

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

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>AMERSHAM HEALTH RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ► <u>004</u> 1c Effective date of plan <u>10/01/1994</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>GE HEALTHCARE USA HOLDING INC.</u> <u>101 CARNEGIE CENTER</u> <u>PRINCETON, NJ 08540-6231</u>	2b Employer Identification Number (EIN) <u>04-2860743</u> 2c Sponsor's telephone number <u>609-514-6000</u> 2d Business code (see instructions) <u>551112</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.	<u>10/08/2013</u>	<u>JAMES T. HOFFMAN</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
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 JOINT QUAL RET PLANS COMMITTEE AMERSHAM HEALTH INC 101 CARNEGIE CENTER PRINCETON, NJ 08540		3b Administrator's EIN 04-2860743
		3c Administrator's telephone number 609-514-6000
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 2626
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	601
b Retired or separated participants receiving benefits.....	6b	524
c Other retired or separated participants entitled to future benefits.....	6c	1426
d Subtotal. Add lines 6a , 6b , and 6c	6d	2551
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	66
f Total. Add lines 6d and 6e	6f	2617
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1G 1I 3H		
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) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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

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

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

A Name of plan <u>AMERSHAM HEALTH RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GE HEALTHCARE USA HOLDING INC.</u>	D Employer Identification Number (EIN) <u>04-2860743</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2012</u>	
2 Assets:	
a Market value	2a <u>183592969</u>
b Actuarial value	2b <u>185037087</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>532</u> <u>72010550</u>
b For terminated vested participants.....	3b <u>1439</u> <u>49032266</u>
c For active participants:	
(1) Non-vested benefits.....	3c(1) <u>2806558</u>
(2) Vested benefits.....	3c(2) <u>29980957</u>
(3) Total active	3c(3) <u>665</u> <u>32787515</u>
d Total	3d <u>2636</u> <u>153830331</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>7.04 %</u>
6 Target normal cost.....	6 <u>0</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/16/2013</u>
Signature of actuary		Date
<u>AARON L. SENS</u>		<u>11-06808</u>
Type or print name of actuary		Most recent enrollment number
<u>HEWITT ASSOCIATES LLC</u>		<u>847-295-5000</u>
Firm name		Telephone number (including area code)
<u>4 OVERLOOK POINT</u> <u>LINCOLNSHIRE, IL 60069-4302</u>		
Address of the firm		

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

Part II Beginning of Year Carryover Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	21490411	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	21490411	0
10	Interest on line 9 using prior year's actual return of <u>2.29</u> %	492130	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		9706621
b	Interest on (a) using prior year's effective interest rate of <u>6.33</u> % except as otherwise provided (see instructions)		614429
c	Total available at beginning of current plan year to add to prefunding balance		10321050
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	21982541	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	105.99 %
15	Adjusted funding target attainment percentage	15	120.28 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	103.09 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ►	18(b)	0
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0		0
		0
		0
		0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) 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 AMERSHAM HEALTH RETIREMENT PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 GE HEALTHCARE USA HOLDING INC.	D Employer Identification Number (EIN) 04-2860743	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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 ☐

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name: ROBERT BERNSEE	b EIN: 36-2235791
c Position: ENROLLED ACTUARY	
d Address: 100 HALF DAY ROAD LINCOLNSHIRE, IL 60069	e Telephone: 847-295-5000

Explanation: AS A RESULT OF AN INTERNAL CHANGE IN ASSIGNMENTS AT AON HEWITT, THE ENROLLED ACTUARY HAS CHANGED.

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <u>AMERSHAM HEALTH RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>004</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GE HEALTHCARE USA HOLDING INC.</u>	D Employer Identification Number (EIN) <u>04-2860743</u>	

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: NYCOMED AMERSHAM MASTER TRUST

b Name of sponsor of entity listed in (a): AMERSHAM HEALTH INC

c EIN-PN <u>36-7255737-001</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>202996841</u>
---------------------------------------	-------------------------------	--

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:

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>		
A Name of plan <u>AMERSHAM HEALTH RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GE HEALTHCARE USA HOLDING INC.</u>	D Employer Identification Number (EIN) <u>04-2860743</u>	

	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)	11550000	0
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)	172465213	202996841
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	184015213	202996841

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	184015213	202996841
---	-----------	-----------	-----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		26485061
(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		
d Total income. Add all income amounts in column (b) and enter total.....	2d		26485061

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7503433	
(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)		7503433
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)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7503433

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		18981628
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: **KPMG LLP**

(2) EIN: **13-5565207**

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	
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	
e Was this plan covered by a fidelity bond?.....	X		25000000
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	
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	
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	
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	
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	
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	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

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.
---	--	--

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

A Name of plan <u>AMERSHAM HEALTH RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GE HEALTHCARE USA HOLDING INC.</u>	D Employer Identification Number (EIN) <u>04-2860743</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	<u>0</u>
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>36-3046063</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	<u>0</u>

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
--	-----------------------------------	-----------------------------------	-------------------------------	--

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2012
v. 120126

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: 42% Investment-Grade Debt: 54% High-Yield Debt: 0% Real Estate: 4% Other: 0%

- 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):



**AMERSHAM HEALTH
RETIREMENT PLAN**

Financial Statements

December 31, 2012 and 2011

(With Independent Auditors' Report Thereon)

**AMERSHAM HEALTH
RETIREMENT PLAN**

Financial Statements

December 31, 2012 and 2011

Table of Contents

	Page(s)
Independent Auditors' Report	1-2
Financial Statements:	
Statements of Net Assets Available for Plan Benefits as of December 31, 2012 and 2011	3
Statements of Changes in Net Assets Available for Plan Benefits for the years ended December 31, 2012 and 2011	4
Notes to Financial Statements	5 – 17

Note: Supplemental Schedules required by section 2520. 103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under Employee Retirement Income Security Act (ERISA) of 1974 have been omitted because they are not applicable.



