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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 12/01/2011 and ending 11/30/2012

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
CIC GROUP, INC. EMPLOYEES PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/30/1957

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

CIC GROUP, INC.

P.O. BOX 66714
ST LOUIS, MO 63141-5801

530 MARYVILLE UNIVERSITY DRIVE
SUITE 100
ST LOUIS, MO 63141-5801

2b Employer Identification Number (EIN)
46-0509421

2c Sponsor's telephone number
314-682-2900

2d Business code (see instructions)
551112

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/15/2013	K. JOSEPH SCHOMBER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
CIC GROUP, INC.

P.O. BOX 66714
ST LOUIS, MO 63141-5801

3b Administrator's EIN
46-0509421

3c Administrator's telephone number
314-682-2900

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	629
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	343
b	Retired or separated participants receiving benefits	**6b**	123
c	Other retired or separated participants entitled to future benefits	**6c**	148
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	614
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	18
f	Total. Add lines **6d** and **6e**	**6f**	632
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1G 1I

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500)

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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 12/01/2011 and ending 11/30/2012

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
CIC GROUP, INC. EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CIC GROUP, INC.

D Employer Identification Number (EIN)
46-0509421

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 12 Day 01 Year 2011

2 Assets:

a	Market value	**2a**	50320040
b	Actuarial value	**2b**	50481952

3 Funding target/participant count breakdown:

			(1) Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	119	24736887
b	For terminated vested participants	**3b**	133	4380204
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		2857508
	(2) Vested benefits	**3c(2)**		20626307
	(3) Total active	**3c(3)**	377	23483815
d	Total	**3d**	629	52600906

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a	Funding target disregarding prescribed at-risk assumptions	**4a**	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5	Effective interest rate	**5**	5.51 %
6	Target normal cost	**6**	75000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

09/11/2013
Signature of actuary — Date

JASON C. RICHARDS — 11-06593
Type or print name of actuary — Most recent enrollment number

TOWERS WATSON DELAWARE, INC. — 314-719-5900
Firm name — Telephone number (including area code)

101 SOUTH HANLEY
ST. LOUIS, MO 63105-3411
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	7994951	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	67500	0
9	Amount remaining (line 7 minus line 8)	7927451	0
10	Interest on line 9 using prior year's actual return of 5.17 %	409849	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		2001929
b	Interest on (a) using prior year's effective rate of 6.34 % except as otherwise provided (see instructions)		126133
c	Total available at beginning of current plan year to add to prefunding balance		2128062
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	8337300	0

Part III Funding percentages

14	Funding target attainment percentage	14	80.12 %
15	Adjusted funding target attainment percentage	15	80.12 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.07 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/29/2013	4000000				
			Totals ► 18(b)	4000000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3692691

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
2.11%	5.31%	6.32 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	75000
b Excess assets, if applicable, but not greater than 31a	**31b**	

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	10456254	1658991
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1733991

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	75000	0	75000

36 Additional cash requirement (line 34 minus line 35)	**36**	1658991
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	3692691

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	2033700
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	75000
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 12/01/2011 and ending 11/30/2012

A Name of plan
CIC GROUP, INC. EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CIC GROUP, INC.

D Employer Identification Number (EIN)
46-0509421

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD FIDUICIARY TRUST COMPANY

23-2186884

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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

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

TOWERS WATSON

23-1159360

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	62426	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DWYER COSTELLO & KNOX PC

43-1245811

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	6590	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 12/01/2011 and ending 11/30/2012

A Name of plan
CIC GROUP, INC. EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CIC GROUP, INC.

D Employer Identification Number (EIN)
46-0509421

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD RETIREMENT SAVINGS TRUST

b Name of sponsor of entity listed in (a): VANGUARD FIDICIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
23-2186884-001	C	53204824

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 12/01/2011 and ending 11/30/2012

A Name of plan
CIC GROUP, INC. EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CIC GROUP, INC.

D Employer Identification Number (EIN)
46-0509421

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	268826	233978
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2200000	4000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	47907846	53204824
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	50376672	57438802
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	50376672	57438802

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	4000000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1511610	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1511610
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3910368
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		9421978
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2268818	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2268818
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	69015	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	22015	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		91030
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2359848
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		7062130
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified (2) [ ] Qualified (3) [ ] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: DWYER COSTELLO AND KNOX PC (2) EIN: 43-1245811

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		2100000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 12/01/2011 and ending 11/30/2012

A Name of plan
CIC GROUP, INC. EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CIC GROUP, INC.

