#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

0040

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

			Complete all entries in ac		tions to the Form 550	<del>0-31.</del>		
	art I		Identification Information					
Fo	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/	/2012	and ending	12/31/2	2012	
Α	This ret	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	ant plan
В	This ret	urn/report is:	X the first return/report	the final return/report				
			an amended return/report	a short plan year return	/report (less than 12 m	onths)		
С	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	m
		Ü	special extension (enter descr	ription)			_	
P	art II	Basic Plan Info	rmation—enter all requested inf	formation				
	Name					1b	Three-digit	
		•	P, INC. CASH BALANCE PLAN				plan number	
							(PN) <b>•</b>	002
						1c	Effective date of	•
							01/01/	
		oonsor's name and add IEALTHCARE GROUF	dress; include room or suite numbe	er (employer, if for a single-	employer plan)	2b	Employer Identif	
D, (, ,	TLETTO I	ienermonine ondor	,				(=114)	
005		OTDEET				2C	Sponsor's teleph 315-671	
		STREET , NY 13203				24	Business code (s	
						Zu	52222	
3a	Plan ad	dministrator's name an	nd address XSame as Plan Spons	sor Name Same as Plan	Sponsor Address	3b	Administrator's E	EIN
		a	- James as Flam Spens		<b>Openios</b> 7 (da. 555		7.44	
						3с	Administrator's to	elephone number
4	If the co			the lest national manager Class to	a della alla a sastan de a	41.		
4			e plan sponsor has changed since mber from the last return/report.	the last return/report filed to	r this plan, enter the	4b	EIN	
а		or's name	moor from the last retain, report.			4c	PN	
5a	Total r	number of participants	at the beginning of the plan year			5a		98
b	Total r	number of participants	at the end of the plan year			5b		98
С			account balances as of the end of					
				. , ,	•	5c		
6a			s during the plan year invested in e					X Yes No
b			the annual examination and repor					V Vac D Na
			? (See instructions on waiver eligib ther line 6a or line 6b, the plan or					X Yes   No
_								
		•	or incomplete filing of this return	•				this a Oak a daile
			ner penalties set forth in the instructed actuary, a					
		rue, correct, and comp		to won do the electronic vere		i, and i		iniowioago ana
		File at write a vale a sine of 6		07/04/0040	EDMUND BUDANT			
SIC	SN RE	Filed with authorized/	valid electronic signature.	07/31/2013	EDMUND DURANT			
	I\L	Signature of plan ac	dministrator	Date	Enter name of individ	ual sig	ning as plan adm	ninistrator
SIC		Filed with authorized/	valid electronic signature.	07/31/2013	EDMUND DURANT			
HE		Signature of employ		Date	Enter name of individ			
Pre	parer's	name (including firm n	ame, if applicable) and address; in	iclude room or suite number	(optional)	Prep	arer's telephone	number (optional)

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Da	t III Financial Information										
Pa	rt III   Financial Information				I						
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End				
<u>a</u>	Total plan assets	7a		0	-			4	44275		
	Total plan liabilities	7b		0	+				(		
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		0				4	142753	3	
8_	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
а	Contributions received or receivable from:  (1) Employers	8a(1)	44275	3							
		8a(2)		0							
	(2) Participants			0							
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b		0					142753		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c									
u	to provide benefits)	8d		0							
е	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
q	Other expenses	8g		0							
<del></del>	h Total expenses (add lines 8d, 8e, 8f, and 8g)										
÷	Net income (loss) (subtract line 8h from line 8c)							44275			
÷	Transfers to (from) the plan (see instructions)		0					772700	,		
, Da			0								
	Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:										
Ja	1C 3D										
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:										
Par	t V Compliance Questions										
10											
	During the plan year:  Was there a failure to transmit to the plan any participant contributions within the time period described in										
а	Was there a failure to transmit to the plan any participant contribu			10-	Yes	No		Amo	ount		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a	Yes	X		Amo	ount		
	Was there a failure to transmit to the plan any participant contribu	ciary Cori ? (Do not	rection Program)include transactions reported	10a	Yes			Amo	ount		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Cori	rection Program)include transactions reported	10b	Yes	X		Amo	ount	1500	100
b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?	ciary Corr	rection Program)include transactions reported			X		Amo	ount	1500	000
b	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's	? (Do not	rection Program) include transactions reported and, that was caused by fraud	10b		X		Amo	ount	1500	000
b c d	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)  Was the plan covered by a fidelity bond?	? (Do not	rection Program) include transactions reported and, that was caused by fraud	10b 10c		X		Amo	ount	1500	000
b c d	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)  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	? (Do not	include transactions reported  and, that was caused by fraud  s by an insurance carrier, efits under the plan? (See	10b 10c 10d		X		Amo	ount	1500	000
b c d	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)  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 cinstructions.)	fidelity bo	nd, that was caused by fraud s by an insurance carrier, effits under the plan? (See	10b 10c		X X X		Amo	ount	1500	000
b c d	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduly Were there any nonexempt transactions with any party-in-interest on line 10a.)  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 cinstructions.)  Has the plan failed to provide any benefit when due under the plantageneral contributions.	fidelity bo	nd, that was caused by fraud s by an insurance carrier, efits under the plan? (See	10b 10c 10d		X X X		Amo	ount	1500	100
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f g h	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidus Were there any nonexempt transactions with any party-in-interest on line 10a.)  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 constructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a lf 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:  VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	fidelity bo ner person of the beneating soft year et (See instrument required 1-3	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X Adule SE		.			No
f g h 11	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.)  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 dinstructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a 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.  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.	fidelity bo fidelity bo finer person fithe benefither finer requirements? (If "" requirements."	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X X Adule SE		.	Yes		No 0
6 d e f g h 11 11a 11a 12	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidumere there any nonexempt transactions with any party-in-interest on line 10a.)  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 constructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at 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:  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	fidelity bo  fidelity bo  mer person of the bene  s of year e (See instru- ne require 1-3  ents? (If ""  requireme as applic	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i	Schee	X X X X X X A A A A A A A A A A A A A A	ERISA?.	. 🗓	Yes		No 0
6 c d e e e e e e e e e e e e e e e e e e	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidument on the plan and policy seems on the plan covered by a fidelity bond?	fidelity bo mer person of the bene sof year e (See instru- me required 1-3 ents? (If " requirement as application	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i	Schee	X X X X X X A A A A A A A A A A A A A A	ERISA?.	. 🗓	Yes Yes		No 0
6 c d e e e e e e e e e e e e e e e e e e	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidument on the plan and policy seeds on the plan covered by a fidelity bond?	fidelity bo fidelity bo fidelity bo finer person fithe bene finer person finer	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i	Scheo	X X X X X X Adule SE 11a 302 of	ERISA?.	. X	Yes Yes		No 0

	Form 5500-SF 2012 Page <b>3</b> - 1				
	<del></del>		•		
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 X	N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	'es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the c of the PBGC?	ontrol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	0			
1	<b>3c(1)</b> Name of plan(s):	3 <b>c(2)</b> El	N(s)	13c(3) F	PN(s)
Part	VIII Trust Information (optional)				
14a i	Name of trust	<b>14b</b> ⊤r	ust's EIN		

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

#### Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

					F FIIE dS	an attachme	IL LO FOITH	3300 01	3300-3F.						
Fo	r calendar	plan year 201	2 or fiscal p	olan ye	ear beginning 0	1/01/2012			and e	nding	12/31/	2012			
		f amounts to													
•	Caution:	A penalty of \$	1,000 will b	e asse	essed for late filing o	of this report u	nless reaso	onable ca	use is estab	ished.			1		
	Name of p NKERS H		GROUP, II	NC. CA	ASH BALANCE PLA	N			B Three plan r	-digit number	(PN)	<b>•</b>		002	
		sor's name as			of Form 5500 or 55	00-SF			<b>D</b> Emplo		ntificatio	n Numbe	er (EIN)		
									<u> </u>						
E ·	Type of pla	n: X Single	Multip	le-A	Multiple-B	F P	rior year pla	an size: 🔀	100 or few	er	101-500	Moi	re than 500	)	
P	art I	Basic Infor	mation												
1	Enter th	e valuation da	ite:	N	Ionth 12 [	Day31	Year _2	2012	_						
2	Assets:														
	<b>a</b> Marke	t value									2a				0
	<b>b</b> Actua	rial value									2b				0
3	Funding	target/particip	oant count l	breakd	lown:	_		<b>(1)</b> N	umber of pa	rticipan	its	()	<b>2)</b> Funding	g Target	
	<b>a</b> For re	tired participa	nts and bei	neficia	ries receiving payme	ent	3a				0				0
	<b>b</b> For te	rminated vest	ed participa	ants			3b				5				0
	<b>C</b> For a	ctive participar	nts:			-									
	(1)	Non-vested	benefits				3c(1)								0
	(2)	Vested ben	efits				3c(2)								0
	(3)	Total active					3c(3)				87				0
	<b>d</b> Total						3d				92				0
4	If the pla	an is in at-risk	status, che	ck the	box and complete li	nes (a) and (b	o)								
	<b>a</b> Fundi	ng target disre	egarding pro	escribe	ed at-risk assumptio	ns					4a				
					mptions, but disrega						4b				
5	Effective	e interest rate									5			6	.97 %
6	Target r	normal cost									6				328625
	To the best of accordance v	vith applicable law	ne information s and regulation	s. In my	in this schedule and accon opinion, each other assum erience under the plan.										
	SIGN IERE											06/19	9/2013		
			;	Signat	ure of actuary				_			Date	е		
SCO	OTT E. RU	IEHR										11-0	02871		
			Туре	or pri	nt name of actuary					ı	Most rec	ent enro	llment nun	nber	
SCO	OTT E. RU	IEHR, FSA										610-	-622-5122		
		IELD AVENUI L, PA 19026	E	Fi	irm name					Telep	hone nu	umber (in	icluding ar	rea code)	
				Addr	ess of the firm				<u>-</u>						
If the	actuary h	nas not fully re	flected any	regula	ation or ruling promu	lgated under	the statute	in comple	eting this sch	edule,	check th	ne box ar	nd see		]

