

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ 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:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>INTERNATIONAL TECHNEGROUP, INC. THRIFT SAVINGS 401K PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1984</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1984</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/1984</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>INTERNATIONAL TECHNEGROUP, INC.</u> <u>5303 DUPONT CIRCLE</u> <u>MILFORD, OH 45150</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-1123451</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>513-576-3900</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541519</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-1123451</u>	2c Sponsor's telephone number <u>513-576-3900</u>	2d Business code (see instructions) <u>541519</u>	
2b Employer Identification Number (EIN) <u>31-1123451</u>					
2c Sponsor's telephone number <u>513-576-3900</u>					
2d Business code (see instructions) <u>541519</u>					

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. Signature of plan administrator	<u>10/08/2013</u> Date	<u>STEPHANIE MILLER</u> 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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/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		5 206
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	83
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	130
d Subtotal. Add lines 6a , 6b , and 6c	6d	213
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	213
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	197
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 Characteristics Codes in the instructions: 2E 2F 2H 2J 2K		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ 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) ☐ 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) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>INTERNATIONAL TECHNEGROUP, INC. THRIFT SAVINGS 401K PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INTERNATIONAL TECHNEGROUP, INC.</u>	D Employer Identification Number (EIN) <u>31-1123451</u>	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>93-0242990</u>	<u>69019</u>	<u>808108</u>	<u>213</u>	<u>01/01/2012</u>	<u>12/31/2012</u>

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
<u>38653</u>	<u>0</u>

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JEFFREY MILLER
882 HOLZ AVE
CINCINNATI, OH 45230

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<u>38653</u>		<u>REFERRAL/SERVICE FEE</u>	<u>3</u>

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	343425
5 Current value of plan's interest under this contract in separate accounts at year end	5	7187322

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	396597
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c Additions: (1) Contributions deposited during the year	7c(1)	33856	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	5462	
(4) Transferred from separate account	7c(4)	87972	
(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	127290
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d Total of balance and additions (add lines 7b and 7c(6))	7d	523887
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	346	
(2) Administration charge made by carrier	7e(2)	32	
(3) Transferred to separate account	7e(3)	180084	
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	180462
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	343425
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>INTERNATIONAL TECHNEGROUP, INC. THRIFT SAVINGS 401K PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INTERNATIONAL TECHNEGROUP, INC.</u>	D Employer Identification Number (EIN) <u>31-1123451</u>	

Part I	Service Provider Information (see instructions)
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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)..... ☒ 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
<u>STANCORP FINANCIAL GROUP</u>
<u>93-1253576</u>

(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)

STANCORP FINANCIAL GROUP

93-1253576

(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?
12 15 18 50	NONE	61466	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 ☐

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 2012 This Form is Open to Public Inspection.	
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012					
A Name of plan INTERNATIONAL TECHNEGROUP, INC. THRIFT SAVINGS 401K PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL TECHNEGROUP, INC.				D Employer Identification Number (EIN) 31-1123451	
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: SEPARATE ACCOUNT A					
b Name of sponsor of entity listed in (a): STANDARD INSURANCE COMPANY					
c EIN-PN 93-0242990-005		d Entity code P		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7187322	
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)	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule D (Form 5500) 2012 v. 120126

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 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan INTERNATIONAL TECHNEGROUP, INC. THRIFT SAVINGS 401K PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL TECHNEGROUP, INC.		D Employer Identification Number (EIN) 31-1123451

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	8318	14207
	(2) Participant contributions	1b(2)	41422	43548
	(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)	0	0
	(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)	84338	125023
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)	5967034	7187322
	(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)	414166	380721
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	2520680	2503009
(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	9035958	10253830

Liabilities

g Benefit claims payable	1g	410	0
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	410	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	9035548	10253830
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	109388	
(B) Participants	2a(1)(B)	506345	
(C) Others (including rollovers)	2a(1)(C)	6805	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		622538

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)	3854	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3854

(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

(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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		834762
(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)		
c Other income.....	2c		25189
d Total income. Add all income amounts in column (b) and enter total.....	2d		1486343

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	266641	
(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)		266641
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)		
(2) Contract administrator fees	2i(2)	1420	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1420
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		268061

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1218282
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) ☐ 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 ☐ No

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

(1) Name: **FLAGEL HUBER FLAGEL**

(2) EIN: **31-0796034**

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.).....