KPMG LLP
345 Park Avenue
New York, NY 10154-0102

Independent Auditors' Report

The Participants and Plan Administrator
Amersham Health Retirement Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Amersham Health Retirement Plan (the Plan), which comprise the statements of net assets available for plan benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for plan benefits for the years then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 3, which was certified by The Northern Trust Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Trustee as of December 31, 2012 and 2011, and for the years then ended, that the information provided to the Plan Administrator by the Trustee 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.



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

The form and content of the information included in the financial statements, other than that derived from the information certified by the Trustee, 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 the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

KPMG LLP

September 27, 2013

**AMERSHAM HEALTH
RETIREMENT PLAN**

Statements of Net Assets Available for Plan Benefits

December 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Assets:		
Investments at fair value, as certified by trustee:		
Plan interest in Nycomed Amersham Master Trust		
notes 3 and 4)	\$ 202,996,841	172,465,213
Employer contributions receivable	<u>—</u>	<u>11,550,000</u>
Total assets	<u>202,996,841</u>	<u>184,015,213</u>
Net assets available for plan benefits	<u>\$ 202,996,841</u>	<u>184,015,213</u>

See accompanying notes to financial statements.

**AMERSHAM HEALTH
RETIREMENT PLAN**

Statements of Changes in Net Assets Available for Plan Benefits

Years ended December 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Additions to (deductions from) net assets attributed to:		
Plan interest in Nycomed Amersham Master Trust		
investment income, as certified by trustee (note 3)	\$ 26,485,061	3,456,794
Employer contributions	—	14,100,000
Benefits paid to participants	<u>(7,503,433)</u>	<u>(6,734,629)</u>
Net increase	18,981,628	10,822,165
Net assets available for plan benefits at:		
Beginning of year	<u>184,015,213</u>	<u>173,193,048</u>
End of year	<u>\$ 202,996,841</u>	<u>184,015,213</u>

See accompanying notes to financial statements.

**AMERSHAM HEALTH
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2012 and 2011

(1) Description of the Plan

The following brief description of the Amersham Health Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

(a) General

The Plan is a defined benefit pension plan for the benefit of employees of Amersham Health Inc. (the Company), formerly Nycomed Amersham Inc., whose ultimate parent was Amersham plc. On April 8, 2004, General Electric Capital Corporation whose ultimate parent is General Electric Company (GE) acquired Amersham plc. The Plan provides participants with a lifetime income in retirement and the opportunity to continue payments for life to a surviving spouse or under certain conditions a specific designee following the participant's death during retirement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Prior to November 28, 2004, all employees of the Company who have attained 21 years of age and were credited with one year of service, as defined, are eligible to participate in the Plan. Participants attain 100% vesting after five years of vesting service from the date of employment.

The Company and The Northern Trust Company (the Trustee) entered into a defined benefit plan master trust agreement, effective February 1, 1999 creating a master trust (the Master Trust) for the Plan, the Amersham Biosciences Corp. Retirement Plan and the Amersham Health Puerto Rico, Inc. Pension Plan.

On November 28, 2004, (Freeze Date), accruals of benefits in the plan ceased. At that time, employees began accruing benefits under the GE pension plan. The pay and service amounts used to calculate benefits were frozen on that date resulting in accrued benefits that will not change over time. However, participants will still be able to become eligible for early retirement as they continue to work for GE and are accruing benefits under the GE Pension Plan.

Effective January 1, 2012, the Plan was amended so that no amendment will increase the duties or liabilities of the Trustee without the consent of the Trustee. No amendment will deprive any participant of any of the benefits to which he is entitled under the Plan with respect to benefits previously accrued, nor will any amendment decrease the vested percentage of any participant's accrued benefit unless permitted or required by law. No amendment will provide for the use of funds or assets held to provide benefits under the Plan other than for the benefit of participants or to meet administrative expenses of the Plan except as may be specifically authorized by statute or regulation.

(b) Pension Benefits

Generally, normal retirement date is the first day of the month coincident with or next following a participant's 65th birthday. The participant's benefit is determined by a computation based on years of service and average earnings, as defined in the Plan document. Vested participants can elect early retirement between the ages of 55 and 65; however, benefits would be reduced by a percentage per

**AMERSHAM HEALTH
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2012 and 2011

year from the yearly benefit for each year and proportionately for each month, depending upon the age of the participant at retirement date and dependent on the participant's credited services. A vested participant who terminates for any reason other than retirement, disability, or death is entitled to the monthly vested termination benefit beginning on the normal retirement date in the amount of his accrued benefit. A participant who terminates prior to age 55 and begins to receive benefit payments prior to age 65 will receive benefits that are the actuarial equivalent of benefits payable at age 65. All participants, regardless of service level were fully vested in their accrued benefits as of the Freeze Date.

Participants may elect to receive their distributions, subject to certain plan provisions, in the form of an annuity. If the present value of the participant's accrued benefit is \$1,000 or less, the participant will receive a lump-sum payment as soon as practicable after termination date and amounts greater than \$1,000 and up to and including \$5,000 will be paid with the consent of the participant. If a participant becomes disabled before retirement, the participant will receive benefit payments at the time he would have reached normal retirement unless the participant elects early retirement upon attaining 55 years of age.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

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

(b) Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management of the Plan to make estimates and assumptions that affect the reported amounts in the Statements of Net Assets Available for Plan Benefits and disclosures and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. The most significant estimates relate to the determination of the accumulated plan benefits (e.g., assumptions pertaining to interest rates, inflation rates and employee demographics). Actual results could differ from those estimates.

(c) Investment Valuation and Income Recognition

The Plan records its interest in the Master Trust based on the contributions, benefit payments and its proportionate interest in investment income of the Master Trust, which includes net appreciation (depreciation) in the fair value of investments.

The following are the investment valuation and income recognition policies of the Master Trust:

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. The investments in common and collective trusts and the real estate fund are valued based upon each of the fund's net asset value, which is a practical measure of fair value.