Page 2	-	
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Schedule SB (Form 5500) 2012

Pa	rt II Begi	nning of Year	Carryov	er Pref	funding Balan	ces							
_	-   · J	<u> </u>	_ · <b>,</b> ·		<u> </u>		(a)	Carryover balance		(b) i	Prefundi	ng balance	
7	, ,	inning of prior year			•				0			0	
8		for use to offset pr	•	U	•				0			0	
9	Amount remain	ing (line 7 minus li	ne 8)						0			0	
10	Interest on line	9 using prior year's	s actual ret	urn of	0.00%								
11	Prior year's exc	cess contributions t	o be added	d to prefu	ınding balance:								
	a Present valu	e of excess contrib	utions (line	38a fron	n prior year)							0	
		a) using prior year's e provided (see ins								0			
	C Total available	e at beginning of cui	rent plan ye	ear to add	d to prefunding bala	nce						0	
	<b>d</b> Portion of (c)	to be added to pre	efunding ba	alance								0	
12	Other reduction	ns in balances due	to elections	s or deen	ned elections				0			0	
13	Balance at beg	inning of current ye	ear (line 9 +	line 10	+ line 11d – line 12	2)			0			0	
Pa	art III Fui	nding Percenta	ages										
14	Funding target	attainment percent	age								14	100.00 %	
15 Adjusted funding target attainment percentage									15	131.92 %			
current year's funding requirement									16	100.00 %			
17	7 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage												
Pá	art IV Co	ntributions an	d Liquid	ity Sho	ortfalls								
18	Contributions n	nade to the plan for	the plan y	ear by er	mployer(s) and em	ployees:							
(M	(a) Date IM-DD-YYYY)	(b) Amount p employer			mount paid by employees	( <b>a)</b> Da (MM-DD-)		(b) Amount paid employer(s)		(0		nt paid by byees	
04	1/24/2013		442753										
											1		
						Totals ►	18(b)	4	442753	18(c)		0	
19		. ,			•			the beginning of the					
	_	s allocated toward						<b> </b>	19a			0	
		s made to avoid res							19b			0	
		allocated toward m			tribution for current	year adjusted t	to valuatio	n date	19c			433533	
20	•	ibutions and liquidit	•									l vaa V Na	
	•	•									L	Yes X No	
								manner?				Yes No	
	t ir line 20a is	"Yes," see instructi	ons and co		he following table a dity shortfall as of e			an vear					
	(1) 1	st		(2)	2nd	and or quarter	(3)	3rd			(4) 4th	1	
				•									

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost							
21	Discou	unt rate:										
	<b>a</b> Seg	gment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment 7.52 %		N/A, full yi	eld curv	ve used			
	<b>b</b> App	olicable month (	enter code)			21b			4			
22	Weigh	ited average ret	tirement age			. 22			62			
23	Mortal	ity table(s) (see	e instructions)	escribed - combined Pre	scribed - separate	Substitu	te					
Pa	rt VI	Miscellane	ous Items									
24		-		uarial assumptions for the current				red Yes	s X No			
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment		Yes	X No			
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	attachment		X Yes	s No			
27		•	o alternative funding rules, en	er applicable code and see instru	ctions regarding	27			_			
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years							
28	Unpai	d minimum requ	uired contributions for all prior	years		. 28			0			
29			contributions allocated toward		29			0				
30	Rema	ining amount of	unpaid minimum required cor		30			0				
Pa	rt VIII	Minimum	<b>Required Contribution</b>									
31	Targe	t normal cost a	nd excess assets (see instruct	ions):								
	<b>a</b> Target normal cost (line 6)											
	<b>b</b> Exc	ess assets, if ap	oplicable, but not greater than		31b			0				
32	Amort	ization installme	ents:		Outstanding Bala	ance	Insta	llment				
	<b>a</b> Net	shortfall amortiz	zation installment			0	0					
	<b>b</b> Wai	ver amortization	n installment			0			0			
33				ter the date of the ruling letter gra) and the waived amount		33						
34	Total f	funding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	· 31b + 32a + 32b - 33)	34			328625			
				Carryover balance	Prefunding bala	nce	Total	balance	;			
35			use to offset funding	(	)	0			0			
36	Additio	onal cash requir	rement (line 34 minus line 35)			36			328625			
37			•	ontribution for current year adjuste		37			433533			
38	Prese	nt value of exce	ess contributions for current ye	ar (see instructions)								
	<b>a</b> Tota	al (excess, if any	y, of line 37 over line 36)			. 38a			104908			
	<b>b</b> Port	ion included in	line 38a attributable to use of	prefunding and funding standard o	arryover balances	. 38b			0			
39	Unpai	d minimum requ	uired contribution for current ye	line 37)	. 39			0				
40	Unpai	d minimum requ	uired contributions for all years		40			0				
Pa	rt IX	Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions	)						
41	If an el	lection was mad	de to use PRA 2010 funding re	elief for this plan:								
	<b>a</b> Sche	edule elected				Г	2 plus 7 years	15	years			
	<b>b</b> Eligi	ible plan year(s	) for which the election in line	41a was made		200	8 2009 2	010	2011			
42	Amour	nt of acceleratio	n adjustment			42						
				d over to future plan years		43						

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan **Actuarial Information** 

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2012

OMB No. 1210-0110

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation  File as an attach	nment to Form	5500 or 5500-SF.			
For calendar plan year 2012 or fiscal plan year beginning 01	/01/2012	and endin	g	12/3	1/2012
Round off amounts to nearest dollar.					
Caution: A penalty of \$1,000 will be assessed for late filing of this repo	ort unless reas	onable cause is establishe	d		
A Name of plan		<b>B</b> Three-digi	t		222
		plan numb	er (PN)	<b>)</b>	002
Bankers Healthcare Group, Inc. Cash Balance	Plan				
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer is	dentification	Number (E	IN)
Bankers Healthcare Group, Inc.		65-0376	586		
E Type of plan: X Single Multiple-A Multiple-B	F Prior year pla	an size: 🛛 100 or fewer [	101-500	More th	an 500
Part I Basic Information					
	31 Year_	2012			
2 Assets:					
a Market value			2a		0
<b>b</b> Actuarial value			2b		0
3 Funding target/participant count breakdown:		(1) Number of particip	ants	(2) F	unding Target
a For retired participants and beneficiaries receiving payment	3a		0		0
<b>b</b> For terminated vested participants	3b		5		0
C For active participants:	-				
(1) Non-vested benefits	3c(1)				0
(2) Vested benefits	3c(2)				0
(3) Total active	3c(3)		87	•	0
<b>d</b> Total	3d		92		0
4 If the plan is in at-risk status, check the box and complete lines (a) a	and (b)				
a Funding target disregarding prescribed at-risk assumptions		_	4a		
b Funding target reflecting at-risk assumptions, but disregarding transat-risk status for fewer than five consecutive years and disregal	nsition rule for p	plans that have been in	4b		
5 Effective interest rate			. 5		6.97
6 Target normal cost			. 6		328,625
Statement by Enrolled Actuary			<u></u>		
To the best of my knowledge, the information supplied in this schedule and accompanying scl accordance with applicable law and regulations. In my opinion, each other assumption is reas combination, offer my best estimate of anticipated experience under the plan.	thedules, statements sonable (taking into a	and attachments, if any, is comple account the experience of the plan	te and accurate. and reasonable	Each prescribe expectations) a	ed assumption was applied in and such other assumptions, in
SIGN INDE					
HERE fully Kuster	<del></del>		0	6/19/20	)13
Signature of actuary			······································	Date	
Scott E. Ruehr				11-0287	71
Type or print name of actuary			Most rece	nt enrollme	ent number
Scott E. Ruehr, FSA			(61	0) 622-	-5122
Firm name 2434 Mansfield Avenue		Te	lephone nur	nber (inclu	ding area code)
Drexel Hill PA	19026				
Address of the firm					
If the actuary has not fully reflected any regulation or ruling promulgated un	nder the statute	in completing this schedu	le, check the	box and s	ee [

12	Page <b>2 -</b>

Schedule	SB	(Form	5500)	2012
Ochiedane	-	11 01111	0000	2012

Pa	rt II	Begir	ning of Year C	arryove	r Prefunding Balanc	es							
						,	(a) C	Carryover balance		( <b>b</b> ) F	refundi	ng balance	<del></del>
7		•			able adjustments (line 13 fro				0				0
8					nding requirement (line 35 t				0				0
9	Amour	nt remaini	ng (line 7 minus lin	e 8)					0				0
10	Interes	t on line 9	using prior year's	actual retur	n of <u>0.00</u> %	,,				,			
11					o prefunding balance:								
	a Pres	ent value	of excess contribu	tions (line 3	8a from prior year)	,,							0
					terest rate of%								0
	<b>c</b> Tota	l available	at beginning of curr	ent plan yea	r to add to prefunding baland	ce							0
	<b>d</b> Port	tion of (c)	to be added to pre	funding bala	ance								0
12	Other	reduction	s in balances due t	o elections	or deemed elections				0				0
13	Baland	ce at begi	nning of current ye	ar (line 9 + l	ine 10 + line 11d – line 12)				0				0
Р	art III	Fun	ding Percenta	ges									
14	Fundir	ng target a	attainment percent	age							14	100.0	
15 Adjusted funding target attainment percentage											15	131.9	2 %
16	current year's funding requirement. 100.00 %												
17	If the o	current va	lue of the assets of	the plan is	less than 70 percent of the	funding targe	et, enter s	uch percentage		,	17		<u>%</u>
P	art IV	Cor	tributions and	l Liquidit	y Shortfalls								
18	Contri	butions m	ade to the plan for	the plan ye	ar by employer(s) and emp								
۱)	(a) D: 'M-DD-		(b) Amount pa employer(		(c) Amount paid by employees	( <b>a)</b> Da (MM-DD-Y		(b) Amount paid employer(s)	by	(0	•	unt paid by loyees	
0	4/24/	2013	4 4	12,753							···		
						ATELIAN							
							4000			40(-)	1		
						Totals ▶	18(b)		,,	18(c)			0
19			•		uctions for small plan with				ear: 19a				0
				•	num required contributions				19b				
					usted to valuation date			<del> </del>	19c			433	5,533
					ired contribution for current y	ear adjusted t	o valuatio	1 date	196			433	, 555
20		•	butions and liquidit	•								Yes X	No
					e prior year?							Yes	No
					installments for the current			maillet f	Г			] 169	110
	C If lir	ne 20a is	Yes," see instructi	ons and cor	nplete the following table a Liquidity shortfall as of e			n vear					
		(1) 1	st		(2) 2nd	o. quartor	(3)	3rd			(4) 4	th	