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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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.)		X	
4c			
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.)		X	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
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?		X	
4g			
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?		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
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.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
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.		X	
4n			

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)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

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 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>INTERNATIONAL TECHNEGROUP, INC. THRIFT SAVINGS 401K PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INTERNATIONAL TECHNEGROUP, INC.</u>	D Employer Identification Number (EIN) <u>31-1123451</u>

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
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): <u>93-0242990</u>	
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

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 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
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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.
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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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

INTERNATIONAL TECHNEGROUP
INCORPORATED
THRIFT SAVINGS 401(k) PLAN

FINANCIAL REPORT

DECEMBER 31, 2012 AND 2011

INTERNATIONAL TECHNEGROUP INCORPORATED
THRIFT SAVINGS 401(k) PLAN

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DECEMBER 31, 2012 AND 2011

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FLAGEL HUBER FLAGEL

Certified Public Accountants | Business Advisors

INDEPENDENT AUDITOR'S REPORT

To the Trustee Committee
International TechneGroup Incorporated Thrift Savings 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of International TechneGroup Incorporated Thrift Savings 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and 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 conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Standard Insurance Company and Delaware Charter Guarantee & Trust Company (d/b/a Principal Trust Company), the Trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Trustees hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the Trustees as of and for the years ended December 31, 2012 and 2011, that the information provided to the Plan administrator by the Trustees is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matters

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held for Investment Purposes at End of Year as of December 31, 2012, which is the responsibility of Plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

As discussed in Notes 2 and 8, the investment in International TechneGroup Incorporated common stock amounting to \$2,503,009 and \$2,520,680 as of December 31, 2012 and 2011, respectively, has been valued at estimated fair value as determined by the Board of Directors in the absence of readily ascertainable market values. We have reviewed the procedures used by the Board of Directors in arriving at its estimate of fair value and have reviewed underlying documentation, and, in the circumstances, we believe the procedures are reasonable and the documentation appropriate. However, because of the inherent uncertainty of valuation, those estimated fair values may differ significantly from the values that would have been used had a ready market for the stock existed, and the differences could be material.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Report on Form and Content in Compliance With DOL Rules and Regulations (Continued)

The supplemental Schedule of Assets Held for Investment Purposes at End of Year that accompanies the Plan's financial statements does not disclose the historical cost of certain non-participant directed Plan assets. Disclosure of this information is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Flagel Huber Flagel

Certified Public Accountants

Cincinnati, Ohio

September 25, 2013

INTERNATIONAL TECHNEGROUP INCORPORATED
THRIFT SAVINGS 401(k) PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2012

	PARTICIPANT DIRECTED	NON- PARTICIPANT DIRECTED	TOTAL
ASSETS			
Investments, at fair value:			
Pooled separate accounts	\$ 7,187,322	\$ 0	\$ 7,187,322
Guaranteed investment contract	380,721	0	380,721
ITI stock	1,337,543	1,165,466	2,503,009
	<u>8,905,586</u>	<u>1,165,466</u>	<u>10,071,052</u>
Receivables:			
Participant contributions	43,548	0	43,548
Employer contributions	14,207	0	14,207
Notes receivable from participants	125,023	0	125,023
	<u>182,778</u>	<u>0</u>	<u>182,778</u>
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	<u>9,088,364</u>	<u>1,165,466</u>	<u>10,253,830</u>
Adjustment from fair value to contract value for fully benefit-responsive investment contract	<u>(37,296)</u>	<u>0</u>	<u>(37,296)</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 9,051,068</u></u>	<u><u>\$ 1,165,466</u></u>	<u><u>\$ 10,216,534</u></u>

The accompanying notes are an integral part of these statements.

INTERNATIONAL TECHNEGROUP INCORPORATED
THRIFT SAVINGS 401(k) PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2011

	PARTICIPANT DIRECTED	NON- PARTICIPANT DIRECTED	TOTAL
ASSETS			
Investments, at fair value:			
Pooled separate accounts	\$ 5,967,034	\$ 0	\$ 5,967,034
Guaranteed investment contract	414,166	0	414,166
ITI stock	1,355,214	1,165,466	2,520,680
	<u>7,736,414</u>	<u>1,165,466</u>	<u>8,901,880</u>
Receivables:			
Participant contributions	41,422	0	41,422
Employer contributions	8,318	0	8,318
Notes receivable from participants	84,338	0	84,338
	<u>134,078</u>	<u>0</u>	<u>134,078</u>
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	<u>7,870,492</u>	<u>1,165,466</u>	<u>9,035,958</u>
Adjustment from fair value to contract value for fully benefit-responsive investment contract	<u>(17,569)</u>	<u>0</u>	<u>(17,569)</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 7,852,923</u></u>	<u><u>\$ 1,165,466</u></u>	<u><u>\$ 9,018,389</u></u>

The accompanying notes are an integral part of these statements.