D Employer Identification Number (EIN)
46-0509421

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... 1 | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. ..... 3 | 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☒ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) 6a

b Enter the amount contributed by the employer to the plan for this plan year 6b

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) 6c

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☒ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☒ No

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

CIC GROUP, INC. EMPLOYEES PENSION PLAN

FINANCIAL STATEMENTS

NOVEMBER 30, 2012 AND 2011

CIC GROUP, INC. EMPLOYEES PENSION PLAN

NOVEMBER 30, 2012 AND 2011

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Dwyer Costello and Knox, P.C.
Certified Public Accountants
8 The Pines Court, Suite A, St. Louis, MO 63141 • (314) 205-0575
Fax • (314) 205-0297

The Plan Administrator
CIC Group, Inc. Employees Pension Plan

Independent Auditor's Report

We have audited the accompanying financial statements of CIC Group, Inc. Employees Pension Plan, which comprise the statements of net assets available for benefits as of November 30, 2012 and 2011, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.
An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the CIC Group, Inc. Employees Pension Plan's net assets available for benefits as of November 30, 2012 and the changes therein for the year then ended and its financial status as of November 30, 2011, and changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Dwyer Costillo and Knox, Pc

September 11, 2013

CIC GROUP, INC. EMPLOYEES PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

NOVEMBER 30, 2012 AND 2011

	2012	2011
ASSETS		
Investments, at fair value:		
Mutual funds:		
Equity funds	$ 33,408,313	$ 29,632,421
Bond fund	19,796,511	18,275,425
Total investments	53,204,824	47,907,846
Employer contributions receivable	4,000,000	2,200,000
Cash	233,978	268,826
Net Assets Available for Benefits	$ 57,438,802	$ 50,376,672

The accompanying notes are an integral part of the financial statements.

CIC GROUP, INC. EMPLOYEES PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED NOVEMBER 30, 2012 AND 2011

	2012	2011
Additions to Net Assets		
Investment income:		
Net appreciation in fair value of investments	$ 3,910,368	$ 956,951
Interest and dividend income	1,511,610	1,398,129
	5,421,978	2,355,080
Contributions:		
Employer contributions	4,000,000	2,200,000
Total Additions to Net Assets	9,421,978	4,555,080
Deductions from Net Assets		
Benefits paid directly to participants	2,268,818	2,130,706
Administrative expenses and other	91,030	80,575
Total Deductions from Net Assets	2,359,848	2,211,281
Net increase	7,062,130	2,343,799
Net Assets Available for Benefits:		
Beginning of year	50,376,672	48,032,873
End of year	$ 57,438,802	$ 50,376,672

The accompanying notes are an integral part of the financial statements.

1. Description of the Plan

The following description of the CIC Group, Inc. Employees Pension Plan (the Plan) sponsored by CIC Group, Inc. (the Company) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan extended to all employees, which includes salaried employees (aged 18 or over and having 1,000 hours of service in a 12-month period) of the Company and its participating subsidiaries, Nooter Corporation, Nooter Construction Company, St. Louis Metallizing Company, Nooter/Eriksen, Inc., Superior Corporate Travel, Inc., Wyatt Field Service Company, Pressline Services, Inc., Pressline Technology, Inc., Arc Melt Inc., Megamet Solid Metals, RMF Nooter, Inc., Delta Nooter, Inc. and NE Environmental Tech, LC. (As of September 1, 2003, Nooter Construction Company acquired the assets of RMF Nooter, Inc. and Delta Nooter, Inc. Employees of these entities were eligible to participate, effective October 1, 2003.)

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The pension benefits under the plan were frozen effective November 30, 2007. There will be no future benefit accruals in the plan and employees will not earn any additional benefits after November 30, 2007. There will be no pension plan benefits available to employees who have not met the participation requirements of the plan on or before December 1, 2007.

Administration

The Company is designated as the administrator of the Plan. The Board of Directors appointed a Retirement Committee, consisting of three persons, to assist and advise in the administration of the Plan. The Retirement Committee has discretionary and final authority to determine eligibility for benefits, actual coverage, and payment of benefits and final authority to construe all terms of the Plan. The members of the Retirement Committee also serve as trustees for the Plan and are responsible for maintaining the plan assets in a trust fund. The assets of the Plan are held at the Vanguard Group (Vanguard), which collects investment income and executes trust asset transactions as directed by the Retirement Committee. Substantially all administrative expenses are paid by the Plan. Certain expenses are paid by the Company.

1. Description of the Plan (continued)

Pension Benefits

Participants become fully vested after five years of vesting service or reach age 62, as defined by the Plan. A participant whose employment by the Company terminates prior to his or her normal retirement date and prior to the completion of five years of vesting service shall not be entitled to any benefits under the Plan. The plan provides for normal retirement benefits upon reaching age 65 and has provisions for disability, early and postponed benefits for those participants who are eligible to receive such benefits. Normal retirement benefits are based upon average monthly basic salary and years of credited service as defined by the plan provisions and are in the form of an annuity.

Contributions

Contributions to provide benefits under the Plan are made by the Company and its subsidiaries. The Company's funding policy is to make an annual contribution to the Plan based on actuarial valuations and recommendations as to the amounts required to fund benefits under the Plan. The company has met the ERISA minimum funding requirements in 2012 and 2011.