Pa	rt V Assumptions Used to Determin	e Funding Target and Targe	et Normal Cost							
21		,		<del></del>						
	a Segment rates: 1st segment: 5.54 %	2nd segment: 6 . 85 %	3rd segment: 7.52 %		N/A, full yield	curve used				
	<b>b</b> Applicable month (enter code)	***************************************		21b		4				
22	Weighted average retirement age			22		62				
23	Mortality table(s) (see instructions)	Prescribed - combined Prescribed - Prescribe	escribed - separate	Substitute	!					
Pai	rt VI Miscellaneous Items									
24	Has a change been made in the non-prescribed attachment.					d Yes ☒ No				
25	Has a method change been made for the curren	t plan year? If "Yes," see instructions	regarding required attachr	nent		Yes 🛚 No				
26	Is the plan required to provide a Schedule of Act	ive Participants? If "Yes," see instru	ctions regarding required at	tachment	X	Yes No				
27	If the plan is subject to alternative funding rules, attachment		1	27						
Pa	art VII Reconciliation of Unpaid Mini	mum Required Contribution	s For Prior Years							
28	Unpaid minimum required contributions for all pr	ior years		28		0				
29	Discounted employer contributions allocated tow (line 19a)		29		0					
30	Remaining amount of unpaid minimum required	.,,	30		0					
Pa	rt VIII Minimum Required Contributi									
31										
	a Target normal cost (line 6)	31a		328,625						
	<b>b</b> Excess assets, if applicable, but not greater the	an line 31a		31b		0				
32	Amortization installments:		Outstanding Balance	ce	Installn					
	a Net shortfall amortization installment			q		0				
	<b>b</b> Waiver amortization installment			O		0				
33	If a waiver has been approved for this plan year (Month Day Year	, enter the date of the ruling letter gra	nting the approval	33						
34	Total funding requirement before reflecting carry	over/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34		328,625				
		Carryover balance	Prefunding balanc	e	Total ba	lance				
35										
	requirement			0		0				
36	Additional cash requirement (line 34 minus line	,		36		328,625				
37	(line 19c)	,		37		433,533				
38	Present value of excess contributions for curren	t year (see instructions)	1	20 - 1		104 000				
	a Total (excess, if any, of line 37 over line 36)			38a		104,908				
	<b>b</b> Portion included in line 38a attributable to use			38b		0				
39	· · · · · · · · · · · · · · · · · · ·			39						
40				40		0				
	rt IX Pension Funding Relief Unde		(See Instructions)							
41	If an election was made to use PRA 2010 fundin	g relief for this plan:		<u> </u>						
	a Schedule elected				2 plus 7 years	15 years				
	<b>b</b> Eligible plan year(s) for which the election in li	ne 41a was made		2008	2009 201	0 2011				
42	Amount of acceleration adjustment	\   / · · · · · · · · · · · · · · · · · ·		42						
43	Excess installment acceleration amount to be ca	rried over to future plan years		43						

#### Schedule SB, line 15 -

# Reconciliation of differences between valuation results and amounts used to calculate AFTAP

Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

PLAN YEAR ENDED: 12/31/12

The percentage shown on line 15 is equal to the sum of the current year's funding target and target normal cost, divided by the sum of the market value of assets on the valuation date and the discounted value of contributions received for the current plan year after the valuation date.

## Schedule SB, line 22 –

## Weighted average retirement age

## Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

PLAN YEAR ENDED: 12/31/12

It was assumed that all participants will retire at Normal Retirement Age (62), or if later, on the current valuation date.

#### Statement of Actuarial Assumptions/Methods

#### Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

- Funding Method: PPA-mandated actuarial cost method
- Asset valuation method: Market value of assets (no smoothing)
- Assumed retirement age: Normal Retirement Age, or current val date if later
- Assumed withdrawal rates: None
- Assumed form of benefit payout: Lump sum benefit
- Type of mortality tables used: Static, combined tables
- Pre-retirement mortality assumption: None
- Assumed future annual salary increases: 0%
- Addition to target normal cost for expenses: None
- Assumed future interest crediting rate: 5.00%

#### **Summary of Plan Provisions**

#### Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

- Eligibility: Age 18 and 1 year of service (quarterly entry dates)
- Theoretical contributions: Graded percentages for business owners, 1.35% of pay for all other participants.
- Compensation: W-2 comp with add-back of 401k deferrals
- Normal annuity form: Single life annuity
- NRA: Age 62 (exact date of)
- Interest crediting rate: flat 5%
- Vesting: 3-year cliff

Schedule SB, line 26 - Schedule of Active Participant Data

PLAN: Bankers Healthcare Group, Inc. Cash Balance Plan EIN/PN: 65-0376686 / 002 PYE: 12/31/2012

	40 & up											
	35 to 39											
	30 to 34											
0	25 to 29											
ited Service	20 to 24											
Years of Credited Service	15 to 19 20 to 24											
Xe	10 to 14											
	5 to 9											
	1 to 4	10	50	16	8	11	8	9	7		7	2
	Under 1											
Attained	Age	Under 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	dn & 02

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan **Actuarial Information** 

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2012

OMB No. 1210-0110

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation  File as an attach	nment to Form	5500 or 5500-SF.			
For calendar plan year 2012 or fiscal plan year beginning 01	/01/2012	and endin	g	12/3	1/2012
Round off amounts to nearest dollar.					
Caution: A penalty of \$1,000 will be assessed for late filing of this repo	ort unless reas	onable cause is establishe	d		
A Name of plan		<b>B</b> Three-digi	t		222
		plan numb	er (PN)	<b>)</b>	002
Bankers Healthcare Group, Inc. Cash Balance	Plan				
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer is	dentification	Number (E	IN)
Bankers Healthcare Group, Inc.		65-0376	586		
E Type of plan: X Single Multiple-A Multiple-B	F Prior year pla	an size: 🛛 100 or fewer [	101-500	More th	an 500
Part I Basic Information					
	31 Year_	2012			
2 Assets:					
a Market value			2a		0
<b>b</b> Actuarial value			2b		0
3 Funding target/participant count breakdown:		(1) Number of particip	ants	(2) F	unding Target
a For retired participants and beneficiaries receiving payment	3a		0		0
<b>b</b> For terminated vested participants	3b		5		0
C For active participants:	-				
(1) Non-vested benefits	3c(1)				0
(2) Vested benefits	3c(2)				0
(3) Total active	3c(3)		87	•	0
<b>d</b> Total	3d		92		0
4 If the plan is in at-risk status, check the box and complete lines (a) a	and (b)				
a Funding target disregarding prescribed at-risk assumptions		_	4a		
b Funding target reflecting at-risk assumptions, but disregarding transat-risk status for fewer than five consecutive years and disregal	nsition rule for p	plans that have been in	4b		
5 Effective interest rate			. 5		6.97
6 Target normal cost			. 6		328,625
Statement by Enrolled Actuary			<u></u>		
To the best of my knowledge, the information supplied in this schedule and accompanying scl accordance with applicable law and regulations. In my opinion, each other assumption is reas combination, offer my best estimate of anticipated experience under the plan.	thedules, statements sonable (taking into a	and attachments, if any, is comple account the experience of the plan	te and accurate. and reasonable	Each prescribe expectations) a	ed assumption was applied in and such other assumptions, in
SIGN INDE					
HERE fully Kuster	<del></del>		0	6/19/20	)13
Signature of actuary			······································	Date	
Scott E. Ruehr				11-0287	71
Type or print name of actuary			Most rece	nt enrollme	ent number
Scott E. Ruehr, FSA			(61	0) 622-	-5122
Firm name 2434 Mansfield Avenue		Te	lephone nur	nber (inclu	ding area code)
Drexel Hill PA	19026				
Address of the firm					
If the actuary has not fully reflected any regulation or ruling promulgated un	nder the statute	in completing this schedu	le, check the	box and s	ee [