**AMERSHAM HEALTH
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2012 and 2011

The Master Trust is exposed to losses in the event of nonperformance by the real estate investment or common and collective trusts, in which the Master Trust assets are invested. See note 4 for a discussion of fair value measurements.

Purchase and sales of securities are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

The net appreciation in the fair value of investments consists of realized gains and losses as well as unrealized gains and losses on investments for the period.

(d) *Payment of Benefits*

Benefit payments to participants are recorded when paid. At December 31, 2012 and 2011, all Benefit payments processed and approved for payment had been paid by the Plan.

(e) *Administrative Expenses*

Administrative expenses are generally paid by the Company. Certain expenses, such as investment management fees were paid by the Master Trust or Plan as allowed, per the Master Trust and Plan documents.

(f) *Plan Administration*

The Plan is administered through Nycomed Master Trust in accordance with the Master Trust Agreement between the Company and the Northern Trust Company, the Trustee. The Master Trust is supervised by the Joint Qualified Retirement Plans Committee as appointed by Board of Directors of the Company.

(g) *New Accounting Pronouncements*

In May 2011, the FASB issued ASU No. 2011-04, "Amendments to Achieve Common Fair Value Measurement and Disclosure Requirement in U.S. GAAP and IFRS". The objective of this ASU is to achieve common fair value measurement and disclosure requirement in U.S. GAAP and IFRS. The amendments in this ASU change the wording used to describe current requirements in U.S. GAAP for measuring fair value and for financial statement disclosure about fair value measurements. Some of the amendments in the ASU clarify the FASB's intent or change a particular principle or requirement pertaining to the application of existing fair value measurement requirements or for disclosing information about fair value measurements. The amendments in this ASU are required to be applied prospectively and are effective for fiscal years beginning after December 15, 2011. The Plan adopted the provisions of this ASU as of January 1, 2012, and the adoption did not have a material impact on the Plan's financial statements. The adoption of this guidance is reflected, where applicable, throughout the notes of the financial statements.

**AMERSHAM HEALTH
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2012 and 2011

(3) Information Certified by The Northern Trust Company (unaudited)

The information presented in this note and the “Fair Value Measurements” note (note 4) below was derived from such investment information that was certified as complete and accurate by The Northern Trust Company, the Trustee, and was not subject to auditing procedures with respect to information regarding investments, interest and dividend income, and net appreciation in fair value of investments (including gains and losses on investments sold, as well as held during the year) presented or summarized in the accompanying Statements of Net Assets Available for Plan Benefits and Statements of Changes in Net Assets Available for Plan Benefits and in the footnotes as of and for the year ended December 31, 2012 and 2011, by the Plan’s independent auditors as permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

Effective February 1, 1999, the Company formed the Nycomed Amersham Master Trust in accordance with a Master Trust agreement with The Northern Trust Company. Under the Master Trust Agreement, use of a master trust permits the commingling of various investments that fund company-sponsored defined benefit plans for investment and administrative purposes. Although assets are commingled in the Master Trust, the Trustee maintains records for the purpose of allocating contributions and changes in net assets of the Master Trust to individual participating plans based upon each plan’s proportionate interest in the Master Trust.

The following table presents the net assets of the Master Trust as of December 31, 2012 and 2011:

	<u>2012</u>	<u>2011</u>
Investments at fair value:		
Common and collective trusts – U.S. equity	\$ 86,188,179	115,494,534
Mutual fund – non U.S. equity	32,695,523	28,496,273
Mutual fund – fixed income	55,071,305	—
Real estate investment trust fund	9,657,472	8,765,406
Government securities -- US	1,598,584	8,246,876
Corporate debt instruments - preferred	40,447,796	30,289,850
Corporate debt instruments - other	48,278,354	42,022,275
Other	1,519,349	844,465
Common stock	—	2
Total Master Trust investments	<u>275,456,562</u>	<u>234,159,681</u>
Accrued investment income	1,394,731	1,375,708
Due to broker for securities purchased	<u>(143,738)</u>	<u>(116,836)</u>
Net assets of the Master Trust	<u>\$ 276,707,555</u>	<u>235,418,553</u>
Plan’s investment in the Master Trust	<u>\$ 202,996,841</u>	<u>172,465,213</u>
Plan’s percentage ownership interest in the Master Trust	<u>73%</u>	<u>73%</u>

**AMERSHAM HEALTH
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2012 and 2011

Net investment income of the Master Trust for the years ended December 31, 2012 and 2011 is as follows:

	<u>2012</u>	<u>2011</u>
Net appreciation (depreciation) in the fair value of investments:		
Common and collective trusts – U.S. equity	\$ 13,448,681	360,273
Mutual fund – non U.S. equity	4,823,301	(4,957,905)
Mutual fund – fixed income	5,071,305	1,096,459
Real estate investment trust fund	414,773	818,036
Government Securities -- US	57,109	450,293
Corporate debt instruments -- preferred	2,696,648	1,681,721
Corporate debt instruments -- other	3,829,759	1,408,576
Other	134,928	72,615
Common stock	7,092	9,502
	<u>30,483,596</u>	<u>939,570</u>
Fees and expenses	(290,366)	(286,296)
Interest income	4,931,315	1,752,260
Dividends	<u>1,020,554</u>	<u>2,077,536</u>
Total investment income of the Master Trust	<u>\$ 36,145,099</u>	<u>4,483,070</u>
Plan's interest in investment income of the Master Trust	<u>\$ 26,485,061</u>	<u>3,456,794</u>
Plan's percentage investment income of the Master Trust	<u>73%</u>	<u>77%</u>

Due to the timing of the Plan's contributions and disbursements, the Plan's interest in net assets and investment income of the Master Trust can vary throughout the year.

(4) Fair Value Measurements

ASC 820 requires fair value to be determined based on the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants. ASC 820 establishes a three-level valuation hierarchy based upon observable and non-observable inputs.