2. Summary of Significant Accounting Policies

Date of Management's Review

Subsequent events were evaluated through July 10, 2013, which is the date the financial statements were available to be issued.

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Estimates

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

2. Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 6) are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances – retirement, death, disability, and termination of employment- are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Payment of Benefits

Benefit payments to participants are recorded upon distributions.

3. Fair Value Measurements

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

3. Fair Value Measurements (continued)

The fair value measurements authoritative literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. There were no Level 2 or Level 3 investments.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

The following tables, set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of November 30, 2012 and 2011.

	Fair Value	Fair Value Measurements at the End of the Reporting Period Using: Quoted Prices in Active Markets for Identical Assets (Level1)
November 30, 2012		
Mutual Funds:		
Equity Funds	$ 33,408,313	$ 33,408,313
Bond Fund	19,796,511	19,796,511
Total	$ 53,204,824	$ 53,204,824
November 30, 2011		
Mutual funds:		
Equity Funds	$ 29,632,421	$ 29,632,421
Bond Fund	18,275,425	18,275,425
Total	$ 47,907,846	$ 47,907,846

4. Plan Termination

Although the Company has not expressed any intent to do so, it has the right to terminate the Plan. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits, to the extent described in the Plan after provision for the expenses of liquidation, in the order indicated:

- Pensions that became payable or could have become payable under provisions of the Plan three or more years before the effective date of plan termination.
- Pensions for those participants who were not covered under the above whose employment either terminated prior to the effective date of the plan termination or, had their employment terminated prior to this date, who would have been eligible for any immediate or deferred pension benefits as provided under the Plan.
- Other vested benefits not provided for above.
- Other benefits not provided for above.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2012 that ceiling is $4,653 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward. Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

5. Investments

The following table presents the fair value of investments that represent 5% or more of the Plan's net assets.

	November 30 2012	2011
Vanguard Total Stock Market Index Fund	$ 22,810,228	$ 22,806,143
Vanguard Total Bond Market Index Fund	18,474,320	18,275,425
Vanguard Pacific Stock Index Fund	3,492,133	3,594,003
Vanguard European Stock Index Fund	3,163,459	3,232,275

During 2012 and 2011, the Plan's investments appreciated in value by $3,910,368 and $956,951 respectively as follows:

	Year Ended November 30 2012	2011
Investments at Fair Value as Determined by Quoted Market Price:		
Vanguard Equity funds	$ 3,514,898	$ 686,323
Vanguard Bond fund	395,470	270,628
	$ 3,910,368	$ 956,951

6. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits has been determined by an actuary from Towers Watson PA, Inc. and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

6. Actuarial Present Value of Accumulated Plan Benefits (continued)

The actuarial present value of accumulated plan benefits as of December 1, 2011 and 2010 is as follows:

	December 1	
	2011	**2010**
Vested Benefits:		
Participants receiving benefits	$ 25,087,571	$ 24,109,095
Other participants	27,728,414	27,085,082
Total vested benefits	52,815,985	51,194,177
Non-vested benefits	3,245,452	3,194,556
Total Actuarial Present Value of Accumulated Plan Benefits	$ 56,061,437	$ 54,388,733

The actuarial present value of accumulated plan benefits changed from beginning of the year to the end of the year as follows:

	Year Ended December 1 2011
Actuarial present value of accumulated plan benefits at beginning of year	$ 54,388,733
Changes during the year due to:	
Additional benefits accumulated	(630,365)
Interest due to decrease in discount period	2,800,193
Benefits paid	(2,130,706)
Assumption changes	1,633,582
Plan amendments	
Actuarial present value of accumulated plan benefits at end of year.	$ 56,061,437

6. Actuarial Present Value of Accumulated Plan Benefits (continued)

The significant actuarial assumptions used in the valuations are as follows:

Discount rate	5.00% (5.25% at December 1, 2010)
Demographic Assumptions	
Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Mortality:	
Healthy	Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2026 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2018 using Scale AA)
Disabled	Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.
Termination	Rates varying by age

Percentage leaving during the year:

Attained Age	*Unisex*
25	15.00%
30	13.25
35	11.50
40	9.75
45	8.00
50	6.25
55	0.00

Disability	50% of the 1987 CGDT
Retirement	Rates varying by age, average age 63

6. Actuarial Present Value of Accumulated Plan Benefits (continued)

Percentage retiring during the year:	
Age	*Unisex*
55-61	2%
62	25
63	20
64	5
65	100

Benefit commencement date:

Preretirement death benefit	The death of the active participant.
Deferred vested benefit	Normal Retirement Date.
Disability benefit	Normal Retirement Date.
Retirement benefit	Upon termination of employment.
Form of payment	10-year certain and life.
Percent married	80% of males; 80% of females. Used to value pre-retirement surviving spouse benefits.
Spouse age	Wife two years younger than husband
Covered pay	Plan was frozen November 30, 2007.
Administrative expense	$75,000
At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan.
Cash flow:	
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The discount rate used to calculate the accumulated benefit obligation takes into account the actual expenses paid from the plan assets.

7. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated July 16, 2012, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been restated as of the date of the determination letter.

The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2010.

8. Related Parties

CIC Group is the plan sponsor and a contributing employer. The company is the designated administrator of the plan with the company's Board of Directors appointing the retirement committee which assists and advises in the administration of the plan.

9. Transactions With Parties in Interest

The Vanguard Group serves as custodian and asset manager. The Vanguard Group collects investment income and executes Trust asset transactions as directed by the Retirement Committee.

10. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

SUPPLEMENTAL SCHEDULES

CIC GROUP, INC. EMPLOYEES PENSION PLAN

EIN: 46-0509421

PLAN NUMBER: 001

FORM 5500

"Schedule H, Line 4i - Schedule of Assets (Held at End of Year)"

November 30, 2012

(a)	(b) "Identity of issue, borrower, lessor, or similar party"	(c) "Description of Investment including maturity date, rate of interest, collateral, par or maturity value"	(d) "Cost"	(e) "Curent Value"
*	Vanguard Total Bond Mkt. Index Fund - Institutional Shares	Bond mutual fund	**	$19,796,511
*	Vanguard European Stock Index Fund - Signal Shares	Equity mutual fund	**	3,696,423
*	Vanguard Pacific Stock Index Fund - Signal Shares	Equity mutual fund	**	3,857,908
*	Vanguard Total Stock Mkt Index Fund - Institutional Shares	Equity mutual fund	**	25,853,982
	Total Investments			$53,204,824

* Represents a party in interest to the Plan.

**Cost information was not provided by the Plan's custodian.

CIC GROUP, INC. EMPLOYEES PENSION PLAN

EIN: 46-0509421

PLAN NUMBER: 001

FORM 5500

"Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year)"

November 30, 2012

(a)	(b)	(c)	(d)
"Identity of issue, borrower, lesser or similar party"	"Description of investment including maturity date, rate of interest, collateral, par or maturity value"	"Costs of Acquisitions"	"Proceeds of Dispositions"
None	None	None	None

CIC GROUP, INC. EMPLOYEES PENSION PLAN

EIN: 46-0509421

PLAN NUMBER: 001

FORM 5500
Schedule H, Line 4j - "Schedule of Reportable Transactions"

NOVEMBER 30, 2012

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
"Identity of Party Involved"	"Description of Asset"	"Purchase Price"	"Selling Price"	"Lease/ Rental"	"Expense Incurred with Transaction"	"Cost of Asset"	"Current Value of Asset on Transaction Date"	"Net G or Los
		None	None	None	None	None	None	None

Attachment to Schedule SB, Line 22 -
Description of Weighted Average Retirement Age
CIC Group, Inc. Employees Pension Plan
EIN: 46-0509421 PN: 001

For each active participant, an expected retirement age was calculated, weighted in proportion to the probability that the individual would remain an active participant to each age and then retire at that age. The plan's weighted average retirement age of 63 is the arithmetic average of the expected retirement ages of all such participants on December 1, 2011.

Attachment to Schedule SB, Part V -
Statement of Actuarial Assumptions/Methods
CIC Group, Inc. Employees Pension Plan
EIN: 46-0509421 PN: 001

Actuarial Assumptions and Methods — Contributions

Economic Assumptions

Interest rate basis:

▸ Applicable month	August 2011
▸ Yield curve basis	Segment rates

Interest rates:

▸ First segment rate	2.11%
▸ Second segment rate	5.31%
▸ Third segment rate	6.32%
▸ Effective interest rate	5.51%

Annual rates of increase:

▸ Compensation:	N/A
▸ Statutory limits on compensation	3.00%

Attachment to Schedule SB, Part V -
Statement of Actuarial Assumptions/Methods
CIC Group, Inc. Employees Pension Plan
EIN: 46-0509421 PN: 001

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Mortality:	
▸ Healthy	Separate rates for non-annuitants (based on RP-2000 “Employees” table without collar or amount adjustments, projected to 2026 using Scale AA) and annuitants (based on RP-2000 “Healthy Annuitants” table without collar or amount adjustments, projected to 2018 using Scale AA).
▸ Disabled	Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.
Termination	Rates varying by age.

Representative Termination Rates

Percentage leaving during the year

Attained Age	Unisex
25	15.00%
30	13.25%
35	11.50%
40	9.75%
45	8.00%
50	6.25%
55	0.00%

Disability	50% of 1987 CGDT.
Retirement	Rates varying by age, average age 63.