12	Page <b>2 -</b>

Schedule	SB	(Form	5500)	2012
Ochiedane	-	11 01111	0000	2012

Pa	rt II	Begir	ning of Year C	arryove	r Prefunding Balanc	es							
						,	(a) C	Carryover balance		( <b>b</b> ) F	refundi	ng balance	<del></del>
7		•			able adjustments (line 13 fro				0				0
8					nding requirement (line 35 t				0				0
9	Amour	nt remaini	ng (line 7 minus lin	e 8)					0				0
10	Interes	t on line 9	using prior year's	actual retur	n of <u>0.00</u> %	,,				,			
11					o prefunding balance:								
	a Pres	ent value	of excess contribu	tions (line 3	8a from prior year)	,,							0
					terest rate of%								0
	<b>c</b> Tota	l available	at beginning of curr	ent plan yea	r to add to prefunding baland	ce							0
	<b>d</b> Port	tion of (c)	to be added to pre	funding bala	ance								0
12	Other	reduction	s in balances due t	o elections	or deemed elections				0				0
13	Baland	ce at begi	nning of current ye	ar (line 9 + l	ine 10 + line 11d – line 12)				0				0
Р	art III	Fun	ding Percenta	ges									
14	Fundir	ng target a	attainment percent	age							14	100.0	
15			g target attainment	<del></del>							15	131.9	2 %
16	curren	t year's fu	ınding requirement		of determining whether carr						16	100.0	0 %
17	If the o	current va	lue of the assets of	the plan is	less than 70 percent of the	funding targe	et, enter s	uch percentage		,	17		<u>%</u>
P	art IV	Cor	tributions and	l Liquidit	y Shortfalls								
18	Contri	butions m	ade to the plan for	the plan ye	ar by employer(s) and emp								
۱)	(a) D: 'M-DD-		(b) Amount pa employer(		(c) Amount paid by employees	( <b>a)</b> Da (MM-DD-Y		(b) Amount paid employer(s)	by	(0	•	unt paid by loyees	
0	4/24/	2013	4 4	12,753							···		
						ATELIAN							
							4000			40(-)	1		
						Totals ▶	18(b)		,,	18(c)			0
19			•		uctions for small plan with				ear: 19a				0
				•	num required contributions				19b				
					usted to valuation date			<del> </del>	19c			433	5,533
					ired contribution for current y	ear adjusted t	o valuatio	1 date	196			433	, 555
20		•	butions and liquidit	•								Yes X	No
					e prior year?							Yes	No
					installments for the current			maillet f	Г			] 169	110
	C If lir	ne 20a is	Yes," see instructi	ons and cor	nplete the following table a Liquidity shortfall as of e			n vear					
		(1) 1	st		(2) 2nd	o. quartor	(3)	3rd			(4) 4	th	

Pa	rt V Assumption	ns Used to Determine F	unding Target and Targe	t Normal Cost			
21	Discount rate:						
	a Segment rates:	1st segment: 5 . 5 4 %	2nd segment: 6.85 %	3rd segment: 7.52 %		N/A, full yield	I curve used
	<b>b</b> Applicable month (	enter code)			21b		4
22	Weighted average ret	irement age	,		22		62
23	Mortality table(s) (see	e instructions) 🗵 Pre	scribed - combined Pre	scribed - separate	Substitut	e	
Pa	rt VI Miscellane	ous Items					
24	Has a change been m	nade in the non-prescribed actu	uarial assumptions for the current				Yes X No
25	Has a method change	e been made for the current pla	in year? If "Yes," see instructions	regarding required attac	hment		Yes 🛛 No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment.	X	Yes No
27	If the plan is subject to	o alternative funding rules, ente	er applicable code and see instruc	tions regarding	27		
Pa	rt VII Reconcilia	ation of Unpaid Minimu	m Required Contribution	s For Prior Years			
28	Unpaid minimum requ	uired contributions for all prior y	ears		28		0
29		*	unpaid minimum required contrib		29		0
30	Remaining amount of	unpaid minimum required con	tributions (line 28 minus line 29).	.,	30		0
Pa	rt VIII Minimum	Required Contribution	For Current Year				
31	Target normal cost a	nd excess assets (see instructi	ons):				
	a Target normal cost	(line 6)			31a		328,625
	<b>b</b> Excess assets, if a	oplicable, but not greater than I	ine 31a		31b		0
32	Amortization installme	ents:		Outstanding Bala	ince	Installn	nent
	a Net shortfall amorti	zation installment	«·····		Q		0
	<b>b</b> Waiver amortization	n installment			q		0
33	If a waiver has been a	approved for this plan year, ent Day Year	er the date of the ruling letter gra	nting the approval	33		
34	Total funding requirer	ment before reflecting carryove	r/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34		328,625
			Carryover balance	Prefunding bala	nce	Total ba	lance
35	Balances elected for requirement	use to offset funding	(	)	0		0
36	Additional cash requi	rement (line 34 minus line 35)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		36		328,625
37	Contributions allocate	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37		433,533
38	Present value of exce	ess contributions for current year	ar (see instructions)				
	a Total (excess, if an	y, of line 37 over line 36)			38a		104,908
	<b>b</b> Portion included in	line 38a attributable to use of p	prefunding and funding standard	arryover balances	38b		0
39	Unpaid minimum req	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	39		0
40	Unpaid minimum req	uired contributions for all years		,	40		0
Pa	rt IX Pension	Funding Relief Under P	ension Relief Act of 2010	(See Instructions	)		
41	If an election was ma	de to use PRA 2010 funding re	lief for this plan:				
	a Schedule elected .	,				2 plus 7 years	15 years
	<b>b</b> Eligible plan year(s	) for which the election in line	11a was made		200	8 2009 201	0 2011
42	Amount of acceleration	on adjustment			42	<u> </u>	
		-			t		

#### Schedule SB, line 15 -

# Reconciliation of differences between valuation results and amounts used to calculate AFTAP

Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

PLAN YEAR ENDED: 12/31/12

The percentage shown on line 15 is equal to the sum of the current year's funding target and target normal cost, divided by the sum of the market value of assets on the valuation date and the discounted value of contributions received for the current plan year after the valuation date.

## Schedule SB, line 22 –

## Weighted average retirement age

## Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

PLAN YEAR ENDED: 12/31/12

It was assumed that all participants will retire at Normal Retirement Age (62), or if later, on the current valuation date.

#### Statement of Actuarial Assumptions/Methods

#### Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

- Funding Method: PPA-mandated actuarial cost method
- Asset valuation method: Market value of assets (no smoothing)
- Assumed retirement age: Normal Retirement Age, or current val date if later
- Assumed withdrawal rates: None
- Assumed form of benefit payout: Lump sum benefit
- Type of mortality tables used: Static, combined tables
- Pre-retirement mortality assumption: None
- Assumed future annual salary increases: 0%
- Addition to target normal cost for expenses: None
- Assumed future interest crediting rate: 5.00%

#### **Summary of Plan Provisions**

#### Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

- Eligibility: Age 18 and 1 year of service (quarterly entry dates)
- Theoretical contributions: Graded percentages for business owners, 1.35% of pay for all other participants.
- Compensation: W-2 comp with add-back of 401k deferrals
- Normal annuity form: Single life annuity
- NRA: Age 62 (exact date of)
- Interest crediting rate: flat 5%
- Vesting: 3-year cliff

Schedule SB, line 26 - Schedule of Active Participant Data

PLAN: Bankers Healthcare Group, Inc. Cash Balance Plan EIN/PN: 65-0376686 / 002 PYE: 12/31/2012

	40 & up											
	35 to 39											
	30 to 34											
0	25 to 29											
ited Service	20 to 24											
Years of Credited Service	15 to 19 20 to 24											
Xe	10 to 14											
	5 to 9											
	1 to 4	10	50	16	8	11	8	9	7		7	2
	Under 1											
Attained	Age	Under 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	dn & 02

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan **Actuarial Information** 

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2012

OMB No. 1210-0110

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation  File as an attach	nment to Form	5500 or 5500-SF.			
For calendar plan year 2012 or fiscal plan year beginning 01	/01/2012	and endin	g	12/3	1/2012
Round off amounts to nearest dollar.					
Caution: A penalty of \$1,000 will be assessed for late filing of this repo	ort unless reas	onable cause is establishe	d		
A Name of plan		<b>B</b> Three-digi	t		222
		plan numb	er (PN)	<b>)</b>	002
Bankers Healthcare Group, Inc. Cash Balance	Plan				
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer is	dentification	Number (E	IN)
Bankers Healthcare Group, Inc.		65-0376	586		
E Type of plan: X Single Multiple-A Multiple-B	F Prior year pla	an size: 🛛 100 or fewer [	101-500	More th	an 500
Part I Basic Information					
	31 Year_	2012			
2 Assets:					
a Market value			2a		0
<b>b</b> Actuarial value			2b		0
3 Funding target/participant count breakdown:		(1) Number of particip	ants	(2) F	unding Target
a For retired participants and beneficiaries receiving payment	3a		0		0
<b>b</b> For terminated vested participants	3b		5		0
C For active participants:	-				
(1) Non-vested benefits	3c(1)				0
(2) Vested benefits	3c(2)				0
(3) Total active	3c(3)		87	•	0
<b>d</b> Total	3d		92		0
4 If the plan is in at-risk status, check the box and complete lines (a) a	and (b)				
a Funding target disregarding prescribed at-risk assumptions		_	4a		
b Funding target reflecting at-risk assumptions, but disregarding transat-risk status for fewer than five consecutive years and disregal	nsition rule for p	plans that have been in	4b		
5 Effective interest rate			. 5		6.97
6 Target normal cost			. 6		328,625
Statement by Enrolled Actuary			<u></u>		
To the best of my knowledge, the information supplied in this schedule and accompanying scl accordance with applicable law and regulations. In my opinion, each other assumption is reas combination, offer my best estimate of anticipated experience under the plan.	thedules, statements sonable (taking into a	and attachments, if any, is comple account the experience of the plan	te and accurate. and reasonable	Each prescribe expectations) a	ed assumption was applied in and such other assumptions, in
SIGN INDE					
HERE fully Kuster	<del></del>		0	6/19/20	)13
Signature of actuary			······································	Date	
Scott E. Ruehr				11-0287	71
Type or print name of actuary			Most rece	nt enrollme	ent number
Scott E. Ruehr, FSA			(61	0) 622-	-5122
Firm name 2434 Mansfield Avenue		Te	lephone nur	nber (inclu	ding area code)
Drexel Hill PA	19026				
Address of the firm					
If the actuary has not fully reflected any regulation or ruling promulgated un	nder the statute	in completing this schedu	le, check the	box and s	ee [

