Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

						Inspection	
Part I	Annual Report Identifi	cation Information					
For caler	ndar plan year 2012 or fiscal plan	year beginning 01/01/2012		and ending 12/3	31/2012		
A This r	eturn/report is for:	a multiemployer plan;	a multiple	e-employer plan; or			
D Th:	at una la cara a utilia.	the first return/report;	☐ the final i	eturn/report;			
D Inis r	eturn/report is:	an amended return/report;	=	an year return/report (les	a than 12 m	ontho)	
C If the	plan is a collectively bargained p	lan, check here	_			ontris). ⊾∏	
			_		_	, DE/(C ====================================	
D Chec	k box if filing under:	Form 5558;	ш	extension;	tn	e DFVC program;	
		special extension (enter desc					
Part I		ion—enter all requested informat	tion				T
	e of plan SUPPLY EMPLOYEE BENEFITS	S PLAN			16	Three-digit plan number (PN) ▶	501
					1c	Effective date of plants o	an
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)					2b	2b Employer Identification Number (EIN) 16-1022882	
ADMAR SUPPLY COMPANY					2c	2c Sponsor's telephone number 585-272-9390	
1950 BRIGHTON-HENRIETTA TL RD ROCHESTER, NY 14623 1950 BRIGHTON-HENRIETTA TL RD ROCHESTER, NY 14623			2d Business code (see instructions) 532400				
Caution	A penalty for the late or incom	nplete filing of this return/report	will be assessed	unless reasonable caus	e is establis	shed.	
Under pe	enalties of perjury and other pena	Ities set forth in the instructions, I ne electronic version of this return/	declare that I have	examined this return/repo	ort, including	accompanying sche	
SIGN	Filed with authorized/valid electron	onic signature.	07/24/2013	RICHARD DIMARCO I	I		
HERE	Signature of plan administrate	or	Date	Enter name of individua	al signing as	plan administrator	
SIGN							
HERE	Signature of employer/plan sp	oonsor	Date	Enter name of individua	al signing as	employer or plan sp	onsor
SIGN					<u></u>		
HERE	Signature of DFE		Date	Enter name of individua	al signing as	DFF	
					Preparer's	telephone number	
V				(optional)	585-272-4756		
ADMAR SUPPLY COMPANY							
	IGHTON-HENRIETTA TL RD STER, NY 14623						