INTERNATIONAL TECHNEGROUP INCORPORATED
THRIFT SAVINGS 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2012

	PARTICIPANT DIRECTED	NON- PARTICIPANT DIRECTED	TOTAL
ADDITIONS TO NET ASSETS ATTRIBUTED TO:			
Contributions:			
Employer	\$ 109,388	\$ 0	\$ 109,388
Participant	506,345	0	506,345
Rollover	6,805	0	6,805
	<u>622,538</u>	<u>0</u>	<u>622,538</u>
Investment income:			
Net investment gain from pooled separate accounts	834,762	0	834,762
Net investment gain from guaranteed investment contract, at contract value	5,462	0	5,462
	<u>840,224</u>	<u>0</u>	<u>840,224</u>
Other income:			
Interest on notes receivable from participants	3,854	0	3,854
	<u>3,854</u>	<u>0</u>	<u>3,854</u>
TOTAL ADDITIONS AND INVESTMENT GAINS	<u>1,466,616</u>	<u>0</u>	<u>1,466,616</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:			
Benefits paid to participants	267,051	0	267,051
Administrative expense:	1,420	0	1,420
	<u>268,471</u>	<u>0</u>	<u>268,471</u>
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	1,198,145	0	1,198,145
NET ASSETS AVAILABLE FOR BENEFITS:			
BALANCE - beginning of year	<u>7,852,923</u>	<u>1,165,466</u>	<u>9,018,389</u>
BALANCE - end of year	<u>\$ 9,051,068</u>	<u>\$ 1,165,466</u>	<u>\$ 10,216,534</u>

The accompanying notes are an integral part of these statements.

INTERNATIONAL TECHNEGROUP INCORPORATED
THRIFT SAVINGS 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2011

	PARTICIPANT DIRECTED	NON- PARTICIPANT DIRECTED	TOTAL
ADDITIONS TO NET ASSETS ATTRIBUTED TO:			
Contributions:			
Employer	\$ 101,696	\$ 0	\$ 101,696
Participant	422,106	0	422,106
	<u>523,802</u>	<u>0</u>	<u>523,802</u>
Investment income:			
Net investment loss from pooled separate accounts	(89,127)	0	(89,127)
Net investment loss from registered investment companies	(65,087)	0	(65,087)
Dividends from registered investment companies	21,113	0	21,113
Net appreciation in fair value of investments	297,644	258,336	555,980
Net investment gain from guaranteed investment contract, at contract value	218	0	218
Net investment gain from common/ collective trust, at contract value	4,931	0	4,931
	<u>169,692</u>	<u>258,336</u>	<u>428,028</u>
Other income:			
Interest on notes receivable from participants	2,184	0	2,184
	<u>2,184</u>	<u>0</u>	<u>2,184</u>
TOTAL ADDITIONS AND INVESTMENT GAINS	<u>695,678</u>	<u>258,336</u>	<u>954,014</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:			
Benefits paid to participants	245,037	11,398	256,435
Administrative expenses	472	0	472
	<u>245,509</u>	<u>11,398</u>	<u>256,907</u>
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	450,169	246,938	697,107
NET ASSETS AVAILABLE FOR BENEFITS:			
BALANCE - beginning of year	<u>7,402,754</u>	<u>918,528</u>	<u>8,321,282</u>
BALANCE - end of year	<u>\$ 7,852,923</u>	<u>\$ 1,165,466</u>	<u>\$ 9,018,389</u>

The accompanying notes are an integral part of these statements.

INTERNATIONAL TECHNEGROUP INCORPORATED
THRIFT SAVINGS 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2012 AND 2011

1. DESCRIPTION OF THE PLAN

The following description of the International TechneGroup Incorporated (the Employer) Thrift Savings 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of the Employer who are age eighteen (18) or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective November 1, 2011, Trustee responsibilities for the Plan were transferred from Delaware Charter Guarantee & Trust Company (d/b/a Principal Trust Company) to Standard Insurance Company. As a result of this change in Trustees, all Plan assets were transferred to Standard Insurance Company December 15, 2011. Additionally, effective November 1, 2011 third party administrator responsibilities for the Plan were transferred from Clark, Schaefer, Hackett & Co. to Standard Insurance Company. In conjunction with this change in third party administrators, effective November 1, 2011, the Plan was amended and restated in its entirety to incorporate all necessary changes in law to meet the requirements of the Internal Revenue Code of 1986, as amended and ERISA. As a result, certain provisions may be retroactively effective.

Effective May 1, 2012, the Plan was amended to explicitly state that all compensation except base and overtime pay is excluded from the definition of compensation for employer matching contributions.

Contributions

Each year, participants may contribute any percentage of annual compensation, as defined in the Plan. The Employer contributes matching amounts of base compensation that a participant contributes to the Plan, up to two percent (2%). For the years ended December 31, 2012 and 2011, the Employer elected to make matching contributions of two percent (2%) of base compensation and overtime pay. Additional amounts may be contributed at the option of the Employer's Board of Directors. For the years ended December 31, 2012 and 2011, no additional amounts were contributed by the Employer. Prior to October 31, 2007, all employer contributions were invested in International TechneGroup Incorporated common stock. Effective November 1, 2007, the Employer stock is no longer an investment option. All Employer contributions are invested in accordance with the participant's investment selection. The contributions are limited to the maximum amount deductible under the applicable provisions of the Internal Revenue Code of 1986, as amended.