For financial assets and liabilities, fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction with a market participant at the measurement date. In the absence of active markets for the identical assets and liabilities, such measurements involve developing assumptions based on market observable data and, in the absence of such data, internal information that is consistent with what market participants would use in a hypothetical transaction that occurs at the measurement date. Also determination of fair value assumes that market participants will consider the highest and best use of the asset.

**AMERSHAM HEALTH
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2012 and 2011

Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect market assumptions. Preference is given to observable inputs. These two types of inputs create the following fair value hierarchy:

Level 1 – Quoted prices for identical investments in active markets.

Level 2 – Quoted prices for similar investments in active markets; quoted prices for identical or similar investments in markets that are not active; and model-derived valuations whose significant value drivers are observable.

Level 3 – Significant inputs to the valuation model are unobservable.

The Master Trust maintains policies and procedures to value investments using the best and most relevant data available. The following section describes the valuation methodologies used to measure investments at fair value.

When available, quoted market prices are used to determine the fair value of investment securities, and they are included in Level 1. Level 1 investments of the Master Trust primarily include mutual funds and common stock.

When quoted market prices are unobservable, quotes from independent pricing vendors are used based on recent trading activity and other relevant information including market interest rate curves, referenced credit spreads and estimated prepayment rates where applicable. These investments are included in Level 2. The Master Trust's ownership in the common and collective trusts is carried at fair value based on the investment's net asset value (NAV) per unit. The NAV is based on the value of the underlying investments owned by each trust, minus its liabilities and then divided by the number of shares outstanding. Common and collective trusts are included in Level 2 to the extent that they are readily redeemable at their NAV.

In infrequent circumstances, the pricing vendors may provide the Master Trust with valuations that are based on significant unobservable inputs, and in those circumstances the Master Trust classifies the investment securities in Level 3. Level 3 investments primarily include real estate investment trust fund. Level 3 valuations are derived from other valuation methodologies including pricing models, discounted cash flow models and similar techniques. Level 3 valuations incorporate subjective judgments and consider assumptions including capitalization rates, discount rates, cash flows and other factors that are not observable in the market. The Master Trust owns limited partnership interests in the real estate investment trust fund and are valued using the NAV per unit of funds that are invested in real property, and the real property is valued using independent market appraisals. Since appraisals involve utilization of significant unobservable inputs and the private real estate fund is not redeemable for cash, the Master Trust's investment in the private real estate fund is included in Level 3.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values of the Master Trust investments. Furthermore, although the Master

**AMERSHAM HEALTH
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2012 and 2011

Trust believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at December 31, 2012 and 2011.

The following table presents the investments in the Master Trust measured at fair value on a recurring basis at December 31, 2012:

	Fair value measurement using input type			Total
	Level 1	Level 2	Level 3	
	(In thousands)			
Common and collective trusts – U.S. equity	\$ —	86,188	—	86,188
Mutual fund – non U.S. equity	32,696	—	—	32,696
Mutual fund – fixed income	—	55,071	—	55,071
Real estate investment trust fund	—	—	9,657	9,657
Government securities - US	—	1,599	—	1,599
Corporate debt instruments - preferred	—	40,448	—	40,448
Corporate debt instruments - other	—	48,278	—	48,278
Other	—	1,519	—	1,519
Common stock *	—	—	—	—
Total investments, at fair value	\$ 32,696	233,103	9,657	275,456

* represents less than \$500 and rounds to \$0.

**AMERSHAM HEALTH
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2012 and 2011

The following table presents the investments in the Master Trust measured at fair value on a recurring basis at December 31, 2011:

	Fair value measurement using input type			Total
	Level 1	Level 2	Level 3	
	(In thousands)			
Common and collective trusts – U.S. equity	\$ —	115,495	—	115,495
Mutual fund – non U.S. equity	28,496	—	—	28,496
Mutual fund – fixed income	—	—	—	—
Real estate investment trust fund	—	—	8,765	8,765
Government securities - US	—	8,247	—	8,247
Corporate debt instruments - preferred	—	30,290	—	30,290
Corporate debt instruments - other	—	42,022	—	42,022
Other	—	844	—	844
Common stock *	—	—	—	—
	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
Total investments, at fair value	\$ <u>28,496</u>	<u>196,898</u>	<u>8,765</u>	<u>234,159</u>

* represents less than \$500 and rounds to \$0.

As discussed in note 3, these tables were derived from information that was certified as complete and accurate by The Northern Trust Company, the Trustee of the Plan.

The following table sets forth a summary of changes in the fair value of the Master Trust's Level 3 assets for the real estate investment trust fund.

	Year ended December 31	
	2012	2011
	(In thousands)	
Real estate investment fund:		
Balance, beginning of year	\$ 8,765	7,480
Unrealized gains (losses)	415	861
Purchases	477	424
Balance, end of year	\$ <u>9,657</u>	<u>8,765</u>

**AMERSHAM HEALTH
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2012 and 2011

Transfers in and out are considered to occur at the beginning of the period. There were no such transfers between levels during 2012 or 2011. The realized and unrealized gains and losses indicated above are included in the Plan interest in Nycomed Amersham Master Trust investment income in the Statements of Changes in Net Assets Available for Plan Benefits.

The funds within the Master Trust, excluding the real estate-related investments is generally redeemable daily and generally has no restrictions on redemptions.

The valuation methodology for the common and collective trusts are reported based on the fair value of the underlying investments as determined by the investment manager using quoted prices in active markets or other significant inputs that are deemed observable. The common and collective trusts have no restriction on redemptions including dollar limit that can be redeemed.

Management of the Plan has concluded that the net asset value reported by the underlying real estate fund, held at the Master Trust approximates the fair value of the investment. These investments are redeemable on a quarterly basis at their net asset value upon written notice to the fund at least 60 days prior to the end of the quarter. However, withdrawals are subject to the availability of cash arising from net investment income, allocations and the sale of investments in the normal course of business by the fund.

(5) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of employees who have died; and (c) present employees or their beneficiaries. The accumulated plan benefits for active employees are based on their average compensation during the three or five years prior to the Freeze Date, dependent on the participant's credited service and Plan entry. Benefits payable under all circumstances-retirement, death, disability, and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the Freeze date.