Form 5500 (2012) Page **2**

3a	Plan administrator's name and address Same as Plan Sponsor Name	Same as Plan Sponsor Address	3b Administrator's EIN
			3c Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return EIN and the plan number from the last return/report:	n/report filed for this plan, enter the name,	4b EIN
а	Sponsor's name		4c PN
5	Total number of participants at the beginning of the plan year		5 275
6	Number of participants as of the end of the plan year (welfare plans complete	e only lines 6a, 6b, 6c, and 6d).	
а	Active participants		. 6a 300
b	Retired or separated participants receiving benefits		. 6b
С	Other retired or separated participants entitled to future benefits		. 6c
d	Subtotal. Add lines 6a, 6b, and 6c.		. 6d 300
е	Deceased participants whose beneficiaries are receiving or are entitled to re	. 6e	
f	Total. Add lines 6d and 6e		. 6f 300
g	Number of participants with account balances as of the end of the plan year complete this item)		. 6g
h	Number of participants that terminated employment during the plan year with less than 100% vested		. 6h
7	Enter the total number of employers obligated to contribute to the plan (only	multiemployer plans complete this item)	. 7
	If the plan provides pension benefits, enter the applicable pension feature could be plan provides welfare benefits, enter the applicable welfare feature could be plan provides welfare benefits, enter the applicable welfare feature could be plan provides welfare benefits, enter the applicable welfare feature could be plan provides welfare benefits, enter the applicable pension feature could be plan provides welfare benefits, enter the applicable welfare feature could be plan provides welfare benefits, enter the applicable welfare feature could be plan provides welfare benefits, enter the applicable welfare feature could be plan provides welfare benefits.		
9a	Plan funding arrangement (check all that apply) (1)	9b Plan benefit arrangement (check all the (1)	insurance contracts
10	Check all applicable boxes in 10a and 10b to indicate which schedules are a	attached, and, where indicated, enter the num	ber attached. (See instructions)
а	Pension Schedules	b General Schedules	
	(1) R (Retirement Plan Information)	(1) H (Financial Inform	mation)
	(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		ing Plan Information) saction Schedules)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).				ion	This Fo	rm is Open to Public Inspection	
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012							
A Name of plan ADMAR SUPPLY EMPLO	YEE BENEFI	TS PLAN			e-digit number (PI	N) •	501
C Plan sponsor's name a ADMAR SUPPLY COMPA		ne 2a of Form 5500		D Employ 16-102		ation Number	(EIN)
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.							
1 Coverage Information:							
(a) Name of insurance ca		ELD					
	(c) NAIC	(d) Contract or	(e) Approximate n			Policy or o	contract year
(b) EIN	code	identification number		persons covered at end of policy or contract year		From	(g) To
15-0329043	55107	RLPALLMRP03314	24	48	01/01/20	12	12/31/2012
2 Insurance fee and com descending order of the		nation. Enter the total fees and t	otal commissions paid. L	ist in line 3 t	the agents,	brokers, and	other persons in
(a) Total amount of commissions paid (b) Total amount of fees paid							
		63262		` '		•	0
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all	nersons)			
• 1 crooms receiving com		and address of the agent, broke			ons or fees	were paid	
PROVIDIUM CONSULTII		LC 295	WOODCLIFF DR RPORT, NY 14450				
			ees and other commissio	ns naid			
(b) Amount of sales ar commissions pa		(c) Amount		(d) Purpose			(e) Organization code
	63262	(-)		X-7 - 1			3
	(a) Name	and address of the agent, broke	ar or other person to who	m commissi	ons or fees	were naid	·
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
(b) Amount of sales and base Fees and other commission			ees and other commissio	ns paid			
commissions pa		(c) Amount		(d) Purpose)		(e) Organization code

Schedule A (Form 5500)	2012	Page 2 - 1	
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees were pa	aid
	, <u> </u>	.,,	
(b) Amount of color and bose		Fees and other commissions paid	(a) Organization
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees were pa	aid
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
()) !			• • • • • • • • • • • • • • • • • • • •
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees were pa	aid
	T		<u> </u>
(b) Amount of sales and base	(-) A	Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees were pa	aid
	, , , , , , , , , , , , , , , , , , ,		
(h) Amount of color and bose		Fees and other commissions paid	(2) Orner in eties
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
•	, ,		
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees were pa	aid
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

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

Pa	ge 4		
e experienc		ere contra	nployee organizations(s), the cts cover individual employees,
c	Vision Supplemental unemp PPO contract	oloyment	d ☐ Life insurance h ☐ Prescription drug l ☐ Indemnity contract
00(1)		2131212	
9a(1) 9a(2)		2131212	
9a(3)			
		9a(4)	2131212
9b(1)		1733844	1
9b(2)			
		9b(3)	1733844
		9b(4)	1733844

10a

10b

		If more than one contract covers the same gr information may be combined for reporting pu the entire group of such individual contracts v	irposes if such contracts a	re experienc	e-rated as a unit. Where conti		
8	Ben	efit and contract type (check all applicable boxes)					
	а	Health (other than dental or vision)	b Dental	С	Vision	d Life in	surance
	е	Temporary disability (accident and sickness)	f Long-term disability	y g	Supplemental unemployment	t h Presc	ription drug
	i	Stop loss (large deductible)	j HMO contract	k	PPO contract	I Indem	nnity contract
	m	Other (specify)	_			_	
9	Exp	erience-rated contracts:	-				
	а	Premiums: (1) Amount received		9a(1)	21312	!12	
		(2) Increase (decrease) in amount due but unpaid	1	9a(2)			
		(3) Increase (decrease) in unearned premium res	erve	9a(3)			
		(4) Earned ((1) + (2) - (3))					2131212
	b	Benefit charges (1) Claims paid		9b(1)	17338	.44	
		(2) Increase (decrease) in claim reserves		9b(2)	_		
		(3) Incurred claims (add (1) and (2))			9b(3	;)	1733844
		(4) Claims charged			9b(4	.)	1733844
	С	Remainder of premium: (1) Retention charges (o	n an accrual basis)				
		(A) Commissions		9c(1)(A)	586	309	
		(B) Administrative service or other fees		9c(1)(B)			
		(C) Other specific acquisition costs	<u></u>	9c(1)(C)			
		(D) Other expenses		9c(1)(D)			
		(E) Taxes		9c(1)(E)			
		(F) Charges for risks or other contingencies					
		(G) Other retention charges		9c(1)(G)	2254	1 82	
		(H) Total retention			9c(1)((H)	284091
		(2) Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or	credited.) 9c(2	2)	
	d	Status of policyholder reserves at end of year: (1	—			•	
		(2) Claim reserves	•			•	
		(3) Other reserves					
	е	Dividends or retroactive rate refunds due. (Do no					