INTERNATIONAL TECHNEGROUP INCORPORATED
THRIFT SAVINGS 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2012 AND 2011

1. DESCRIPTION OF THE PLAN (Continued)

Participant Accounts

Each participant's account is credited with (a) participant's contributions, (b) the Employer's contributions, (c) an allocation of Plan earnings and losses, and (d) administrative expenses. Participants direct the investment of their account balances among certain investment options offered by the Plan. Allocations are based on participant account balances and selection of investments.

Hardship Withdrawals

The Plan allows for hardship withdrawals in the event of immediate and heavy financial need of up to 100% of the participant's account balance attributable to employee contributions.

Vesting

Participants are 100% vested in the employee contribution and Employer contribution portion of their accounts immediately upon the Effective Date of Participation, as defined in the Plan.

Investment Options

Upon enrollment in the Plan, participants may direct their deferral contributions in over twenty (20) investment options. Participants may change their investment options daily. Except for the Standard Stable Asset A Fund, there is no guarantee of principal or earnings when participating in these funds.

Effective April 1, 2007, International TechneGroup Incorporated implemented the Limited Liquidity Program which allows the Company Board of Directors, at its sole discretion, to suspend or modify the quarterly repurchase of common stock based on Company or any other industry business or economic factors it deems appropriate. Under the Limited Liquidity Program, effective January 1, 2009, International TechneGroup Incorporated's Board of Directors suspended repurchases of ITI common stock, except for required minimum distributions from the Plan.

Participant Loans

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000, or fifty percent (50%) of their account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant Loans fund. Loan terms range from 1 to 5 years. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates. Principal and interest are paid ratably through monthly or quarterly payroll deductions.

Rollovers

The Plan permits participants to transfer distributions from other qualified plans into the Plan.

INTERNATIONAL TECHNEGROUP INCORPORATED
THRIFT SAVINGS 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2012 AND 2011

1. DESCRIPTION OF THE PLAN (Continued)

Payment of Expenses

All expenses of administration may be paid out of the Plan unless paid by the Employer. Such expenses shall include any expenses incident to the functioning of the administrator, including but not limited to, fees of accountants, counsel, and other specialists and their agents, and other costs of administering the Plan. Until paid, the expenses shall constitute a liability of the Plan. However, the Employer may reimburse the Plan for any administration expense incurred. Any administration expense paid to the Plan as a reimbursement shall not be considered an Employer contribution. The Employer elected to pay some of the administrative expenses of the Plan for the years ended December 31, 2012 and 2011.

Payment of Benefits

The benefit to which a Plan participant is entitled is the benefit that can be provided by the contributions made and income earned on investments. Upon service or disability retirement, death, or termination, a participant or beneficiary will receive an amount equal to the value of his account, including earnings. The benefit will be paid in either a lump-sum amount or annual installments over the participant's life expectancy.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Through December 15, 2011, the Plan invested in investment contracts through a common/collective trust. Contract value for this common/collective trust was based on the net asset value of the fund as reported by the investment advisor. Beginning December 15, 2011, the Plan invests in a guaranteed investment contract. The Statements of Net Assets Available for Benefits present the fair value of these investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statements of Changes in Net Assets Available for Benefits are prepared on a contract value basis.

Payment of Benefits

Benefits are recorded when paid.

INTERNATIONAL TECHNEGROUP INCORPORATED
THRIFT SAVINGS 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2012 AND 2011

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from these estimates.

Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Investment Valuation and Income Recognition

The Plan's investments are stated 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 8).

The Plan presents in the Statements of Changes in Net Assets Available for Benefits, the net investment gain (loss) from pooled separate accounts, common/collective trust, and guaranteed investment contract, which consists of interest, dividends, realized gains or losses and unrealized appreciation (depreciation) on that investment. The Plan presents in the Statements of Changes in Net Assets Available for Benefits, the net investment gain (loss) from registered investment companies, which consists of realized gains or losses and unrealized appreciation (depreciation) on those investments. Purchases and sales of securities are reflected on a trade-date basis. Interest and dividend income is recorded when earned.

Financial instruments, which subject the Plan to significant concentrations of credit risk, consist primarily of investments (see Note 4 for a summary of the Plan's investments).

3. RELATED PARTY TRANSACTIONS

Through December 15, 2011, the Plan invested in a common/collective trust and pooled separate accounts managed by Principal Life Insurance Company (Principal). Principal acted as Trustee for only those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions which are exempt from the prohibited transaction rule.

The Plan invests in a guaranteed investment contract managed by Standard Insurance Company (Standard). Standard acts as Trustee for only those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions which are exempt from the prohibited transaction rule.