For purposes of determining the Funding Target (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year

Age	Unisex
55-61	2%
62	25%
63	20%
64	5%
65	100%

Attachment to Schedule SB, Part V -
Statement of Actuarial Assumptions/Methods
CIC Group, Inc. Employees Pension Plan
EIN: 46-0509421 PN: 001

Benefit commencement date:	
► Preretirement death benefit	The death of the active participant.
► Deferred vested benefit	Normal Retirement Date.
► Disability benefit	Normal Retirement Date.
► Retirement benefit	Upon termination of employment.
Form of payment	10-year certain and life.
Percent married	80% of males; 80% of females. Used to value pre-retirement surviving spouse benefits.
Spouse age	Wife two years younger than husband.
Covered pay	Plan was frozen November 30, 2007.
Administrative expenses	$75,000
At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan.
Cash flow:	
► Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.

Attachment to Schedule SB, Part V -
Statement of Actuarial Assumptions/Methods
CIC Group, Inc. Employees Pension Plan
EIN: 46-0509421 PN: 001

Methods

Valuation date	First day of plan year.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2010 plan year.)
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued based on discussions with CIC Group, Inc. regarding the likelihood that these benefits will be paid. Towers Watson has reviewed the plan provisions with CIC Group, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not. The plan pays small benefits (with a present value up to $5,000) in a single lump sum payment. Such lump sums are not explicitly valued as such; rather such participants' benefits are valued using the benefit choice assumptions described above.
Change in assumptions and methods since prior valuation	The segment interest rates used to calculate the funding target were updated from an applicable month of August 2010 to August 2011. The required mortality table used to calculate the funding target was updated to include one additional year of projected mortality improvements.

Attachment to Schedule SB, Part V -
Summary of Plan Provisions
CIC Group, Inc. Employees Pension Plan
EIN: 46-0509421 PN: 001

Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on November 30, 2010 and effective at various times in the past as required by PPA.

Plan provisions may not be the same for the Accounting and Funding valuations.

Covered employees	All salaried employees and officers.
Participation date	December 1 or June 1 next following attainment of age 18, 12 months, and completion of 1,000 hours of service. Plan participation is closed to employees who were not participants as of December 1, 2007.

Definitions

Vesting service	Prior to November 30, 1976, completed years of continuous service accrued after attainment of age 18 with a partial year exceeding five months considered a complete year. After November 30, 1976, one year for each plan year in which the participant has at least 1,000 hours of service, disregarding hours of service accrued prior to the year in which the employee attains age 18.
Credited service	Prior to November 30, 1976, a period of continuous employment accrued after the participant's 18th birthday. After November 30, 1976, a month for each 160 hours of service completed by an eligible participant not to exceed the number of months for which he was employed in that year. Credited service was frozen as of November 30, 2007.
Basic salary	Regular monthly rate of compensation in effect on the last day of the plan year.
Pensionable pay	Average monthly basic salary for any five consecutive plan years. Pensionable pay was frozen as of November 30, 2007.
Normal retirement date (NRD)	Last day of the month in which the participant attains age 65 and completes five years of vesting service.
Monthly pension benefit	Greater of 1% of pensionable salary or $15 multiplied by projected credited service at NRD (maximum 35 years). This amount is then multiplied by credited service at pension determination date and divided by credited service at NRD. Employee members of the Board of Directors who have served on the Board for five years are eligible for a Special Normal Retirement Pension. The pension benefit for such members is determined as 1.0% of pensionable salary plus 1.0% of

	pensionable salary in excess of the Integration Level multiplied by credited service. The Integration Level is equal to 2/3 of the 5-year average of the 401(a)(17) pay limit. The monthly pension benefit is payable for the participant's lifetime, but in no event less than 120 monthly payments.
Monthly preretirement death benefit	50% of the monthly pension benefit as of the date of death, determined as if the participant had attained his NRD on the date of death, reduced for the 50% joint and survivor election.

Eligibility for Benefits

Normal retirement	Retirement at NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service, or attaining age 62.
Postponed retirement	Retirement after NRD.
Deferred vested	Termination for reasons other than death, disability or retirement after completing five years of vesting service.
Disability	Termination for reason of total and permanent disability after attaining age 35 and completing 10 years of vesting service.
Preretirement death benefit	Death while eligible for deferred vested, early, normal, or postponed retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD.
Early retirement	Monthly pension determined as of early retirement date, actuarially reduced for each month to age 55 that commencement of payments precedes the participant's NRD, if participant terminates prior to age 62; or Monthly pension determined as of early retirement date, as if the participant had attained his NRD, based on actual credited service at his termination date, if participant terminates after age 62.
Postponed retirement	Monthly pension benefit determined as of actual retirement date.
Termination with deferred vested benefit	Monthly pension determined as of termination date, actuarially reduced for each year that commencement of payments precedes the participant's NRD to age 55.
Disability retirement	Monthly pension benefit determined as of disability date, as if the participant continued employment to NRD.
Preretirement death	Monthly preretirement spouse benefit is payable. In-service death and death after termination or retirement is company-paid.