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

a Total premiums or subscription charges paid to carrier If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....

10 Nonexperience-rated contracts:

Specify nature of costs >

Schedule A (Form 5500) 2012

Part III

Welfare Benefit Contract Information

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

Pension Benefit Guaranty Co	orporation	Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).			This Fo	This Form is Open to Public Inspection	
For calendar plan year 20							
A Name of plan ADMAR SUPPLY EMPLO	•			B Three-dig plan num		501	
C Plan sponsor's name as shown on line 2a of Form 5500 ADMAR SUPPLY COMPANY				D Employer I 16-1022882	dentification Number 2	(EIN)	
		ning Insurance Contrac . Individual contracts grouped a					
1 Coverage Information:							
(a) Name of insurance ca				and an afternation	Daliana		
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate nu persons covered a policy or contract	end of	(f) From	contract year (g) To	
25-1800302	60213	540180-0020-VIO	12		1/01/2012	12/31/2012	
2 Insurance fee and com descending order of the		nation. Enter the total fees and t	total commissions paid. Li	st in line 3 the a	agents, brokers, and	other persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid							
		1364			•	0	
3 Persons receiving com	missions and	fees. (Complete as many entric	es as needed to report all I	persons).			
Ŭ		and address of the agent, broke			or fees were paid		
GALLAGHER BENEFIT S	SERVICES IN		5 WOODCLIFF DR IRPORT, NY 14450				
(b) Amount of sales ar	nd hase	F	ees and other commission	ıs paid			
commissions pa		(c) Amount		(d) Purpose		(e) Organization code	
	1364					3	
	(a) Name	and address of the agent, broke	er, or other person to whor	n commissions	or fees were paid		
	(1)	J	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpose		(e) Organization code	

Schedule A (Form 5500)	2012	Page 2 - 1	
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees were pa	aid
	, <u> </u>	.,,	
(b) Amount of color and bose		Fees and other commissions paid	(a) Organization
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees were pa	aid
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
()) !			• • • • • • • • • • • • • • • • • • • •
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees were pa	aid
	T		<u> </u>
(b) Amount of sales and base	(-) A	Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees were pa	aid
	, , , , , , , , , , , , , , , , , , ,		
(h) Amount of color and bose		Fees and other commissions paid	(2) Orner in eties
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
•	, ,		
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees were pa	aid
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

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

Schedule A (Form 5500) 2012	Page 4
	same employer(s) or members of the same employee organizations(s), the are experience-rated as a unit. Where contracts cover individual employees, treated as a unit for purposes of this report.
efit and contract type (check all applicable boxes)	
Health (other than dental or vision) b Dental	c ✓ Vision d ☐ Life insurance
Temporary disability (accident and sickness) f Long-term disabilit	ity g Supplemental unemployment h Prescription drug
Stop loss (large deductible) j HMO contract	k ☐ PPO contract I ☐ Indemnity contract
Other (specify)	
erience-rated contracts:	
Premiums: (1) Amount received	9a(1)
(2) Increase (decrease) in amount due but unpaid	9a(2)
(3) Increase (decrease) in unearned premium reserve	9a(3)
(4) Earned ((1) + (2) - (3))	9a(4)
Benefit charges (1) Claims paid	9b(1)
(2) Increase (decrease) in claim reserves	9b(2)
(3) Incurred claims (add (1) and (2))	9b(3)
(4) Claims charged	
Remainder of premium: (1) Retention charges (on an accrual basis)	
(A) Commissions	9c(1)(A)

