luciary Con | rection Program) | 10a | Yos | No X | | Amount | |
| a Was there a failure to transmit to the plan any participant contrib | luciary Con st? (Do not | rection Program) include transactions reported | 10a 10b | | | | | |
| a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interest | luciary Con st? (Do not | rection Program) | | Yos | х | | | 00000 |
| a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan | luciary Con st? (Do not s fidelity bo | rection Program) include transactions reported nd, that was caused by fraud | 10b | | х | | | 00000 |
| a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond? | duciary Con st? (Do not s fidelity bo ther person | rection Program) include transactions reported nd, that was caused by fraud s by an insurance carrier, | 10b 10c | | x x x | | | 00000 |
| a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fice b Were there any nonexempt transactions with any party-in-interess on line 10a.) | luciary Con st? (Do not s fidelity bo ther person I of the ben | rection Program) include transactions reported nd, that was caused by fraud is by an insurance carrier, efits under the plan? (See | 10b 10c 10d 10e | | x x x x | | | 00000 |
| a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fice b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty? e Were any fees or commissions paid to any brokers, agents, or o insurance service or other organization that provides some or all | luciary Con st? (Do not s fidelity bo ther person I of the ben | rection Program) include transactions reported nd, that was caused by fraud is by an insurance carrier, efits under the plan? (See | 10b 10c 10d | | x x x | | | 00000 |
| a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fice b Were there any nonexempt transactions with any party-in-interess on line 10a.) | luciary Con st? (Do not s fidelity bo ther person of the ben an? | rection Program) include transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See | 10b 10c 10d 10e | | x x x x | | | 00000 |
| a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond? | duciary Con st? (Do not s fidelity bo ther person of the benu an? as of year of ? (See instru | rection Program) include transactions reported nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See end.) uctions and 29 CFR | 10b 10c 10d 10e 10f | | x x x x x | | | 00000 |
| a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interes on line 10a.) | luciary Con st? (Do not s fidelity bo ther person of the ben an? as of year of ? (See instru- the require | rection Program) include transactions reported | 10b 10c 10d 10e 10f 10g | | x x x x x x x | | | 00000 |
| a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fic b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty? e Were any fees or commissions paid to any brokers, agents, or o insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pl g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 | luciary Con st? (Do not s fidelity bo ther person of the ben an? as of year of ? (See instru- the require | rection Program) include transactions reported | 10b 10c 10d 10e 10f 10g 10h | | x x x x x x x | | | 00000 |
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