An actuarial firm determines the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discount for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the freeze date and the expected date of payment.

**AMERSHAM HEALTH
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2012 and 2011

A summary of significant actuarial assumptions used in preparing the actuarial valuations as of December 31, 2011 is as follows:

Interest rate	6.75%
Mortality	RP 2000 Fully Generational Mortality Table
Retirement Age	Rates vary by age, from age 55 to 65

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan terminates, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits as of December 31, 2011, as determined by the consulting actuary, AonHewitt are as follows:

Vested benefits:	
Participants currently receiving payments	\$ 72,696,523
Other participants	84,278,093
	<hr/>
Total vested plan benefits	156,974,616
Nonvested benefits	3,012,554
	<hr/>
Total actuarial present value of accumulated plan benefits	\$ <u><u>159,987,170</u></u>

The changes in the actuarial present value of accumulated plan benefits, for the year ended December 31, 2011 are as follows:

Actuarial present value of accumulated plan benefits, at beginning of year	\$ 145,172,511
Benefits paid	(6,734,629)
Interest accumulation	9,575,562
Actuarial assumptions	9,211,855
Normal operation of pension plan	2,761,871
	<hr/>
Actuarial present value of accumulated plan benefits, at end of year	\$ <u><u>159,987,170</u></u>

The actuarial present value of accumulated plan benefits reflect a change in mortality table from IRS Static Mortality table at the benefit information date, as per IRC Reg. 1.430 (h) (3)-1(e) to RP 2000 Fully Generational Mortality Table in December 31, 2012.

**AMERSHAM HEALTH
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2012 and 2011

(6) Risks and Uncertainties

The assets of the Master Trust are principally made up of investment funds. The funds invest in common stock, mutual funds, real estate, U.S. government and corporate securities, and money market funds. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risk. Due to the level of risk associated with investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Plan Benefits.

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

(7) Funding Policy

The Company contributes such amounts as calculated on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to participants. The Company contributed \$0 and \$14,100,000 for the years ended December 31, 2012 and 2011, respectively, and met the minimum funding requirement for both years required by ERISA.

The Pension Protection Act (PPA), as amended, required a change in method for determining contributions for the 2011 plan year. PPA mandates use of the accrued benefit funding method with liabilities valued using interest rates determined from a high quality corporate bond yield curve. As of December 31, 2012, the plan had no unfunded liabilities and the Plan has met the minimum funding requirements required by ERISA.

(8) Plan Termination

The Company expects to continue the Plan and the corresponding trust indefinitely but reserves the right to terminate it in whole or in part at any time by resolution of the board of directors subject to the provision of Internal Revenue Code (IRC) and ERISA.

In the event of termination of the Plan, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- i. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

**AMERSHAM HEALTH
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2012 and 2011

- ii. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency), up to applicable limitations (discussed below).
- iii. All other vested benefits (that is, vested benefits not insured by the PBGC).
- iv. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefits protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefits that PBGC guarantees. For Plan terminations occurring during 2013 that ceiling is \$4,790 per month. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever occurs later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceiling is adjusted downward.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

(9) Tax Status

The Internal Revenue Service has determined and informed the Company by a letter, dated July 2, 2010, that the Plan and the related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC. Therefore, there is no provision for income taxes recorded in the Plan's financial statements.

ASC 740, Income Taxes, provides guidance for how uncertain tax positions should be recognized, measured, presented, and disclosed in the financial statements. ASC 740 requires evaluation of tax positions taken or expected to be taken in the course of preparing the Trust's tax returns to determine whether the tax positions are "more likely than not" of being sustained by the applicable tax authority. In applying ASC 740, the management of the Trust and Plan concluded that there was no material impact on the Trust's or the Plan's net assets and financial statements. The Trust and Plan's 2009, 2010, 2011 and 2012 calendar year tax returns are still open to examination by the federal and applicable state tax authorities. There are currently no audits for any tax periods in progress.

**AMERSHAM HEALTH
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2012 and 2011

(10) Related Party Transactions (Parties-in-Interest)

Plan investments within the Master Trust include certain units of common and collective trusts, which are managed by The Northern Trust Company. The Northern Trust Company is the Trustee, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

(11) Subsequent Events

Subsequent events were evaluated by the Plan in the preparation of these financial statements through September 27, 2013, the date the financial statements were available to be issued. There were no events that occurred subsequent to December 31, 2012, other than those disclosed that would require recognition or disclosure in the Plan's financial statements.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2012**This Form is Open to Public
Inspection**For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012► **Round off amounts to nearest dollar.**► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Amersham Health Retirement Plan	B Three-digit plan number (PN) ► 004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GE Healthcare USA Holding Inc.	D Employer Identification Number (EIN) 04-2860743
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2012</u>		
2 Assets:		
a Market value	2a	183,592,969
b Actuarial value	2b	185,037,087
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 532	72,010,550
b For terminated vested participants	3b 1,439	49,032,266
c For active participants:		
(1) Non-vested benefits	3c(1)	2,806,558
(2) Vested benefits	3c(2)	29,980,957
(3) Total active	3c(3) 665	32,787,515
d Total	3d 2,636	153,830,331
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐	
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	7.04 %
6 Target normal cost	6	0

Statement by Enrolled Actuary

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

SIGN HERE	<u>Aaron L. Sens</u> <u>ALS</u>	<u>09/16/2013</u>
	Signature of actuary	Date
<u>Aaron L. Sens</u>	Type or print name of actuary	<u>11-06808</u>
<u>Hewitt Associates LLC</u>	Firm name	Most recent enrollment number
		<u>(847) 295-5000</u>
<u>4 Overlook Point</u>		Telephone number (including area code)
<u>Lincolnshire</u>	<u>IL 60069-4302</u>	
	Address of the firm	