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

13724

9c(1)(B) 9c(1)(C)

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

9c(1)(F)

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

Benefit and contract type (check all applicable boxes)

a Health (other than dental or vision)

Experience-rated contracts:

10 Nonexperience-rated contracts:

Specify nature of costs

Part III

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

Remainder of premium: (1) Retention charges (on an accrual basis) --(A) Commissions (B) Administrative service or other fees

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

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

(H) Total retention

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

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....

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

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

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

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

Pension Benefit Guaranty Co	rporation	Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).			This Form is Open to Public Inspection			
For calendar plan year 20	12 or fiscal pla	an year beginning 01/01/2013	2	and en	ding 12	/31/2012		
A Name of plan ADMAR SUPPLY EMPLO		B Three plan	e-digit number (PI	N) •	501			
C Plan sponsor's name a ADMAR SUPPLY COMPA		ne 2a of Form 5500		D Emplo		ation Number	(EIN)	
Part I Information on a separate	on Concer e Schedule A	ning Insurance Contrac . Individual contracts grouped a	t Coverage, Fees, as a unit in Parts II and III	nd Comr	missions orted on a si	Provide inforningle Schedule	nation for each contract A.	
1 Coverage Information:								_
(a) Name of insurance ca		IPANY						
	(a) NIAIC	(d) Controlt or	(e) Approximate nu	umber of		Policy or co	ontract year	-
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contract		(f)	From	(g) To	_
13-1898173	64297	906600	20	08	01/01/20	12	12/31/2012	
2 Insurance fee and composite descending order of the		nation. Enter the total fees and t	otal commissions paid. L	ist in line 3 t	the agents,	brokers, and o	ther persons in	
		nmissions paid		(b) To	tal amount	of fees paid		-
, ,		1398					0	
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all	persons).				
		and address of the agent, broke			ons or fees	were paid		
GALLAGHER BENEFIT S		295	WOODCLIFF DR RPORT, NY 14450			'		
		FAI	RPORT, NT 14430					
		_					1	_
(b) Amount of sales ar commissions pai		(c) Amount	ees and other commission	ns paid (d) Purpose	`		(e) Organization code	
commissions pa	1398	(c) Amount		(d) i dipose	,		3	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid								
(a) rame and again, sector, or other person to mine or root note para								
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid			_	
commissions pa		(c) Amount		(d) Purpose)		(e) Organization code	_

Schedule A (Form 5500)	2012	Page 2 - 1			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees were pa	aid		
	, <u> </u>	.,,			
(b) Amount of color and bose		Fees and other commissions paid	(a) Organization		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees were pa	aid		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
()) !			• • • • • • • • • • • • • • • • • • • •		
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees were pa	aid		
	T		<u> </u>		
(b) Amount of sales and base	(-) A	Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees were pa	aid		
	, , , , , , , , , , , , , , , , , , ,				
(h) Amount of color and bose		Fees and other commissions paid	(2) Orner in eties		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
•	, ,				
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees were pa	aid		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		