Attachment to Schedule SB, Part V -
Summary of Plan Provisions
CIC Group, Inc. Employees Pension Plan
EIN: 46-0509421 PN: 001

Other Plan Provisions

Forms of payment	Preretirement spouse benefits are payable only as described above. Monthly pension benefits will be paid as described above, if the participant has no spouse as of the date payments commence, or if the participant so elects. Otherwise, they will be paid in the form of the 50% joint and survivor annuity option or, if the participant elects and the spouse consents, an actuarially equivalent life annuity.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Attachment to Schedule SB, Line 26 -
Schedule of Active Participant Data
CIC Group, Inc. Employees Pension Plan
EIN: 46-0509421 PN: 001

Schedule of Active Participant Data

Total Years of Credited Service

Attained Age		<1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
<25	Count	0	0	0	0	0	0	0	0	0	0
	Average Earnings										
25 to 29	Count	11	8	0	0	0	0	0	0	0	0
	Average Earnings										
30 to 34	Count	4	20	19	0	0	0	0	0	0	0
	Average Earnings										
35 to 39	Count	1	11	10	5	1	0	0	0	0	0
	Average Earnings										
40 to 44	Count	2	6	8	8	7	0	0	0	0	0
	Average Earnings										
45 to 49	Count	3	11	12	4	9	1	1	0	0	0
	Average Earnings										
50 to 54	Count	6	12	10	3	10	5	12	2	0	0
	Average Earnings										
55 to 59	Count	6	10	13	6	8	6	15	11	3	0
	Average Earnings										
60 to 64	Count	4	8	15	8	3	1	3	3	3	2
	Average Earnings										
65 to 69	Count	0	2	6	3	3	1	1	2	3	1
	Average Earnings										
70 & up	Count	1	0	1	0	1	0	0	1	0	1
	Average Earnings										

Attachment to Schedule SB, Line 32 -
Schedule of Amortization Bases
CIC Group, Inc. Employees Pension Plan
EIN: 46-0509421 PN: 001

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
Shortfall Amortization	10,456,254	12/01/2011	7	1,658,991

SCHEDULE SB (Form 5500)

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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 12/01/2011 and ending 11/30/2012

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan

CIC GROUP, INC. EMPLOYEES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

CIC GROUP, INC.

D Employer Identification Number (EIN)

46-0509421

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 12 Day 1 Year 2011

2 Assets:

a	Market value	2a	50,320,040
b	Actuarial value	2b	50,481,952

3 Funding target/participant count breakdown:

			(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	119	24,736,887
b	For terminated vested participants	3b	133	4,380,204
c	For active participants:			
	(1) Non-vested benefits	3c(1)		2,857,508
	(2) Vested benefits	3c(2)		20,626,307
	(3) Total active	3c(3)	377	23,483,815
d	Total	3d	629	52,600,906

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a	Funding target disregarding prescribed at-risk assumptions	4a	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	

5	Effective interest rate	5	5.51 %
6	Target normal cost	6	75,000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Jason C. Richards

Signature of actuary

09/11/2013

Date

JASON C. RICHARDS

Type or print name of actuary

11-06593

Most recent enrollment number

TOWERS WATSON DELAWARE, INC.

Firm name

(314) 719-5900

Telephone number (including area code)

101 SOUTH HANLEY

ST. LOUIS MO 63105-3411

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	7,994,951	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	67,500	0
9	Amount remaining (line 7 minus line 8)	7,927,451	0
10	Interest on line 9 using prior year's actual return of 5.17 %	409,849	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38 from prior year)		2,001,929
	b Interest on (a) using prior year's effective rate of 6.34 % except as otherwise provided (see instructions)		126,133
	c Total available at beginning of current plan year to add to prefunding balance		2,128,062
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	8,337,300	0

Part III Funding percentages

14	Funding target attainment percentage	14	80.12 %
15	Adjusted funding target attainment percentage	15	80.12 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.07 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/29/2013	4,000,000				
			Totals • 18(b)	4,000,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3,692,691

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
2.11 %	5.31 %	6.32 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	75,000
b Excess assets, if applicable, but not greater than 31a	**31b**	

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	10,456,254	1,658,991
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1,733,991

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	75,000	0	75,000

36 Additional cash requirement (line 34 minus line 35)	**36**	1,658,991
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	3,692,691
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	2,033,700
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	75,000
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

Attachment to Schedule SB, Line 22 -
Description of Weighted Average Retirement Age
CIC Group, Inc. Employees Pension Plan
EIN: 46-0509421 PN: 001

For each active participant, an expected retirement age was calculated, weighted in proportion to the probability that the individual would remain an active participant to each age and then retire at that age. The plan's weighted average retirement age of 63 is the arithmetic average of the expected retirement ages of all such participants on December 1, 2011.