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

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

Schedule SB (Form 5500) 2012
v. 120126

Part II Beginning of Year Carryover Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	21,490,411	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	21,490,411	0
10 Interest on line 9 using prior year's actual return of <u>2.29</u> %	492,130	
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		9,706,621
b Interest on (a) using prior year's effective interest rate of <u>6.33</u> % except as otherwise provided (see instructions)		614,429
c Total available at beginning of current plan year to add to prefunding balance		10,321,050
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	21,982,541	0

Part III Funding Percentages

14 Funding target attainment percentage	14	105.99 %
15 Adjusted funding target attainment percentage	15	120.28 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	103.09 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 5.54 %	2nd segment: 6.85 %	3rd segment: 7.52 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	7.50%	1.0000	4.16
56.5	7.50%	0.9250	3.92
57.5	7.50%	0.8556	3.69
58.5	7.50%	0.7915	3.47
59.5	7.50%	0.7321	3.27
60.5	10.00%	0.6772	4.10
61.5	10.00%	0.6095	3.75
62.5	25.00%	0.5485	8.57
63.5	25.00%	0.4114	6.53
64.5	25.00%	0.3085	4.98
65.5	50.00%	0.2314	7.58
66.5	25.00%	0.1157	1.92
67.5	25.00%	0.0868	1.46
68.5	25.00%	0.0651	1.11
69.5	25.00%	0.0488	0.85
70	100.00%	0.0366	2.56
Weighted Average			61.92

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2011), each adjusted as needed to fall within the 25-year average interest rate corridor under MAP-21
1st Segment Rate	5.54%
2nd Segment Rate	6.85%
3rd Segment Rate	7.52%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2011), without regard to the MAP-21 interest rate corridor
1st Segment Rate	2.06%
2nd Segment Rate	5.25%
3rd Segment Rate	6.32%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2012 static mortality table for annuitants and non- annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 90% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$200,000

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2010 Plan Year

6.82%

2011 Plan Year

6.57%

Trust Expenses Included in Target Normal Cost

\$0

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2012

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Table 1

Retirement Rates

Age	Rate
55	7.50%
56	7.50%
57	7.50%
58	7.50%
59	7.50%
60	10.00%
61	10.00%
62	25.00%
63	25.00%
64	25.00%
65	50.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Table 2—Page 1 of 4

Withdrawal Rates—Male

Age	Years of Service				
	0–2	3	4	5	6+
15	40.00%	35.00%	30.00%	25.00%	19.00%
16	40.00%	35.00%	30.00%	25.00%	19.00%
17	40.00%	35.00%	30.00%	25.00%	19.00%
18	40.00%	35.00%	30.00%	25.00%	19.00%
19	40.00%	35.00%	30.00%	25.00%	19.00%
20	40.00%	35.00%	30.00%	25.00%	19.00%
21	40.00%	35.00%	30.00%	25.00%	16.80%
22	40.00%	35.00%	30.00%	25.00%	14.60%
23	40.00%	35.00%	30.00%	25.00%	13.20%
24	40.00%	35.00%	30.00%	25.00%	11.80%
25	40.00%	35.00%	30.00%	25.00%	10.40%
26	40.00%	35.00%	30.00%	25.00%	9.00%
27	40.00%	35.00%	30.00%	25.00%	7.60%
28	40.00%	35.00%	30.00%	25.00%	7.20%
29	40.00%	35.00%	30.00%	25.00%	6.80%
30	30.00%	30.00%	25.00%	20.00%	6.40%
31	30.00%	30.00%	25.00%	20.00%	6.00%
32	30.00%	30.00%	25.00%	20.00%	5.60%
33	30.00%	30.00%	25.00%	20.00%	5.40%
34	30.00%	30.00%	25.00%	20.00%	5.20%
35	30.00%	30.00%	25.00%	20.00%	5.00%
36	30.00%	30.00%	25.00%	20.00%	4.80%
37	30.00%	30.00%	25.00%	20.00%	4.60%
38	30.00%	30.00%	25.00%	20.00%	4.30%
39	30.00%	30.00%	25.00%	20.00%	4.10%
40	25.00%	25.00%	20.00%	15.00%	3.90%
41	25.00%	25.00%	20.00%	15.00%	3.70%
42	25.00%	25.00%	20.00%	15.00%	3.50%
43	25.00%	25.00%	20.00%	15.00%	3.30%
44	25.00%	25.00%	20.00%	15.00%	3.10%

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Table 2—Page 2 of 4

Withdrawal Rates—Male

Age	Years of Service				
	0–2	3	4	5	6+
45	20.00%	20.00%	15.00%	10.00%	2.80%
46	20.00%	20.00%	15.00%	10.00%	2.60%
47	20.00%	20.00%	15.00%	10.00%	2.40%
48	20.00%	20.00%	15.00%	10.00%	2.20%
49	20.00%	20.00%	15.00%	10.00%	1.90%
50	15.00%	15.00%	10.00%	5.00%	1.70%
51	15.00%	15.00%	10.00%	5.00%	1.40%
52	15.00%	15.00%	10.00%	5.00%	1.10%
53	15.00%	15.00%	10.00%	5.00%	0.90%
54	15.00%	15.00%	10.00%	5.00%	0.60%
55	10.00%	10.00%	5.00%	2.00%	0.30%
56	10.00%	10.00%	5.00%	2.00%	0.10%
57	10.00%	10.00%	5.00%	2.00%	0.00%
58	10.00%	10.00%	5.00%	2.00%	0.00%
59	10.00%	10.00%	5.00%	2.00%	0.00%
60+	0.00%	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Table 2—Page 3 of 4