12	Page <b>2 -</b>

Schedule	SB	(Form	5500)	2012
Ochiedane	-	11 01111	0000	2012

Pa	rt II	Begir	ning of Year C	arryove	r Prefunding Balanc	es							
						,	(a) C	Carryover balance		( <b>b</b> ) F	refundi	ng balance	<del></del>
7		•			able adjustments (line 13 fro				0				0
8					nding requirement (line 35 t				0				0
9	Amour	nt remaini	ng (line 7 minus lin	e 8)					0				0
10	Interes	t on line 9	using prior year's	actual retur	n of <u>0.00</u> %	,,				,			
11					o prefunding balance:								
	a Pres	ent value	of excess contribu	tions (line 3	8a from prior year)	,,							0
					terest rate of%								0
	<b>c</b> Tota	l available	at beginning of curr	ent plan yea	r to add to prefunding baland	ce							0
	<b>d</b> Port	tion of (c)	to be added to pre	funding bala	ance								0
12	Other	reduction	s in balances due t	o elections	or deemed elections				0				0
13	Baland	ce at begi	nning of current ye	ar (line 9 + l	ine 10 + line 11d – line 12)				0				0
Р	art III	Fun	ding Percenta	ges									
14	Fundir	ng target a	attainment percent	age							14	100.0	
15			g target attainment	<del></del>							15	131.9	2 %
16	curren	t year's fu	ınding requirement		of determining whether carr						16	100.0	0 %
17	If the o	current va	lue of the assets of	the plan is	less than 70 percent of the	funding targe	et, enter s	uch percentage		,	17		<u>%</u>
P	art IV	Cor	tributions and	l Liquidit	y Shortfalls								
18	Contri	butions m	ade to the plan for	the plan ye	ar by employer(s) and emp								
۱)	(a) D: 'M-DD-		(b) Amount pa employer(		(c) Amount paid by employees	( <b>a)</b> Da (MM-DD-Y		(b) Amount paid employer(s)	by	(0	•	unt paid by loyees	
0	4/24/	2013	4 4	12,753							···		
						ATELIAN							
							4000			40(-)	1		
						Totals ▶	18(b)		,,	18(c)			0
19			•		uctions for small plan with				ear: 19a				0
				•	num required contributions				19b				
					usted to valuation date			<del> </del>	19c			433	5,533
					ired contribution for current y	ear adjusted t	o valuatio	1 date	196			433	, 555
20		•	butions and liquidit	•								Yes X	No
					e prior year?							Yes	No
					installments for the current			maillet f	Г			] 169	110
	C If lir	ne 20a is	Yes," see instructi	ons and cor	nplete the following table a Liquidity shortfall as of e			n vear					
		(1) 1	st		(2) 2nd	o. quartor	(3)	3rd			(4) 4	th	

Pa	rt V Assumption	ns Used to Determine F	unding Target and Targe	t Normal Cost			
21	Discount rate:						
	a Segment rates:	1st segment: 5 . 5 4 %	2nd segment: 6.85 %	3rd segment: 7.52 %		N/A, full yield	I curve used
	<b>b</b> Applicable month (	enter code)			21b		4
22	Weighted average ret	irement age	,		22		62
23	Mortality table(s) (see	e instructions) 🗵 Pre	scribed - combined Pre	scribed - separate	Substitut	e	
Pa	rt VI Miscellane	ous Items					
24	Has a change been m	nade in the non-prescribed actu	uarial assumptions for the current				Yes X No
25	Has a method change	e been made for the current pla	in year? If "Yes," see instructions	regarding required attac	hment		Yes 🛛 No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment.	X	Yes No
27	If the plan is subject to	o alternative funding rules, ente	er applicable code and see instruc	tions regarding	27		
Pa	rt VII Reconcilia	ation of Unpaid Minimu	m Required Contribution	s For Prior Years			
28	Unpaid minimum requ	uired contributions for all prior y	ears		28		0
29		*	unpaid minimum required contrib		29		0
30	Remaining amount of	unpaid minimum required con	tributions (line 28 minus line 29).	.,	30		0
Pa	rt VIII Minimum	Required Contribution	For Current Year				
31	Target normal cost a	nd excess assets (see instructi	ons):				
	a Target normal cost	(line 6)			31a		328,625
	<b>b</b> Excess assets, if a	oplicable, but not greater than I	ine 31a		31b		0
32	Amortization installme	ents:		Outstanding Bala	ince	Installn	nent
	a Net shortfall amorti	zation installment	«·····		Q		0
	<b>b</b> Waiver amortization	n installment			q		0
33	If a waiver has been a	approved for this plan year, ent Day Year	er the date of the ruling letter gra	nting the approval	33		
34	Total funding requirer	ment before reflecting carryove	r/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34		328,625
			Carryover balance	Prefunding bala	nce	Total ba	lance
35	Balances elected for requirement	use to offset funding	(	)	0		0
36	Additional cash requi	rement (line 34 minus line 35)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		36		328,625
37	Contributions allocate	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37		433,533
38	Present value of exce	ess contributions for current year	ar (see instructions)				
	a Total (excess, if an	y, of line 37 over line 36)			38a		104,908
	<b>b</b> Portion included in	line 38a attributable to use of p	prefunding and funding standard	arryover balances	38b		0
39	Unpaid minimum req	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	39		0
40	Unpaid minimum req	uired contributions for all years		,	40		0
Pa	rt IX Pension	Funding Relief Under P	ension Relief Act of 2010	(See Instructions	)		
41	If an election was ma	de to use PRA 2010 funding re	lief for this plan:				
	a Schedule elected .	,				2 plus 7 years	15 years
	<b>b</b> Eligible plan year(s	) for which the election in line	11a was made		200	8 2009 201	0 2011
42	Amount of acceleration	on adjustment			42	<u> </u>	
		-			t		

#### Schedule SB, line 15 -

# Reconciliation of differences between valuation results and amounts used to calculate AFTAP

Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

PLAN YEAR ENDED: 12/31/12

The percentage shown on line 15 is equal to the sum of the current year's funding target and target normal cost, divided by the sum of the market value of assets on the valuation date and the discounted value of contributions received for the current plan year after the valuation date.

## Schedule SB, line 22 –

## Weighted average retirement age

## Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

PLAN YEAR ENDED: 12/31/12

It was assumed that all participants will retire at Normal Retirement Age (62), or if later, on the current valuation date.

#### Statement of Actuarial Assumptions/Methods

#### Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

- Funding Method: PPA-mandated actuarial cost method
- Asset valuation method: Market value of assets (no smoothing)
- Assumed retirement age: Normal Retirement Age, or current val date if later
- Assumed withdrawal rates: None
- Assumed form of benefit payout: Lump sum benefit
- Type of mortality tables used: Static, combined tables
- Pre-retirement mortality assumption: None
- Assumed future annual salary increases: 0%
- Addition to target normal cost for expenses: None
- Assumed future interest crediting rate: 5.00%

#### **Summary of Plan Provisions**

#### Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

- Eligibility: Age 18 and 1 year of service (quarterly entry dates)
- Theoretical contributions: Graded percentages for business owners, 1.35% of pay for all other participants.
- Compensation: W-2 comp with add-back of 401k deferrals
- Normal annuity form: Single life annuity
- NRA: Age 62 (exact date of)
- Interest crediting rate: flat 5%
- Vesting: 3-year cliff

Schedule SB, line 26 - Schedule of Active Participant Data

PLAN: Bankers Healthcare Group, Inc. Cash Balance Plan EIN/PN: 65-0376686 / 002 PYE: 12/31/2012

	40 & up											
	35 to 39											
	30 to 34											
0	25 to 29											
ited Service	20 to 24											
Years of Credited Service	15 to 19 20 to 24											
Xe	10 to 14											
	5 to 9											
	1 to 4	10	50	91	8	11	8	9	7		7	2
	Under 1											
Attained	Age	Under 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	dn & 02

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan **Actuarial Information** 

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2012

OMB No. 1210-0110

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation  File as an attac	hment to Form	5500 or 5500-SF.			
For calendar plan year 2012 or fiscal plan year beginning 0	1/01/2012	and endi	ng	12/3	31/2012
Round off amounts to nearest dollar.					
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this re	port unless reas	onable cause is establishe	ed	—	
A Name of plan		<b>B</b> Three-dig	it		0.00
		plan num	ber (PN)	<u> </u>	002
Bankers Healthcare Group, Inc. Cash Balance	e Plan				
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		<b>D</b> Employer	dentification	Number (	EIN)
Bankers Healthcare Group, Inc.		65-0376	686		
E Type of plan: X Single  Multiple-A  Multiple-B	F Prior year pla	an size: X 100 or fewer	101-500	More th	han 500
Part I Basic Information					
	31 Year	2012			
2 Assets:					
a Market value			2a		0
<b>b</b> Actuarial value			2b		0
3 Funding target/participant count breakdown:	F-11	(1) Number of partici	pants	(2)	Funding Target
a For retired participants and beneficiaries receiving payment	3a		0		0
<b>b</b> For terminated vested participants	3b		5		0
<b>c</b> For active participants:		_			
(1) Non-vested benefits					0
(2) Vested benefits					0
(3) Total active			87		0
d Total			92		0
4 If the plan is in at-risk status, check the box and complete lines (a)		_			
a Funding target disregarding prescribed at-risk assumptions			4a		
b Funding target reflecting at-risk assumptions, but disregarding tr at-risk status for fewer than five consecutive years and disreg			4b		
5 Effective interest rate		(2)2()	5		6.97
6 Target normal cost			6		328,625
Statement by Enrolled Actuary  To the best of my knowledge, the information supplied in this schedule and accompanying accordance with applicable law and regulations. In my opinion, each other assumption is recombination, offer my best estimate of anticipated experience under the plan.	schedules, statements asonable (taking into a	and attachments, if any, is compleaceount the experience of the plan	ete and accurate and reasonable	Each prescri expectations)	bed assumption was applied in and such other assumptions, in
SIGN HERE Sulf Rules	·		0	6/19/2	013
Signature of actuary				Date	
Scott E. Ruehr				11-028	71
Type or print name of actuary			Most rece	nt enrollm	ent number
Scott E. Ruehr, FSA			(61	0) 622	-5122
2434 Mansfield Avenue Firm name		Т	elephone nui	mber (inclu	uding area code)
	19026				
Address of the firm					
f the actuary has not fully reflected any regulation or ruling promulgated on nstructions	under the statute	in completing this schede	ule, check the	e box and	see