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Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for pur this report.						
4	Curre	nt value of plan's interest under this contract in the general account at year	end		4			
_		nt value of plan's interest under this contract in separate accounts at year e			5			
6	Contr	acts With Allocated Funds:						
	а	State the basis of premium rates						
		Premiums paid to carrier			6b			
		Premiums due but unpaid at the end of the year			6с			
		If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d			
	;	Specify nature of costs •						
	е	Type of contract: (1) individual policies (2) group deferred	d annuity					
		(3) other (specify)						
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan c	heck here				
7	Contr	acts With Unallocated Funds (Do not include portions of these contracts ma	intained in s	eparate accounts)				
	а	Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶		ion guarantee				
	L				71-			
		Balance at the end of the previous year			7b			
		Additions: (1) Contributions deposited during the year						
		(2) Dividends and credits	7c(2) 7c(3)					
		(3) Interest credited during the year	7c(4)					
		(4) Transferred from separate account	7c(4)					
		(5) Other (specify below)	10(3)					
	,							
		(6)Total additions			7c(6)			
		otal of balance and additions (add lines 7b and 7c(6))			7d			
		Deductions:	Γ					
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)					
	(2) Administration charge made by carrier	. 7e(2)					
	(3) Transferred to separate account	. 7e(3)					
	(4) Other (specify below)	. 7e(4)					
	l							
	(5) Total deductions			7e(5)			
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)						

	Schodulo A (Form 5500) 2012		Dogo	•	
	Schedule A (Form 5500) 2012		Page 4	<u>'</u>	
rt II	Welfare Benefit Contract Informat If more than one contract covers the same gi information may be combined for reporting p the entire group of such individual contracts	roup of employees of the sa urposes if such contracts ar	re experience-ra	ated as a unit. Where contrac	
Ben	efit and contract type (check all applicable boxes)				
а	Health (other than dental or vision)	b Dental	c ∨i	sion	d X Life insurance
е	Temporary disability (accident and sickness)	f Long-term disability	g ∏ Sı	ipplemental unemployment	h Prescription drug
i Ì	Stop loss (large deductible)	j	~ =	PO contract	I Indemnity contract
m		, 🗆	Ш · ·		- 🗆
[Other (specify)				
Ехре	erience-rated contracts:				
a [·]	Premiums: (1) Amount received		9a(1)		7
	(2) Increase (decrease) in amount due but unpaid	d	9a(2)		
	(3) Increase (decrease) in unearned premium res	serve	9a(3)		
	(4) Earned ((1) + (2) - (3))	<u></u>		9a(4)	
b	Benefit charges (1) Claims paid		9b(1)		
	(2) Increase (decrease) in claim reserves		9b(2)		
	(3) Incurred claims (add (1) and (2))			9b(3)	
	(4) Claims charged			9b(4)	
С	Remainder of premium: (1) Retention charges (c	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)		

9c(2)

9d(1)

9d(2) 9d(3)

9e

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10b

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

10 Nonexperience-rated contracts:

Part III

(E) Taxes.....

(F) Charges for risks or other contingencies

(H) Total retention

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

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....

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

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

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

9c(1)(E)

9c(1)(F)

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

Tension Benefit Guaranty Oc	Siporation		e required to provide the informate RISA section 103(a)(2).	tion This Fo	rm is Open to Public Inspection		
For calendar plan year 20	12 or fiscal pla	n year beginning 01/01/2012	and er	nding 12/31/2012			
A Name of plan ADMAR SUPPLY EMPLO	YEE BENEFIT	'S PLAN		e-digit number (PN)	501		
C Plan sponsor's name a		e 2a of Form 5500	D Emplo	oyer Identification Number 22882	(EIN)		
	on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.						
1 Coverage information.							
(a) Name of insurance ca							
GUARDIAN LIFE INSUR	ANCE COMPA	ANY					
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate number of persons covered at end of	-	contract year		
(b) Env	code	identification number	policy or contract year	(f) From	(g) To		
13-5122390	64246	00366379	195	01/01/2012	12/31/2012		
2 Insurance fee and com descending order of the		ation. Enter the total fees and tota	commissions paid. List in line 3	the agents, brokers, and o	other persons in		
(a) Total	amount of com	missions paid	(b) To	otal amount of fees paid			
		4251			6623		
3 Persons receiving com	missions and f	ees. (Complete as many entries a	is needed to report all persons).				
		and address of the agent, broker, o		sions or fees were paid			
GALLAGHER BENEFIT	SERVICES		OODCLIFF DR ORT, NY 14450				
(b) Amount of sales a	nd base	Fees	and other commissions paid				
commissions pa		(c) Amount	(d) Purpos	(e) Organization code			
4251		6623			3		
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
(a) Ivaline and address of the agent, broker, or other person to whom continussions of rees were paid							
(b) Amount of sales and base Fees and other commissions paid							
commissions pa		(c) Amount	(d) Purpos	е	(e) Organization code		