INTERNATIONAL TECHNEGROUP INCORPORATED
THRIFT SAVINGS 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2012 AND 2011

3. RELATED PARTY TRANSACTIONS (Continued)

For the years ended December 31, 2012 and 2011, the Plan sold approximately \$17,700 and \$12,700 of shares of stock, respectively, and gained approximately \$0 and \$556,000, respectively, of realized and unrealized gain from common stock of International TechneGroup Incorporated, the Plan Sponsor. Transactions in this investment qualify as party-in-interest transactions which are exempt from the prohibited transaction rules.

4. INVESTMENT INFORMATION

The following is a summary of investment information regarding the Plan, included in the Plan's financial statements. Investments that represent five percent (5%) or more of the Plan's net assets as of December 31, 2012 are separately identified:

	FAIR VALUE DECEMBER 31,	
	2 0 1 2	2 0 1 1
<u>Investments</u>		
MetWest Total Return Bond Fund	\$ 1,000,297	\$ 659,651
Vanguard 500 Index Signal Fund	981,468	504,214
T. Rowe Price Growth Stock Fund	591,002	285,045
Vanguard Target Retirement 2015 Fund	597,682	541,754
Vanguard Target Retirement 2030 Fund	640,078	964,390
International TechneGroup Incorporated common stock	2,503,009	2,520,680
Other investments	3,757,516	3,426,146
	<u>\$ 10,071,052</u>	<u>\$ 8,901,880</u>

5. INVESTMENT INFORMATION AND FINANCIAL SCHEDULES

The following is a summary of the unaudited information regarding the Plan included in the Plan's financial statements that was prepared by Standard Insurance Company and Delaware Charter Guarantee & Trust Company (d/b/a Principal Trust Company), the Trustees of the Plan, and furnished to the Plan Administrator (the Plan Administrator has obtained certifications from the Trustees that such information is complete and accurate). Investments that represent five percent (5%) or more of the Plan's certified assets as of December 31, 2012 are separately identified:

INTERNATIONAL TECHNEGROUP INCORPORATED
THRIFT SAVINGS 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2012 AND 2011

5. INVESTMENT INFORMATION AND FINANCIAL SCHEDULES (Continued)

	FAIR VALUE DECEMBER 31,	
	2012	2011
<u>Investments</u>		
Deposits with Standard Insurance Company:		
MetWest Total Return Bond Fund	\$ 1,000,297	\$ 659,651
RidgeWorth Large Cap Value Equity Fund	479,745	334,883
Vanguard 500 Index Signal Fund	981,468	504,214
T. Rowe Price Growth Stock Fund	591,002	285,045
Oppenheimer International Growth Fund	388,164	289,976
Vanguard Target Retirement 2015 Fund	597,682	541,754
Vanguard Target Retirement 2030 Fund	640,078	964,390
Other certified investments at contract value	343,425 *	396,597 *
Other certified investments at fair value	2,508,886	2,387,121
	<u>\$ 7,530,747</u>	<u>\$ 6,363,631</u>

* Amount represents contract value for this investment.

	FOR THE YEARS ENDED DECEMBER 31,	
	2012	2011
Net investment gain (loss) from pooled separate accounts	\$ 834,762	\$ (89,127)
Net investment gain from common/collective trust	0	4,931
Net investment gain from guaranteed investment contract, at contract value	5,462	218
Net investment loss from registered investment companies	0	(65,087)
Dividends from registered investment companies	0	21,113

6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will remain one hundred percent (100%) vested in their accounts.

INTERNATIONAL TECHNEGROUP INCORPORATED
THRIFT SAVINGS 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2012 AND 2011

7. TAX STATUS

As of November 1, 2011, the Employer adopted the SunGard Business Systems LLC Volume Submitter 401(k) Profit Sharing Plan #01-002 offered through Standard Retirement Services, Inc. and need not apply for a separate determination letter, but instead may rely on the opinion letter issued by the Internal Revenue Service (dated March 31, 2008) stating that employers who adopt the Plan will be considered to have a plan qualified under Code section 401(a). Prior to November 1, 2011, the Plan adopted by the Employer was the Clark, Schaefer, Hackett & Co. Prototype Non-standardized Profit Sharing Plan with Cash or Deferred Arrangement, and in connection with that Prototype Plan, the Employer was able to rely on the opinion letter issued by the Internal Revenue Service (dated March 31, 2008) stating that employers who adopt the Plan will be considered to have a plan qualified under Code section 401(a). Accordingly, the Plan's net investment income is exempt from tax. The 2009 through 2011 tax years remain subject to potential examination by taxing authorities.

8. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets.
- Level 2 - Inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies the Plan used for assets measured at fair value:

INTERNATIONAL TECHNEGROUP INCORPORATED
THRIFT SAVINGS 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2012 AND 2011

8. FAIR VALUE MEASUREMENTS (Continued)

International TechneGroup Incorporated common stock: Valued quarterly by the Board of Directors.