12	Page <b>2 -</b>

Schedule	SB	(Form	5500)	2012
Ochiedane	-	11 01111	0000	2012

Pa	rt II	Begir	ning of Year C	arryove	r Prefunding Balanc	es							
							(a) C	Carryover balance		( <b>b</b> ) F	Prefundi	ng balance	
7		•	• , ,		able adjustments (line 13 fro				0			<del>.</del>	0
8					nding requirement (line 35 t				0				0
9	Amour	nt remaini	ng (line 7 minus lin	e 8)					0				0
10	Interes	t on line	9 using prior year's	actual retur	n of0.00_%	,,				,			
11					o prefunding balance:								
	a Present value of excess contributions (line 38a from prior year)												0
	b Interest on (a) using prior year's effective interest rate of% except as otherwise provided (see instructions)												0
	<b>c</b> Tota	l available	at beginning of curr	ent plan yea	r to add to prefunding baland	ce							0
	<b>d</b> Port	tion of (c)	to be added to pre	funding bala	ance								0
12	Other	reduction	s in balances due t	o elections	or deemed elections				0				0
13	Baland	ce at begi	nning of current ye	ar (line 9 + l	ine 10 + line 11d – line 12)				0				0
P	art III	Fur	ding Percenta	ges									
14	Fundir	ng target a	attainment percent	ıge							14	100.0	0 %
15			g target attainment	<u> </u>							15	131.9	2 %
	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement								.,	16	100.0	0 %	
17	If the o	current va	lue of the assets of	the plan is	less than 70 percent of the	funding targe	et, enter s	such percentage			17		%_
P	art IV	Cor	ntributions and	l Liquidit	y Shortfalls								
18	Contri	butions m	ade to the plan for	the plan ye	ar by employer(s) and emp	loyees:							<del></del>
()	(a) D: 1M-DD-		(b) Amount pa employer(		(c) Amount paid by employees	( <b>a)</b> Da (MM-DD-Y		( <b>b)</b> Amount paid employer(s)	by	(c) Amount paid by employees			
0	1/24/	2013	4 4	12,753									
						Avenue							
												*****	
							1			40(-)	1		
						Totals ▶	18(b)		,,	18(c)			0
19			•		uctions for small plan with								0
				•	num required contributions				19a				
b Contributions made to avoid restrictions adjusted to valuation date									422	<u>0</u>			
						ear adjusted t	o valuatio	n date	19c			433	<u>, 533</u>
20		•	butions and liquidit	-							Г	7 van 🖾	Ne.
					e prior year?							Yes X	
					installments for the current		n a timely	manner?	.,			Yes [	No
	C If lir	ne 20a is	"Yes," see instructi	ons and cor	nplete the following table a Liquidity shortfall as of e		of this pla	an year					
		(1)	lst		(2) 2nd	na or quarter	(3)	3rd			(4) 4	th	
		, ,											

Pa	rt V Assumption	ns Used to Determine F	unding Target and Targe	t Normal Cost						
21	Discount rate:				· · · · · · · · · · · · · · · · · · ·					
	a Segment rates:	1st segment: 5 . 5 4 %	2nd segment: 6.85 %	3rd segment: 7.52 %		N/A, full yield curve used				
	<b>b</b> Applicable month (	enter code)	1.00(1)(0)(4)).001(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)		21b					
22	Weighted average ret	irement age			22	6				
23	Mortality table(s) (see	e instructions) 🗵 Pre	scribed - combined Pre	escribed - separate	Substitut	e				
Pa	rt VI Miscellane	ous Items								
24	Has a change been m	nade in the non-prescribed actu	arial assumptions for the current				Yes X No			
25	Has a method change	e been made for the current pla	n year? If "Yes," see instructions	regarding required attac	hment		Yes 🛛 No			
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment	X	Yes No			
27	If the plan is subject to	o alternative funding rules, ente	er applicable code and see instru	ctions regarding	27					
Pa	rt VII Reconcilia	ation of Unpaid Minimu	m Required Contribution	s For Prior Years						
28	Unpaid minimum requ	uired contributions for all prior y	ears		28		0			
29		*	unpaid minimum required contrib		29		0			
30	Remaining amount of	unpaid minimum required con	tributions (line 28 minus line 29).		30		0			
Pa	rt VIII Minimum	Required Contribution	For Current Year							
31	Target normal cost a	nd excess assets (see instructi	ons):							
	a Target normal cost	(line 6)			31a		328,625			
	<b>b</b> Excess assets, if a	oplicable, but not greater than I		31b						
32	Amortization installme	ents:		Outstanding Bala	ince	Installn	nent			
	a Net shortfall amorti	zation installment	««»»	,	Q		0			
	<b>b</b> Waiver amortization	n installment			0		0			
33	If a waiver has been a	approved for this plan year, ent Day Year	er the date of the ruling letter gra) and the waived amount	nting the approval	33					
34	Total funding requirer	ment before reflecting carryove	r/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34		328,625			
			Carryover balance	Prefunding bala	nce	Total ba	lance			
35	Balances elected for requirement	use to offset funding			0		0			
36	Additional cash requi	rement (line 34 minus line 35)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		36		328,625			
37	Contributions allocate	ed toward minimum required co	ontribution for current year adjuste	ed to valuation date	37		433,533			
38	Present value of exce	ess contributions for current year	ar (see instructions)							
	a Total (excess, if an	y, of line 37 over line 36)			38a		104,908			
	<b>b</b> Portion included in	line 38a attributable to use of p	carryover balances	38b		0				
39	Unpaid minimum req	uired contribution for current ye	39							
40	Unpaid minimum req	uired contributions for all years		.1.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	40		0			
Pa	rt IX Pension	Funding Relief Under P	ension Relief Act of 2010	) (See Instructions	)					
41	If an election was ma	de to use PRA 2010 funding re	lief for this plan:		•					
	a Schedule elected .	,				2 plus 7 years	15 years			
	<b>b</b> Eligible plan year(s	) for which the election in line	11a was made		200	08 2009 201	0 2011			
42	Amount of acceleration	on adjustment			42	<u> </u>				
		-			43					

#### Schedule SB, line 15 -

# Reconciliation of differences between valuation results and amounts used to calculate AFTAP

Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

PLAN YEAR ENDED: 12/31/12

The percentage shown on line 15 is equal to the sum of the current year's funding target and target normal cost, divided by the sum of the market value of assets on the valuation date and the discounted value of contributions received for the current plan year after the valuation date.

## Schedule SB, line 22 –

## Weighted average retirement age

## Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

PLAN YEAR ENDED: 12/31/12

It was assumed that all participants will retire at Normal Retirement Age (62), or if later, on the current valuation date.

#### Statement of Actuarial Assumptions/Methods

#### Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

- Funding Method: PPA-mandated actuarial cost method
- Asset valuation method: Market value of assets (no smoothing)
- Assumed retirement age: Normal Retirement Age, or current val date if later
- Assumed withdrawal rates: None
- Assumed form of benefit payout: Lump sum benefit
- Type of mortality tables used: Static, combined tables
- Pre-retirement mortality assumption: None
- Assumed future annual salary increases: 0%
- Addition to target normal cost for expenses: None
- Assumed future interest crediting rate: 5.00%

#### **Summary of Plan Provisions**

#### Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

- Eligibility: Age 18 and 1 year of service (quarterly entry dates)
- Theoretical contributions: Graded percentages for business owners, 1.35% of pay for all other participants.
- Compensation: W-2 comp with add-back of 401k deferrals
- Normal annuity form: Single life annuity
- NRA: Age 62 (exact date of)
- Interest crediting rate: flat 5%
- Vesting: 3-year cliff

Schedule SB, line 26 - Schedule of Active Participant Data

PLAN: Bankers Healthcare Group, Inc. Cash Balance Plan EIN/PN: 65-0376686 / 002 PYE: 12/31/2012

	40 & up											
	35 to 39											
	30 to 34											
0	25 to 29											
ited Service	20 to 24											
Years of Credited Service	15 to 19 20 to 24											
Xe	10 to 14											
	5 to 9											
	1 to 4	10	50	16	8	11	8	9	7		7	2
	Under 1											
Attained	Age	Under 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	dn & 02

#### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan **Actuarial Information** 