Schedule A (Form 5500)	2012	Page 2 - 1			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees were pa	aid		
	, <u> </u>	.,,			
(b) Amount of color and bose		Fees and other commissions paid	(a) Organization		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees were pa	aid		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
()) !			• • • • • • • • • • • • • • • • • • • •		
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees were pa	aid		
	T		<u> </u>		
(b) Amount of sales and base	(-) A	Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees were pa	aid		
	, , , , , , , , , , , , , , , , , , ,				
(h) Amount of color and bose		Fees and other commissions paid	(2) Orner in eties		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
•	, ,				
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees were pa	aid		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		

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Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	idual contrad	cts with each carrier ma	ay be treated	as a unit for purposes of
4	Curre	nt value of plan's interest under this contract in the general account at year	end		4	
_		nt value of plan's interest under this contract in separate accounts at year e			5	
6	Contr	acts With Allocated Funds:				
	а	State the basis of premium rates				
		Premiums paid to carrier			6b	
		Premiums due but unpaid at the end of the year			6с	
		If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
	;	Specify nature of costs •				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan c	heck here		
7	Contr	acts With Unallocated Funds (Do not include portions of these contracts ma	intained in s	eparate accounts)		
	а	Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶		ion guarantee		
	L				71-	
		Balance at the end of the previous year			7b	
		Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	7c(2) 7c(3)			
		(3) Interest credited during the year	7c(4)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	10(3)			
	,					
		(6)Total additions			7c(6)	
		otal of balance and additions (add lines 7b and 7c(6))			7d	
		Deductions:	Γ			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	. 7e(2)			
	(3) Transferred to separate account	. 7e(3)			
	(4) Other (specify below)	. 7e(4)			
	١					
	(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	

Schedule A (Form 5500) 2012		Page 4		
Welfare Benefit Contract Inform If more than one contract covers the same information may be combined for reporting the entire group of such individual contract	group of employees of the sa purposes if such contracts ar	e experience-rated	as a unit. Where contract	
Benefit and contract type (check all applicable boxe	es)			
a Health (other than dental or vision)	b X Dental	c Visior	1	d Life insurance
Temporary disability (accident and sickness)	f Long-term disability	g ☐ Suppl	emental unemployment	h Prescription drug
Stop loss (large deductible)	j HMO contract	=	contract	I Indemnity contract
n ☐ Other (specify)	• 🗆			Ŭ ,
xperience-rated contracts:				
Premiums: (1) Amount received		9a(1)		
(2) Increase (decrease) in amount due but unp	aid	9a(2)		
(3) Increase (decrease) in unearned premium	reserve	9a(3)		
(4) Earned ((1) + (2) - (3))			9a(4)	
Benefit charges (1) Claims paid		9b(1)		
(2) Increase (decrease) in claim reserves		9b(2)		
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
Remainder of premium: (1) Retention charges	(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)	·	

9c(2)

9d(1)

9d(2) 9d(3)

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

10 Nonexperience-rated contracts:

Part III

(D) Other expenses.....

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

(H) Total retention

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

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....

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

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

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

9c(1)(D)

9c(1)(E)

9c(1)(F)