Attachment to Schedule SB, Part V -
Statement of Actuarial Assumptions/Methods
CIC Group, Inc. Employees Pension Plan
EIN: 46-0509421 PN: 001

Actuarial Assumptions and Methods — Contributions

Economic Assumptions

Interest rate basis:

▸ Applicable month	August 2011
▸ Yield curve basis	Segment rates

Interest rates:

▸ First segment rate	2.11%
▸ Second segment rate	5.31%
▸ Third segment rate	6.32%
▸ Effective interest rate	5.51%

Annual rates of increase:

▸ Compensation:	N/A
▸ Statutory limits on compensation	3.00%

Attachment to Schedule SB, Part V -
Statement of Actuarial Assumptions/Methods
CIC Group, Inc. Employees Pension Plan
EIN: 46-0509421 PN: 001

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Mortality:	
▸ Healthy	Separate rates for non-annuitants (based on RP-2000 “Employees” table without collar or amount adjustments, projected to 2026 using Scale AA) and annuitants (based on RP-2000 “Healthy Annuitants” table without collar or amount adjustments, projected to 2018 using Scale AA).
▸ Disabled	Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.
Termination	Rates varying by age.

Representative Termination Rates

Percentage leaving during the year

Attained Age	Unisex
25	15.00%
30	13.25%
35	11.50%
40	9.75%
45	8.00%
50	6.25%
55	0.00%

Disability	50% of 1987 CGDT.
Retirement	Rates varying by age, average age 63.

For purposes of determining the Funding Target (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year

Age	Unisex
55-61	2%
62	25%
63	20%
64	5%
65	100%

Attachment to Schedule SB, Part V -
Statement of Actuarial Assumptions/Methods
CIC Group, Inc. Employees Pension Plan
EIN: 46-0509421 PN: 001

Benefit commencement date:	
► Preretirement death benefit	The death of the active participant.
► Deferred vested benefit	Normal Retirement Date.
► Disability benefit	Normal Retirement Date.
► Retirement benefit	Upon termination of employment.
Form of payment	10-year certain and life.
Percent married	80% of males; 80% of females. Used to value pre-retirement surviving spouse benefits.
Spouse age	Wife two years younger than husband.
Covered pay	Plan was frozen November 30, 2007.
Administrative expenses	$75,000
At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan.
Cash flow:	
► Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.

Attachment to Schedule SB, Part V -
Statement of Actuarial Assumptions/Methods
CIC Group, Inc. Employees Pension Plan
EIN: 46-0509421 PN: 001

Methods

Valuation date	First day of plan year.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2010 plan year.)
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued based on discussions with CIC Group, Inc. regarding the likelihood that these benefits will be paid. Towers Watson has reviewed the plan provisions with CIC Group, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not. The plan pays small benefits (with a present value up to $5,000) in a single lump sum payment. Such lump sums are not explicitly valued as such; rather such participants' benefits are valued using the benefit choice assumptions described above.
Change in assumptions and methods since prior valuation	The segment interest rates used to calculate the funding target were updated from an applicable month of August 2010 to August 2011. The required mortality table used to calculate the funding target was updated to include one additional year of projected mortality improvements.

Attachment to Schedule SB, Part V -
Summary of Plan Provisions
CIC Group, Inc. Employees Pension Plan
EIN: 46-0509421 PN: 001

Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on November 30, 2010 and effective at various times in the past as required by PPA.

Plan provisions may not be the same for the Accounting and Funding valuations.

Covered employees	All salaried employees and officers.
Participation date	December 1 or June 1 next following attainment of age 18, 12 months, and completion of 1,000 hours of service. Plan participation is closed to employees who were not participants as of December 1, 2007.

Definitions

Vesting service	Prior to November 30, 1976, completed years of continuous service accrued after attainment of age 18 with a partial year exceeding five months considered a complete year. After November 30, 1976, one year for each plan year in which the participant has at least 1,000 hours of service, disregarding hours of service accrued prior to the year in which the employee attains age 18.
Credited service	Prior to November 30, 1976, a period of continuous employment accrued after the participant's 18th birthday. After November 30, 1976, a month for each 160 hours of service completed by an eligible participant not to exceed the number of months for which he was employed in that year. Credited service was frozen as of November 30, 2007.
Basic salary	Regular monthly rate of compensation in effect on the last day of the plan year.
Pensionable pay	Average monthly basic salary for any five consecutive plan years. Pensionable pay was frozen as of November 30, 2007.
Normal retirement date (NRD)	Last day of the month in which the participant attains age 65 and completes five years of vesting service.
Monthly pension benefit	Greater of 1% of pensionable salary or $15 multiplied by projected credited service at NRD (maximum 35 years). This amount is then multiplied by credited service at pension determination date and divided by credited service at NRD. Employee members of the Board of Directors who have served on the Board for five years are eligible for a Special Normal Retirement Pension. The pension benefit for such members is determined as 1.0% of pensionable salary plus 1.0% of

	pensionable salary in excess of the Integration Level multiplied by credited service. The Integration Level is equal to 2/3 of the 5-year average of the 401(a)(17) pay limit. The monthly pension benefit is payable for the participant's lifetime, but in no event less than 120 monthly payments.
Monthly preretirement death benefit	50% of the monthly pension benefit as of the date of death, determined as if the participant had attained his NRD on the date of death, reduced for the 50% joint and survivor election.