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2012

OMB No. 1210-0110

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation  File as an attach	nment to Form	5500 or 5500-SF.			
For calendar plan year 2012 or fiscal plan year beginning 01	/01/2012	and endin	g	12/3	1/2012
Round off amounts to nearest dollar.					
Caution: A penalty of \$1,000 will be assessed for late filing of this repo	ort unless reas	onable cause is establishe	d		
A Name of plan		<b>B</b> Three-digi	t		222
		plan numb	er (PN)	<b>)</b>	002
Bankers Healthcare Group, Inc. Cash Balance	Plan				
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer is	dentification	Number (E	IN)
Bankers Healthcare Group, Inc.		65-0376	586		
E Type of plan: X Single Multiple-A Multiple-B	F Prior year pla	an size: 🛛 100 or fewer [	101-500	More th	an 500
Part I Basic Information					
	31 Year_	2012			
2 Assets:					
a Market value			2a		0
<b>b</b> Actuarial value			2b		0
3 Funding target/participant count breakdown:		(1) Number of particip	ants	(2) F	unding Target
a For retired participants and beneficiaries receiving payment	3a		0		0
<b>b</b> For terminated vested participants	3b		5		0
C For active participants:					
(1) Non-vested benefits	3c(1)				0
(2) Vested benefits	3c(2)				0
(3) Total active	3c(3)		87	•	0
<b>d</b> Total	3d		92		0
4 If the plan is in at-risk status, check the box and complete lines (a) a	and (b)				
a Funding target disregarding prescribed at-risk assumptions		_	4a		
b Funding target reflecting at-risk assumptions, but disregarding transat-risk status for fewer than five consecutive years and disregal	nsition rule for p	plans that have been in	4b		
5 Effective interest rate			. 5		6.97
6 Target normal cost			. 6		328,625
Statement by Enrolled Actuary			<u></u>		
To the best of my knowledge, the information supplied in this schedule and accompanying scl accordance with applicable law and regulations. In my opinion, each other assumption is reas combination, offer my best estimate of anticipated experience under the plan.	thedules, statements sonable (taking into a	and attachments, if any, is comple account the experience of the plan	te and accurate. and reasonable	Each prescribe expectations) a	ed assumption was applied in and such other assumptions, in
SIGN INDE					
HERE fully Kuster	<del></del>		0	6/19/20	)13
Signature of actuary			······································	Date	
Scott E. Ruehr				11-0287	71
Type or print name of actuary			Most rece	nt enrollme	ent number
Scott E. Ruehr, FSA			(61	0) 622-	-5122
Firm name 2434 Mansfield Avenue		Te	lephone nur	nber (inclu	ding area code)
Drexel Hill PA	19026				
Address of the firm					
If the actuary has not fully reflected any regulation or ruling promulgated un	nder the statute	in completing this schedu	le, check the	box and s	ee [

12	Page <b>2 -</b>

Schedule	SB	(Form	5500)	2012
Ochiedane	-	11 01111	0000	2012

Pa	rt II	Begir	ning of Year C	arryove	r Prefunding Balanc	es							
						,	(a) C	Carryover balance		( <b>b</b> ) F	refundi	ng balance	<del></del>
7		•			able adjustments (line 13 fro				0				0
8					nding requirement (line 35 t				0				0
9	Amour	nt remaini	ng (line 7 minus lin	e 8)					0				0
10	Interes	t on line 9	using prior year's	actual retur	n of <u>0.00</u> %	,,				,			
11					o prefunding balance:								
	a Pres	ent value	of excess contribu	tions (line 3	8a from prior year)	,,							0
					terest rate of%								0
	<b>c</b> Tota	l available	at beginning of curr	ent plan yea	r to add to prefunding baland	ce							0
	<b>d</b> Port	tion of (c)	to be added to pre	funding bala	ance								0
12	Other	reduction	s in balances due t	o elections	or deemed elections				0				0
13	Baland	ce at begi	nning of current ye	ar (line 9 + l	ine 10 + line 11d – line 12)				0				0
Р	art III	Fun	ding Percenta	ges									
14	Fundir	ng target a	attainment percent	age							14	100.0	
15			g target attainment	<del></del>							15	131.9	2 %
16	curren	t year's fu	ınding requirement		of determining whether carr						16	100.0	0 %
17	If the o	current va	lue of the assets of	the plan is	less than 70 percent of the	funding targe	et, enter s	uch percentage		,	17		<u>%</u>
P	art IV	Cor	tributions and	l Liquidit	y Shortfalls								
18	Contri	butions m	ade to the plan for	the plan ye	ar by employer(s) and emp								
۱)	(a) D: 'M-DD-		(b) Amount pa employer(		(c) Amount paid by employees	( <b>a)</b> Da (MM-DD-Y		(b) Amount paid employer(s)	by	(0	•	unt paid by loyees	
0	4/24/	2013	4 4	12,753							···		
						ATELIAN							
							4000			40(-)	1		
						Totals ▶	18(b)		,,	18(c)			0
19			•		uctions for small plan with				ear: 19a				0
				•	num required contributions				19b				
					usted to valuation date			<del> </del>	19c			433	5,533
					ired contribution for current y	ear adjusted t	o valuatio	1 date	196			433	, 555
20		•	butions and liquidit	•								Yes X	No
					e prior year?							Yes	No
					installments for the current			maillet f	Г			] 169	110
	C If lir	ne 20a is	Yes," see instructi	ons and cor	nplete the following table a Liquidity shortfall as of e			n vear					
		(1) 1	st		(2) 2nd	o. quartor	(3)	3rd			(4) 4	th	

Pa	rt V Assumptions Used to Determin	e Funding Target and Targe	et Normal Cost			
21		,		<del></del>		
	a Segment rates: 1st segment: 5.54 %	2nd segment: 6 . 85 %	3rd segment: 7.52 %		N/A, full yield	curve used
	<b>b</b> Applicable month (enter code)	***************************************		21b		4
22	Weighted average retirement age			22		62
23	Mortality table(s) (see instructions)	Prescribed - combined Prescribed - Prescribe	escribed - separate	Substitute	!	
Pai	rt VI Miscellaneous Items					
24	Has a change been made in the non-prescribed attachment.					d Yes ☒ No
25	Has a method change been made for the curren	t plan year? If "Yes," see instructions	regarding required attachr	nent		Yes 🛚 No
26	Is the plan required to provide a Schedule of Act	ive Participants? If "Yes," see instru	ctions regarding required at	tachment	X	Yes No
27	If the plan is subject to alternative funding rules, attachment		1	27		
Pa	art VII Reconciliation of Unpaid Mini	mum Required Contribution	s For Prior Years			
28	Unpaid minimum required contributions for all pr	ior years		28		0
29	Discounted employer contributions allocated tow (line 19a)			29		0
30	Remaining amount of unpaid minimum required	contributions (line 28 minus line 29).	.,,	30		0
Pa	rt VIII Minimum Required Contributi	on For Current Year				
31	Target normal cost and excess assets (see instr	ructions):				
	a Target normal cost (line 6)	,		31a		328,625
	<b>b</b> Excess assets, if applicable, but not greater the	an line 31a		31b		0
32	Amortization installments:		Outstanding Balance	ce	Installn	
	a Net shortfall amortization installment			q		0
	<b>b</b> Waiver amortization installment			O		0
33	If a waiver has been approved for this plan year (Month Day Year	, enter the date of the ruling letter gra	nting the approval	33		
34	Total funding requirement before reflecting carry	over/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34		328,625
		Carryover balance	Prefunding balanc	e	Total ba	lance
35						
	requirement			0		0
36	Additional cash requirement (line 34 minus line	,		36		328,625
37	(line 19c)	,		37		433,533
38	Present value of excess contributions for curren	t year (see instructions)	1	20 - 1		104 000
	a Total (excess, if any, of line 37 over line 36)			38a		104,908
	<b>b</b> Portion included in line 38a attributable to use			38b		0
39	· · · · · · · · · · · · · · · · · · ·			39		
40				40		0
	rt IX Pension Funding Relief Unde		(See Instructions)			
41	If an election was made to use PRA 2010 fundin	g relief for this plan:		<u> </u>		
	a Schedule elected				2 plus 7 years	15 years
	<b>b</b> Eligible plan year(s) for which the election in li	ne 41a was made		2008	2009 201	0 2011
42	Amount of acceleration adjustment	\   / · · · · · · · · · · · · · · · · · ·		42		
43	Excess installment acceleration amount to be ca	rried over to future plan years		43		

#### Schedule SB, line 15 -

# Reconciliation of differences between valuation results and amounts used to calculate AFTAP

Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

PLAN YEAR ENDED: 12/31/12

The percentage shown on line 15 is equal to the sum of the current year's funding target and target normal cost, divided by the sum of the market value of assets on the valuation date and the discounted value of contributions received for the current plan year after the valuation date.

## Schedule SB, line 22 –

## Weighted average retirement age

## Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

PLAN YEAR ENDED: 12/31/12

It was assumed that all participants will retire at Normal Retirement Age (62), or if later, on the current valuation date.

### Statement of Actuarial Assumptions/Methods

#### Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

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- Asset valuation method: Market value of assets (no smoothing)
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- Assumed withdrawal rates: None
- Assumed form of benefit payout: Lump sum benefit
- Type of mortality tables used: Static, combined tables
- Pre-retirement mortality assumption: None
- Assumed future annual salary increases: 0%
- Addition to target normal cost for expenses: None
- Assumed future interest crediting rate: 5.00%

#### **Summary of Plan Provisions**

#### Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

- Eligibility: Age 18 and 1 year of service (quarterly entry dates)
- Theoretical contributions: Graded percentages for business owners, 1.35% of pay for all other participants.
- Compensation: W-2 comp with add-back of 401k deferrals
- Normal annuity form: Single life annuity
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- Vesting: 3-year cliff

Schedule SB, line 26 - Schedule of Active Participant Data

PLAN: Bankers Healthcare Group, Inc. Cash Balance Plan EIN/PN: 65-0376686 / 002 PYE: 12/31/2012

	40 & up											
	35 to 39											
	30 to 34											
0	25 to 29											
ited Service	20 to 24											
Years of Credited Service	15 to 19 20 to 24											
Xe	10 to 14											
	5 to 9											
	1 to 4	10	50	16	8	11	8	9	7		7	2
	Under 1											
Attained	Age	Under 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	dn & 02

#### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan **Actuarial Information** 