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

Pension Benefit Guaranty Co	prporation		s are required to provide the ERISA section 103(a)(2).		This Form is Open to Public Inspection			
For calendar plan year 20	2	and ending	g 12/3	31/2012				
A Name of plan ADMAR SUPPLY EMPLOYEE BENEFITS PLAN				B Three-di plan nur	git mber (PN) •	501	
C Plan sponsor's name as shown on line 2a of Form 5500 ADMAR SUPPLY COMPANY				D Employer Identification Number (EIN) 16-1022882				
		ning Insurance Contrac Individual contracts grouped a						
1 Coverage Information:								
(a) Name of insurance ca						Deliana		
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered at	(e) Approximate number of persons covered at end of policy or contract year (f) F		Policy or co	(g) To	
23-1503749	65498	VDY600027	19		01/01/201	2	12/31/2012	
2 Insurance fee and com descending order of the		nation. Enter the total fees and t	otal commissions paid. Lis	st in line 3 the	agents, b	rokers, and ot	her persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid								
		2579					0	
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all p	persons).				
•		and address of the agent, broke			s or fees v	were paid		
GALLAGHER BENEFIT SERVICES 295 WOODCLIFF DR FAIRPORT, NY 14450								
(b) Amount of sales ar	nd hase	F	ees and other commission	s paid				
commissions pa		(c) Amount		(d) Purpose			(e) Organization code	
2579							3	
	(a) Name	and address of the agent, broke	er, or other person to whon	n commissions	s or fees v	were paid		
	(-)	.						
(b) Amount of sales and base		F	ees and other commission	s paid				
commissions pa		(c) Amount	(d) Purpose			(e) Organization code	

Schedule A (Form 5500)	2012	Page 2 - 1				
(a) Na	ime and address of the agent, broke	er, or other person to whom commissions or fees were p	aid			
		,, ,				
(b) Amount of color and bose		Fees and other commissions paid	(a) Organization			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were p	aid			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
()) !			• •			
(a) Na	ime and address of the agent, broke	er, or other person to whom commissions or fees were p	aid			
			1			
(b) Amount of sales and base	(a) A	Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
(a) Na	ime and address of the agent, broke	er, or other person to whom commissions or fees were p	aid			
	, , , , , , , , , , , , , , , , , , ,					
(h) Amount of color and bose		Fees and other commissions paid	(2) Onne ninetien			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
•	, ,					
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid						
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			

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Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report.	idual contrad	cts with each carrier ma	ay be treated	as a unit for purposes of
4	Curre	nt value of plan's interest under this contract in the general account at year	end		4	
_		nt value of plan's interest under this contract in separate accounts at year e			5	
6	Contr	acts With Allocated Funds:				
	а	State the basis of premium rates				
		Premiums paid to carrier			6b	
		Premiums due but unpaid at the end of the year			6с	
		If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d	
	;	Specify nature of costs •				
	е	Type of contract: (1) individual policies (2) group deferred	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan c	heck here		
7	Contr	acts With Unallocated Funds (Do not include portions of these contracts ma	intained in s	eparate accounts)		
	а	Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶		ion guarantee		
	L				71-	
		Balance at the end of the previous year			7b	
		Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	7c(2) 7c(3)			
		(3) Interest credited during the year	7c(4)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	10(3)			
	,					
		(6)Total additions			7c(6)	
		otal of balance and additions (add lines 7b and 7c(6))			7d	
		Deductions:	Γ			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	. 7e(2)			
	(3) Transferred to separate account	. 7e(3)			
	(4) Other (specify below)	. 7e(4)			
	١					
	(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	

Schedule A (Form 5500) 2012		Page 4	1	
If more than one contract covers the same ground information may be combined for reporting put the entire group of such individual contracts we	oup of employees of the sar rposes if such contracts are	e experience-ra	ated as a unit. Where contrac	
Benefit and contract type (check all applicable boxes)				
a Health (other than dental or vision)	b Dental	c Vi	sion	d Life insurance
e Temporary disability (accident and sickness)	f X Long-term disability	g∏ Sı	upplemental unemployment	h Prescription drug
i Stop loss (large deductible)	j HMO contract	- =	PO contract	I Indemnity contract
m ☐ Other (specify) ▶	,a saas.	□		
III Other (specify)				
Experience-rated contracts:				
a Premiums: (1) Amount received		9a(1)		
(2) Increase (decrease) in amount due but unpaid		9a(2)		1
(3) Increase (decrease) in unearned premium rese	erve	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 (or	,			
(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	9	9c(1)(D)		

9c(2)

9d(1)

9d(2) 9d(3)

9e

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10b

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

10 Nonexperience-rated contracts:

Part III

(E) Taxes.....

(F) Charges for risks or other contingencies

(H) Total retention

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

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....

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

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

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

9c(1)(E)

9c(1)(F)

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