Pooled separate accounts: Valued at market values of the underlying investments.

Guaranteed investment contract: Valued by discounting the related cash flows based on current yields of similar instruments with comparable durations.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value.

	DECEMBER 31, 2012			
	Level 1	Level 2	Level 3	Total
Stable value fund	\$ 0	\$ 0	\$ 380,721	\$ 380,721
Blend funds	0	3,502,177	0	3,502,177
Bond funds	0	1,162,829	0	1,162,829
Growth funds	0	1,432,112	0	1,432,112
Value funds	0	1,017,394	0	1,017,394
Government funds	0	26,421	0	26,421
Real Estate	0	46,389	0	46,389
ITI common stock	0	0	2,503,009	2,503,009
Total assets at fair value	<u>\$ 0</u>	<u>\$ 7,187,322</u>	<u>\$ 2,883,730</u>	<u>\$ 10,071,052</u>

	DECEMBER 31, 2011			
	Level 1	Level 2	Level 3	Total
Stable value fund	\$ 0	\$ 0	\$ 414,166	\$ 414,166
Blend funds	0	3,822,961	0	3,822,961
Bond funds	0	725,847	0	725,847
Growth funds	0	832,427	0	832,427
Value funds	0	494,491	0	494,491
Government funds	0	55,940	0	55,940
Real Estate	0	35,368	0	35,368
ITI common stock	0	0	2,520,680	2,520,680
Total assets at fair value	<u>\$ 0</u>	<u>\$ 5,967,034</u>	<u>\$ 2,934,846</u>	<u>\$ 8,901,880</u>

INTERNATIONAL TECHNEGROUP INCORPORATED
THRIFT SAVINGS 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2012 AND 2011

8. FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets:

	FOR THE YEARS ENDED DECEMBER 31,	
	2012	2011
Balance - beginning of year	\$ 2,934,846	\$ 1,977,376
Net investment gain	25,189	573,767
Purchases	33,856	396,379
Sales	(18,049)	(12,676)
Transfers in	87,972	0
Transfers out	(180,084)	0
Balance - end of year	<u>\$ 2,883,730</u>	<u>\$ 2,934,846</u>
Net investment gain attributable to changes in unrealized gain or loss of assets held at year end	<u>\$ 19,727</u>	<u>\$ 573,549</u>

Unrealized gains from the guaranteed investment contract are not included in the Statement of Changes in Net Assets Available for Benefits as the contract value is recorded at contract value for purposes of the net assets available for benefits.

9. INVESTMENT WITH INSURANCE COMPANY

In 2011, the Plan entered into a benefit-responsive investment contract with Standard Insurance Company (Standard). Standard maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. Participants may ordinarily direct the withdrawal or transfer all or a portion of their investment at contract value.

There are no reserves against contract value for the credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than one percent (1%) per annum. Such rates are reviewed on a quarterly basis for resetting.

Certain events may limit the ability of the Plan to transact at contract value with the issuer. Such events include amendments to the plan documents and/or the failure of the trust to qualify for exemption under ERISA. The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

INTERNATIONAL TECHNEGROUP INCORPORATED
THRIFT SAVINGS 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2012 AND 2011

9. INVESTMENT WITH INSURANCE COMPANY (Continued)

The Plan Sponsor may terminate the contract at any time with thirty (30) days advance written notice to Standard. Standard may terminate the contract with thirty (30) days advance written notice to the Plan Sponsor for reasonable cause, which includes the Plan Sponsor's failure to abide by state or federal law, failure to render performance necessary to comply with the terms of the contract, failure to maintain assets of at least \$25,000, plan disqualification, and failure to adopt the Plan in a reasonable period of time. Upon termination by either party, the payout value may be subject to adjustment, either in a single lump sum payment or in installment payments.

The table below sets forth the average yields for all fully benefit-responsive investment contracts:

	FOR THE YEARS ENDED DECEMBER 31,	
	2 0 1 2	2 0 1 1
Average yield based on actual earnings	9.80%	4.24%
Average yield based on interest rate credited to participants	1.43%	0.05%
Average yield for the Standard Stable Asset A fund	1.74%	1.85%

10. RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits according to the financial statements to Schedule H of Form 5500:

	DECEMBER 31,	
	2 0 1 2	2 0 1 1
Net assets available for benefits according to the financial statements	\$ 10,216,534	\$ 9,018,389
Amounts allocated to withdrawing participants at end of year	0	(410)
Adjustment from contract value to fair value for interest in fully benefit-responsive investments	37,296	17,569
Net assets available for benefits according to Form 5500	<u>\$ 10,253,830</u>	<u>\$ 9,035,548</u>