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2012

OMB No. 1210-0110

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation  File as an attach	nment to Form	5500 or 5500-SF.			
For calendar plan year 2012 or fiscal plan year beginning 01	/01/2012	and endin	g	12/3	1/2012
Round off amounts to nearest dollar.					
Caution: A penalty of \$1,000 will be assessed for late filing of this repo	ort unless reas	onable cause is establishe	d		
A Name of plan		<b>B</b> Three-digi	t		222
		plan numb	er (PN)	<b>)</b>	002
Bankers Healthcare Group, Inc. Cash Balance	Plan				
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer is	dentification	Number (E	IN)
Bankers Healthcare Group, Inc.		65-0376	586		
E Type of plan: X Single Multiple-A Multiple-B	F Prior year pla	an size: 🛛 100 or fewer [	101-500	More th	an 500
Part I Basic Information					
	31 Year_	2012			
2 Assets:					
a Market value			2a		0
<b>b</b> Actuarial value			2b		0
3 Funding target/participant count breakdown:		(1) Number of particip	ants	(2) F	unding Target
a For retired participants and beneficiaries receiving payment	3a		0		0
<b>b</b> For terminated vested participants	3b		5		0
C For active participants:	-				
(1) Non-vested benefits	3c(1)				0
(2) Vested benefits	3c(2)				0
(3) Total active	3c(3)		87	•	0
<b>d</b> Total	3d		92		0
4 If the plan is in at-risk status, check the box and complete lines (a) a	and (b)				
a Funding target disregarding prescribed at-risk assumptions		_	4a		
b Funding target reflecting at-risk assumptions, but disregarding transat-risk status for fewer than five consecutive years and disregal	nsition rule for p	plans that have been in	4b		
5 Effective interest rate			. 5		6.97
6 Target normal cost			. 6		328,625
Statement by Enrolled Actuary			<u></u>		
To the best of my knowledge, the information supplied in this schedule and accompanying scl accordance with applicable law and regulations. In my opinion, each other assumption is reas combination, offer my best estimate of anticipated experience under the plan.	thedules, statements sonable (taking into a	and attachments, if any, is comple account the experience of the plan	te and accurate. and reasonable	Each prescribe expectations) a	ed assumption was applied in and such other assumptions, in
SIGN INDE					
HERE fully Kuster	<del></del>		0	6/19/20	)13
Signature of actuary			······································	Date	
Scott E. Ruehr				11-0287	71
Type or print name of actuary			Most rece	nt enrollme	ent number
Scott E. Ruehr, FSA			(61	0) 622-	-5122
Firm name 2434 Mansfield Avenue		Te	lephone nur	nber (inclu	ding area code)
Drexel Hill PA	19026				
Address of the firm					
If the actuary has not fully reflected any regulation or ruling promulgated un	nder the statute	in completing this schedu	le, check the	box and s	ee [

12	Page <b>2 -</b>

Schedule	SB	(Form	5500)	2012
Ochiedane	-	11 01111	0000	2012

Pa	rt II	Begir	ning of Year C	arryove	r Prefunding Balanc	es							
						,	(a) C	Carryover balance		( <b>b</b> ) F	refundi	ng balance	<del></del>
7		•			able adjustments (line 13 fro				0				0
8					nding requirement (line 35 t				0				0
9	Amour	nt remaini	ng (line 7 minus lin	e 8)					0				0
10	Interes	t on line 9	using prior year's	actual retur	n of <u>0.00</u> %	,,				,			
11					o prefunding balance:								
	a Pres	ent value	of excess contribu	tions (line 3	8a from prior year)	,,							0
					terest rate of%								0
	<b>c</b> Tota	l available	at beginning of curr	ent plan yea	r to add to prefunding baland	ce							0
	<b>d</b> Port	tion of (c)	to be added to pre	funding bala	ance								0
12	Other	reduction	s in balances due t	o elections	or deemed elections				0				0
13	Baland	ce at begi	nning of current ye	ar (line 9 + l	ine 10 + line 11d – line 12)				0				0
Р	art III	Fun	ding Percenta	ges									
14	Fundir	ng target a	attainment percent	age							14	100.0	
15			g target attainment	<del></del>							15	131.9	2 %
16	curren	t year's fu	ınding requirement		of determining whether carr						16	100.0	0 %
17	If the o	current va	lue of the assets of	the plan is	less than 70 percent of the	funding targe	et, enter s	uch percentage		,	17		<u>%</u>
P	art IV	Cor	tributions and	l Liquidit	y Shortfalls								
18	Contri	butions m	ade to the plan for	the plan ye	ar by employer(s) and emp								
۱)	(a) D: 'M-DD-		(b) Amount pa employer(		(c) Amount paid by employees	( <b>a)</b> Da (MM-DD-Y		(b) Amount paid employer(s)	by	(0	•	unt paid by loyees	
0	4/24/	2013	4 4	12,753							···		
						ATELIAN							
							4000			40(-)	1		
						Totals ▶	18(b)		,,	18(c)			0
19			•		uctions for small plan with				ear: 19a				0
				•	num required contributions				19b				
					usted to valuation date			<del> </del>	19c			433	5,533
					ired contribution for current y	ear adjusted t	o valuatio	1 date	196			433	, 555
20		•	butions and liquidit	•								Yes X	No
					e prior year?							Yes	No
					installments for the current			maillet f	Г			] 169	110
	C If lir	ne 20a is	Yes," see instructi	ons and cor	nplete the following table a Liquidity shortfall as of e			n vear					
		(1) 1	st		(2) 2nd	o. quartor	(3)	3rd			(4) 4	th	

Pa	rt V Assumption	ns Used to Determine F	unding Target and Targe	t Normal Cost			
21	Discount rate:						
	a Segment rates:	1st segment: 5 . 5 4 %	2nd segment: 6.85 %	3rd segment: 7.52 %		N/A, full yield	I curve used
	<b>b</b> Applicable month (	enter code)			21b		4
22	Weighted average ret	irement age	,		22		62
23	Mortality table(s) (see	e instructions) 🗵 Pre	scribed - combined Pre	scribed - separate	Substitut	e	
Pa	rt VI Miscellane	ous Items					
24	Has a change been m	nade in the non-prescribed actu	uarial assumptions for the current				Yes X No
25	Has a method change	e been made for the current pla	in year? If "Yes," see instructions	regarding required attac	hment		Yes 🛛 No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment.	X	Yes No
27	If the plan is subject to	o alternative funding rules, ente	er applicable code and see instruc	tions regarding	27		
Pa	rt VII Reconcilia	ation of Unpaid Minimu	m Required Contribution	s For Prior Years			
28	Unpaid minimum requ	uired contributions for all prior y	ears		28		0
29		*	unpaid minimum required contrib		29		0
30	Remaining amount of	unpaid minimum required con	tributions (line 28 minus line 29).	.,	30		0
Pa	rt VIII Minimum	Required Contribution	For Current Year				
31	Target normal cost a	nd excess assets (see instructi	ons):				
	a Target normal cost	(line 6)			31a		328,625
	<b>b</b> Excess assets, if a	oplicable, but not greater than I	ine 31a		31b		0
32	Amortization installme	ents:		Outstanding Bala	ince	Installn	nent
	a Net shortfall amorti	zation installment	«·····		Q		0
	<b>b</b> Waiver amortization	n installment			q		0
33	If a waiver has been a	approved for this plan year, ent Day Year	er the date of the ruling letter gra	nting the approval	33		
34	Total funding requirer	ment before reflecting carryove	r/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34		328,625
			Carryover balance	Prefunding bala	nce	Total ba	lance
35	Balances elected for requirement	use to offset funding	(	)	0		0
36	Additional cash requi	rement (line 34 minus line 35)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		36		328,625
37	Contributions allocate	ed toward minimum required co	ontribution for current year adjuste	d to valuation date	37		433,533
38	Present value of exce	ess contributions for current year	ar (see instructions)				
	a Total (excess, if an	y, of line 37 over line 36)			38a		104,908
	<b>b</b> Portion included in	line 38a attributable to use of p	prefunding and funding standard	arryover balances	38b		0
39	Unpaid minimum req	uired contribution for current ye	ear (excess, if any, of line 36 over	line 37)	39		0
40	Unpaid minimum req	uired contributions for all years		,	40		0
Pa	rt IX Pension	Funding Relief Under P	ension Relief Act of 2010	(See Instructions	)		
41	If an election was ma	de to use PRA 2010 funding re	lief for this plan:				
	a Schedule elected .	,				2 plus 7 years	15 years
	<b>b</b> Eligible plan year(s	) for which the election in line	11a was made		200	8 2009 201	0 2011
42	Amount of acceleration	on adjustment			42	<u> </u>	
		-			t		

#### Schedule SB, line 15 -

# Reconciliation of differences between valuation results and amounts used to calculate AFTAP

Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

PLAN YEAR ENDED: 12/31/12

The percentage shown on line 15 is equal to the sum of the current year's funding target and target normal cost, divided by the sum of the market value of assets on the valuation date and the discounted value of contributions received for the current plan year after the valuation date.

## Schedule SB, line 22 –

## Weighted average retirement age

## Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

PLAN YEAR ENDED: 12/31/12

It was assumed that all participants will retire at Normal Retirement Age (62), or if later, on the current valuation date.

### Statement of Actuarial Assumptions/Methods

#### Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

- Funding Method: PPA-mandated actuarial cost method
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- Addition to target normal cost for expenses: None
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#### **Summary of Plan Provisions**

#### Bankers Healthcare Group, Inc. Cash Balance Plan

EIN/PN: 65-0376686 / 002

- Eligibility: Age 18 and 1 year of service (quarterly entry dates)
- Theoretical contributions: Graded percentages for business owners, 1.35% of pay for all other participants.
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Schedule SB, line 26 - Schedule of Active Participant Data

PLAN: Bankers Healthcare Group, Inc. Cash Balance Plan EIN/PN: 65-0376686 / 002 PYE: 12/31/2012

	40 & up											
	35 to 39											
	30 to 34											
0	25 to 29											
ited Service	20 to 24											
Years of Credited Service	15 to 19 20 to 24											
Xe	10 to 14											
	5 to 9											
	1 to 4	10	70	91	8	11	8	9	7		7	2
	Under 1											
Attained	Age	Under 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	dn & 02