Eligibility for Benefits

Normal retirement	Retirement at NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service, or attaining age 62.
Postponed retirement	Retirement after NRD.
Deferred vested	Termination for reasons other than death, disability or retirement after completing five years of vesting service.
Disability	Termination for reason of total and permanent disability after attaining age 35 and completing 10 years of vesting service.
Preretirement death benefit	Death while eligible for deferred vested, early, normal, or postponed retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD.
Early retirement	Monthly pension determined as of early retirement date, actuarially reduced for each month to age 55 that commencement of payments precedes the participant's NRD, if participant terminates prior to age 62; or Monthly pension determined as of early retirement date, as if the participant had attained his NRD, based on actual credited service at his termination date, if participant terminates after age 62.
Postponed retirement	Monthly pension benefit determined as of actual retirement date.
Termination with deferred vested benefit	Monthly pension determined as of termination date, actuarially reduced for each year that commencement of payments precedes the participant's NRD to age 55.
Disability retirement	Monthly pension benefit determined as of disability date, as if the participant continued employment to NRD.
Preretirement death	Monthly preretirement spouse benefit is payable. In-service death and death after termination or retirement is company-paid.

Attachment to Schedule SB, Part V -
Summary of Plan Provisions
CIC Group, Inc. Employees Pension Plan
EIN: 46-0509421 PN: 001

Other Plan Provisions

Forms of payment	Preretirement spouse benefits are payable only as described above. Monthly pension benefits will be paid as described above, if the participant has no spouse as of the date payments commence, or if the participant so elects. Otherwise, they will be paid in the form of the 50% joint and survivor annuity option or, if the participant elects and the spouse consents, an actuarially equivalent life annuity.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Attachment to Schedule SB, Line 26 -
Schedule of Active Participant Data
CIC Group, Inc. Employees Pension Plan
EIN: 46-0509421 PN: 001

Schedule of Active Participant Data

Total Years of Credited Service

Attained Age		<1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
<25	Count	0	0	0	0	0	0	0	0	0	0
	Average Earnings										
25 to 29	Count	11	8	0	0	0	0	0	0	0	0
	Average Earnings										
30 to 34	Count	4	20	19	0	0	0	0	0	0	0
	Average Earnings										
35 to 39	Count	1	11	10	5	1	0	0	0	0	0
	Average Earnings										
40 to 44	Count	2	6	8	8	7	0	0	0	0	0
	Average Earnings										
45 to 49	Count	3	11	12	4	9	1	1	0	0	0
	Average Earnings										
50 to 54	Count	6	12	10	3	10	5	12	2	0	0
	Average Earnings										
55 to 59	Count	6	10	13	6	8	6	15	11	3	0
	Average Earnings										
60 to 64	Count	4	8	15	8	3	1	3	3	3	2
	Average Earnings										
65 to 69	Count	0	2	6	3	3	1	1	2	3	1
	Average Earnings										
70 & up	Count	1	0	1	0	1	0	0	1	0	1
	Average Earnings										

Attachment to Schedule SB, Line 32 -
Schedule of Amortization Bases
CIC Group, Inc. Employees Pension Plan
EIN: 46-0509421 PN: 001

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
Shortfall Amortization	10,456,254	12/01/2011	7	1,658,991

CIC GROUP, INC. EMPLOYEES PENSION PLAN

EIN: 46-0509421

PLAN NUMBER: 001

FORM 5500

"Schedule H, Line 4i - Schedule of Assets (Held at End of Year)"

November 30, 2012

(a)	(b) "Identity of issue, borrower, lessor, or similar party"	(c) "Description of Investment including maturity date, rate of interest, collateral, par or maturity value"	(d) "Cost"	(e) "Curent Value"
*	Vanguard Total Bond Mkt. Index Fund - Institutional Shares	Bond mutual fund	**	$19,796,511
*	Vanguard European Stock Index Fund - Signal Shares	Equity mutual fund	**	3,696,423
*	Vanguard Pacific Stock Index Fund - Signal Shares	Equity mutual fund	**	3,857,908
*	Vanguard Total Stock Mkt Index Fund - Institutional Shares	Equity mutual fund	**	25,853,982
	Total Investments			$53,204,824

* Represents a party in interest to the Plan.

**Cost information was not provided by the Plan's custodian.