INTERNATIONAL TECHNEGROUP INCORPORATED
THRIFT SAVINGS 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2012 AND 2011

10. RECONCILIATION TO FORM 5500 (Continued)

The following is a reconciliation of benefits paid to participants according to the financial statements to Schedule H of Form 5500:

	FOR THE YEARS ENDED DECEMBER 31,	
	2012	2011
Benefits paid to participants according to the financial statements	\$ 267,051	\$ 256,435
Amounts allocated to withdrawing participants at end of year		410
Amounts allocated to withdrawing participants at beginning of year	(410)	0
Benefits paid to participants according to Schedule H of Form 5500	<u>\$ 266,641</u>	<u>\$ 256,845</u>

The following is a reconciliation of investment income from common /collective trust according to the financial statements to Schedule H of Form 5500:

	FOR THE YEARS ENDED DECEMBER 31,	
	2012	2011
Net investment gain from common/collective trust according to the financial statements	\$ 0	\$ 4,931
Adjustment from contract value to fair value for interest in common/collective trust relating to fully benefit-responsive investment contracts at beginning of year	0	(6,110)
Net investment loss from common/collective trust according to Schedule H of Form 5500	<u>\$ 0</u>	<u>\$ (1,179)</u>

INTERNATIONAL TECHNEGROUP INCORPORATED
THRIFT SAVINGS 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2012 AND 2011

10. RECONCILIATION TO FORM 5500 (Continued)

The following is a reconciliation of investment income from guaranteed investment contract according to the financial statements to Schedule H of Form 5500:

	FOR THE YEARS ENDED DECEMBER 31,	
	2012	2011
Net investment gain from guaranteed investment contract according to the financial statements	\$ 5,462	\$ 218
Adjustment from contract value to fair value for interest in fully benefit-responsive guaranteed investment contracts at end of year	37,296	17,569
Adjustment from contract value to fair value for interest in fully benefit-responsive guaranteed investment contracts at beginning of year	(17,569)	0
Net investment gain from guaranteed investment contract according to Schedule H of Form 5500	<u>\$ 25,189</u>	<u>\$ 17,787</u>

11. SUBSEQUENT EVENTS

Effective April 1, 2013, International TechneGroup Incorporated's Board of Directors adjusted the common share price to \$46.00. The action resulted in an appreciation of the Plan's investment in ITI stock of approximately \$305,000.

The Plan's management evaluated the activity of the Plan through September 25, 2013 (the date the financial statements were available to be issued) and concluded that no additional subsequent events have occurred that would require recognition in the financial statements or disclosure in the notes to the financial statements.

INTERNATIONAL TECHNEGROUP INCORPORATED
THRIFT SAVINGS 401(k) PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

E.I.N. 31-1123451
PLAN # 001

DECEMBER 31, 2012

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	Vanguard Intermediate- Term Treasury Fund	Pooled separate account	0 ^(z)	\$ 26,421
	MetWest Total Return Bond Fund	Pooled separate account	0 ^(z)	1,000,297
	Vanguard Balanced Index Signal Fund	Pooled separate account	0 ^(z)	12,163
	RidgeWorth Large Cap Value Equity Fund	Pooled separate account	0 ^(z)	479,745
	Vanguard 500 Index Signal Fund	Pooled separate account	0 ^(z)	981,468
	T. Rowe Price Growth Stock Fund	Pooled separate account	0 ^(z)	591,002
	RidgeWorth Mid-Cap Value Equity Fund	Pooled separate account	0 ^(z)	363,137
	Vanguard Mid-Cap Index Signal Fund	Pooled separate account	0 ^(z)	124,458
	Columbia Acorn Fund	Pooled separate account	0 ^(z)	139,416
	Target Small-Cap Value Portfolio	Pooled separate account	0 ^(z)	46,061
	Vanguard Small-Cap Index Signal Fund	Pooled separate account	0 ^(z)	244,763
	T. Rowe Price New Horizons Fund	Pooled separate account	0 ^(z)	192,436
	Oppenheimer International Growth Fund	Pooled separate account	0 ^(z)	388,164
	Vanguard Total Stock Market Index Signal Fund	Pooled separate account	0 ^(z)	27,165
	MetWest High Yield Bond Fund	Pooled separate account	0 ^(z)	162,532
	ING BlackRock Science and Technology Opportunities Portfolio	Pooled separate account	0 ^(z)	21,925

INTERNATIONAL TECHNEGROUP INCORPORATED
THRIFT SAVINGS 401(k) PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR (Continued)