Withdrawal Rates—Female

Age	Years of Service				
	0–2	3	4	5	6+
15	40.00%	35.00%	30.00%	25.00%	24.60%
16	40.00%	35.00%	30.00%	25.00%	24.60%
17	40.00%	35.00%	30.00%	25.00%	24.60%
18	40.00%	35.00%	30.00%	25.00%	24.60%
19	40.00%	35.00%	30.00%	25.00%	24.60%
20	40.00%	35.00%	30.00%	25.00%	24.60%
21	40.00%	35.00%	30.00%	25.00%	22.50%
22	40.00%	35.00%	30.00%	25.00%	20.40%
23	40.00%	35.00%	30.00%	25.00%	18.30%
24	40.00%	35.00%	30.00%	25.00%	16.20%
25	40.00%	35.00%	30.00%	25.00%	14.10%
26	40.00%	35.00%	30.00%	25.00%	12.00%
27	40.00%	35.00%	30.00%	25.00%	9.90%
28	40.00%	35.00%	30.00%	25.00%	9.60%
29	40.00%	35.00%	30.00%	25.00%	9.30%
30	30.00%	30.00%	25.00%	20.00%	9.00%
31	30.00%	30.00%	25.00%	20.00%	8.70%
32	30.00%	30.00%	25.00%	20.00%	8.30%
33	30.00%	30.00%	25.00%	20.00%	8.00%
34	30.00%	30.00%	25.00%	20.00%	7.70%
35	30.00%	30.00%	25.00%	20.00%	7.40%
36	30.00%	30.00%	25.00%	20.00%	7.10%
37	30.00%	30.00%	25.00%	20.00%	6.80%
38	30.00%	30.00%	25.00%	20.00%	6.50%
39	30.00%	30.00%	25.00%	20.00%	6.20%
40	25.00%	25.00%	20.00%	15.00%	5.90%
41	25.00%	25.00%	20.00%	15.00%	5.60%
42	25.00%	25.00%	20.00%	15.00%	5.20%
43	25.00%	25.00%	20.00%	15.00%	4.90%
44	25.00%	25.00%	20.00%	15.00%	4.60%

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Table 2—Page 4 of 4

Withdrawal Rates—Female

Age	Years of Service				
	0–2	3	4	5	6+
45	20.00%	20.00%	15.00%	10.00%	4.30%
46	20.00%	20.00%	15.00%	10.00%	3.90%
47	20.00%	20.00%	15.00%	10.00%	3.60%
48	20.00%	20.00%	15.00%	10.00%	3.30%
49	20.00%	20.00%	15.00%	10.00%	2.90%
50	15.00%	15.00%	10.00%	5.00%	2.50%
51	15.00%	15.00%	10.00%	5.00%	2.10%
52	15.00%	15.00%	10.00%	5.00%	1.70%
53	15.00%	15.00%	10.00%	5.00%	1.20%
54	15.00%	15.00%	10.00%	5.00%	0.80%
55	10.00%	10.00%	5.00%	2.00%	0.40%
56	10.00%	10.00%	5.00%	2.00%	0.10%
57	10.00%	10.00%	5.00%	2.00%	0.00%
58	10.00%	10.00%	5.00%	2.00%	0.00%
59	10.00%	10.00%	5.00%	2.00%	0.00%
60+	0.00%	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.285%	0.428%	40	0.323%	0.485%
16	0.285%	0.428%	41	0.334%	0.501%
17	0.285%	0.428%	42	0.348%	0.522%
18	0.285%	0.428%	43	0.365%	0.548%
19	0.285%	0.428%	44	0.383%	0.575%
20	0.286%	0.429%	45	0.405%	0.608%
21	0.287%	0.431%	46	0.430%	0.645%
22	0.288%	0.432%	47	0.460%	0.690%
23	0.284%	0.426%	48	0.494%	0.741%
24	0.280%	0.420%	49	0.532%	0.798%
25	0.278%	0.417%	50	0.574%	0.861%
26	0.277%	0.416%	51	0.623%	0.935%
27	0.276%	0.414%	52	0.676%	1.014%
28	0.275%	0.413%	53	0.735%	1.103%
29	0.275%	0.413%	54	0.798%	1.197%
30	0.275%	0.413%	55	0.868%	1.302%
31	0.276%	0.414%	56	0.946%	1.419%
32	0.278%	0.417%	57	1.035%	1.553%
33	0.281%	0.422%	58	1.135%	1.703%
34	0.284%	0.426%	59	1.245%	1.868%
35	0.288%	0.432%	60	1.363%	2.045%
36	0.294%	0.441%	61	1.491%	2.237%
37	0.300%	0.450%	62	1.628%	2.442%
38	0.307%	0.461%	63	1.778%	2.667%
39	0.314%	0.471%	64	1.938%	2.907%
			65+	0.000%	0.000%

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Schedule SB, Part V—Summary of Plan Provisions

History of the Plan

Amersham/Searle Corporation adopted the Nuclear-Chicago Pension Plan as of July 1, 1968.

The plan was amended and restated effective January 1, 1976, as the Searle Medical Instrumentation Group Pension Plan. A Company-paid preretirement joint-and-survivor benefit was added. Other changes were also made at that time to bring the plan into compliance with the Employee Retirement Income Security Act of 1974 (ERISA).

The plan was again amended and restated, effective April 1, 1977, when Amersham/Searle Corporation became Amersham Corporation and withdrew as an employer under the Searle Medical Instrumentation Group Pension Plan. No major changes affecting the valuation were made at this time.

The second amendment and restatement of the Amersham Corporation Pension Plan was effective January 1, 1980. Significant changes were made in the benefit formula, participation requirements, pay definition, and early retirement reduction, among other areas.

The third amendment to the plan took effect January 1, 1981. This amendment dealt with vesting service, severance from service date, and the rule of parity in order to define a year of vesting service as a plan year during which 1,000 or more hours of service are credited.

Effective with the January 1, 1983, actuarial valuation, the Plan was changed to incorporate the lower Section 415 benefit limits legislated in the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA).

The plan was amended and restated as of January 1, 1984 with the changes being recognized in the January 1, 1985 actuarial valuation. Among these changes were the addition of preretirement surviving spouse coverage for employees eligible for a vested benefit (whether active or inactive) and the use of average national wage increases in determining a participant's past pay for the Primary Social Security benefit.