E.I.N. 31-1123451
PLAN # 001

DECEMBER 31, 2012

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	Vanguard Energy Fund	Pooled separate account	0 ^(z)	\$ 128,451
	Cohen & Steers Institutional Realty Shares	Pooled separate account	0 ^(z)	46,389
	Franklin Gold and Precious Metals Fund	Pooled separate account	0 ^(z)	89,165
	Vanguard Target Retirement 2015 Fund	Pooled separate account	0 ^(z)	597,682
	Vanguard Target Retirement 2020 Fund	Pooled separate account	0 ^(z)	136,653
	Vanguard Target Retirement 2025 Fund	Pooled separate account	0 ^(z)	289,259
	Vanguard Target Retirement 2030 Fund	Pooled separate account	0 ^(z)	640,078
	Vanguard Target Retirement 2035 Fund	Pooled separate account	0 ^(z)	249,765
	Vanguard Target Retirement 2040 Fund	Pooled separate account	0 ^(z)	47,245
	Vanguard Target Retirement 2045 Fund	Pooled separate account	0 ^(z)	26,103
	Vanguard Target Retirement 2050 Fund	Pooled separate account	0 ^(z)	125,375
	Oppenheimer Global Fund	Pooled separate account	0 ^(z)	10,004
*	The Standard Stable Asset A Fund	Guaranteed investment contract	0 ^(z)	380,721
*	International TechneGroup, Inc.	61,049 shares common stock	0 ^(z)	2,503,009
	Participant loans	Low: 3.25% High: 4.25%	0	125,023
				<u>\$ 10,196,075</u>

* Party-in-interest

(z) Indicates investments for which the Trustees did not provide historical cost information.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>			
A This return/report is for:	☐ a multiemployer plan; ☒ a single-employer plan;	☐ a multiple-employer plan; or ☐ a DFE (specify) _____	
B This return/report is:	☐ the first return/report; ☐ an amended return/report;	☐ the final 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:	☒ Form 5558; ☐ special extension (enter description) _____	☐ automatic extension;	☐ the DFVC program;

Part II Basic Plan Information—enter all requested information			
1a Name of plan INTERNATIONAL TECHNEGROUP, INC. THRIFT SAVINGS 401K PLAN	1b Three-digit plan number (PN) ▶	001	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) INTERNATIONAL TECHNEGROUP, INC. 5303 DUPONT CIRCLE MILFORD OH 45150	1c Effective date of plan	07/01/1984	
	2b Employer Identification Number (EIN)	31-1123451	
	2c Sponsor's telephone number	(513) 576-3900	
	2d Business code (see instructions)	541519	

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		10-4-13	STEPHANIE MILLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2012)
v. 120126

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		4b EIN
a Sponsor's name		4c PN
5 Total number of participants at the beginning of the plan year		5 206
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 83
b Retired or separated participants receiving benefits.....		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 130
d Subtotal. Add lines 6a, 6b, and 6c.		6d 213
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....		6e 0
f Total. Add lines 6d and 6e.		6f 213
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 197
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 Characteristics Codes in the instructions: 2E 2F 2H 2J 2K		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☐ Trust	(3) ☐ Trust	
(4) ☐ General assets of the sponsor	(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		b General Schedules
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information - Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☒ <u>1</u> A (Insurance Information)	
	(4) ☒ C (Service Provider Information)	
	(5) ☒ D (DFE/Participating Plan Information)	
	(6) ☐ G (Financial Transaction Schedules)	

**SCHEDULE A
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Insurance Information**This schedule is required to be filed under section 104 of the
Employee Retirement Income Security Act of 1974 (ERISA).

▶ File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information
pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2012**This Form is Open to Public
Inspection**For calendar plan year 2012 or fiscal plan year beginning **01/01/2012** and ending **12/31/2012****A** Name of plan**B** Three-digit

plan number (PN) ▶

001

INTERNATIONAL TECHNEGROUP, INC. THRIFT SAVINGS 401K PLAN

C Plan sponsor's name as shown on line 2a of Form 5500**D** Employer Identification Number (EIN)

INTERNATIONAL TECHNEGROUP, INC.

31-1123451

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract
on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.**1** Coverage Information:

(a) Name of insurance carrier

STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	808108	213	01/01/2012	12/31/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in
descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
38,653	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JEFFREY MILLER
882 HOLZ AVE

CINCINNATI

OH 45230

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
38,653		REFERRAL/SERVICE FEE	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule A (Form 5500) 2012
v. 120126

Attachment to 2012 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name INTERNATIONAL TECHNEGROUP, INC. THRIFT SAVINGS 401K PLAN **EIN:** 31-1123451
Plan Sponsor's Name INTERNATIONAL TECHNEGROUP, INC. **PN:** 001

(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) Current value
*	INTERNATIONAL TECHNEGROUP	COMMON STOCK	0	2,503,009
*	STANDARD INSURANCE CO	GROUP ANNUITY CONTRACT STANDARD STABLE ASSET A	0	380,721
*	STANDARD INSURANCE CO	POOLED SEPARATE ACCT A	0	7,187,322
*	PARTICIPANT LOANS	3.25% TO 4.25%	0	125,023