The plan was amended effective July 1, 1986 to allow the employees of Tech/Ops to participate based on their prior service with Tech/Ops. Prior service shall be considered for determining vesting service whereas credited service will be determined beginning July 1, 1986.

Effective January 1, 1989, the vesting schedule was changed from a ten-year cliff to a five-year cliff schedule.

Effective January 1, 1991, the benefit formula was changed to remove the social security offset and to increase the maximum number of years of credited service used to determine the benefit from 25 to 30 years.

Effective June 13, 1991, Amersham Corporation acquired the Medi-Physics division of Hoffmann-LaRoche, Inc. Assets and liabilities were transferred to the Amersham Corporation Pension Plan as of that date.

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Effective July 1, 1994, Nycomed Amersham Inc. acquired United States Biochemical Corporation (USB). Former employees of USB are eligible to meet the participation requirements for the Nycomed Amersham Retirement Plan based on service after July 1, 1994. For purposes of participation, vesting, and benefit service, only employment after July 1, 1994 will be counted. For determining final average monthly compensation, only compensation earned after July 1, 1994 may be included.

Effective January 1, 1996, the name of the plan was changed to the Nycomed Amersham Retirement Plan.

Effective January 1, 1997, the plan was amended to:

- Change the benefit formula to $1.67\% \times \text{Final Average Monthly Earnings} \times \text{Years of Service}$ (maximum 35);
- Change the early retirement reductions to 4% per year for each year that benefits commence prior to age 62; and
- Establish “grandfathered” benefit provisions for participants who are age 55 with ten years of service on January 1, 1997. Employees in this group are guaranteed a benefit no less than what they would have received under the old plan provisions.

Effective January 1, 2001, Amersham Pension Plan merged with Nycomed Inc. Retirement Income Plan. Former employees of Amersham are eligible to meet the participation requirements for the Nycomed Pension Plan based on service after January 1, 2001.

Effective January 1, 2001, the plan was amended to:

- Change the benefit formula to $[1.25\% \times \text{Final Average Monthly Compensation} + 0.4\% \times \text{Final Average Monthly Compensation in excess of Covered Compensation}] \times \text{service}$ (maximum 35).
- Establish “grandfathered” benefit provisions for Amersham participants who are age 55 with five years of service on January 1, 2001. Employees in this group are guaranteed a benefit no less than what they would have received under the old plan provisions.
- Establish “grandfathered” benefit provisions for Nycomed participants who attained age 40 and were credited with at least five years of vesting service as of December 31, 1996, and whose age and years of vesting service equaled or exceeded 50 as of December 31, 1996.

Effective December 31, 1999, the assets and liabilities associated with the Rensselaer division of Nycomed Amersham were spun-off to Organichem.

Effective January 1, 2002, the plan was amended to:

- Change the IRC limits to reflect the adoption of EGTRRA.
 - The maximum compensation which may be recognized for pension calculation purposes was changed from \$170,000 to \$200,000.
 - The maximum compensation limit of \$200,000 was adopted on a retroactive basis for years prior to 2002.
 - The maximum benefit limitation under IRC Section 415 was changed from \$140,000 to \$160,000.

Effective January 1, 2002, the plan was renamed the Amersham Health Retirement Plan.

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Effective November 28, 2004, the plan was frozen and all future benefit accruals will be earned under the GE formula in the GE plan. As of the freeze date, all participants were fully vested in their accrued benefit based on service and pay up to the freeze date.

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Summary of Plan Provisions

Plan Freeze

Effective November 28, 2004, the plan was frozen and all future benefit accruals will be earned under the GE formula in the GE plan. As of the freeze date, all participants were fully vested in their accrued benefit based on service and pay up to the freeze date.

Participation

Employees of the Company become participants after completing one year of service.

Former **Tech/Ops** employees with at least one year of service with Tech/Ops became participants on July 1, 1986. All new Tech/Ops employees become participants after completing one year of service. Service is credited only on service after July 1, 1986.

Former **Hoffman-La Roche/Medi-Physics** employees with at least one year of service with Hoffman-La Roche/Medi-Physics became participants on June 14, 1990. All new Medi-Physics employees become participants after completing one year of service.

Former **United States Biochemical (USB)** employees are considered employees of the Company effective July 1, 1994, and will become participants after completing one year of service. vesting service and credited service will be considered only on service after July 1, 1994.

Former **BDS** employees are considered employees of the Company effective May 1, 1995, and will become participants after completing one year of service. vesting service and credited service will be considered only on service after May 1, 1995.

Each Amersham participant and each Nycomed participant will be a participant in the Plan on January 1, 1999.

Normal Retirement Benefits

Eligibility

Age 65.

Benefit

The monthly normal retirement benefit is the greater of (a), (b), (c), or (d) below:

- (a) 1.25% of final average monthly compensation plus 0.4% of final average monthly compensation in excess of covered compensation, times service (maximum 35).

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Prior Amersham

- (b) 1.67% of final average monthly compensation as of December 31, 1998) times years of credited service as of December 31, 1998 (maximum 35).
- (c) 2.00% of final average monthly compensation as of December 31, 1996 times years of credited service as of December 31, 1996 (maximum 30).

Amersham employees who are age 55 with ten years of service as of December 31, 1996 are grandfathered under the provisions in effect on December 31, 1996. Such employees receive the greater of the benefits under the current plan or the plan in effect on December 31, 1996.

Amersham employees who are age 55 with five years of service as of December 31, 1998 are grandfathered under the provisions in effect on December 31, 1998. Such employees receive the greater of the benefits under the current plan or in effect on December 31, 1998.

Prior Nycomed

- (d) 52% of Final Earnings less 50% of Social Security benefit, prorated for service less than 30 years or projected service to age 65, if greater.

Nycomed employees who attained age 40 and were credited with at least five years of vesting service as of December 31, 1996, and whose age and years of vesting service equaled or exceeded 50 as of December 31, 1996 are grandfathered under the provisions in effect on December 31, 1996. Such employees receive the greater of the benefits under the current plan or the plan in effect on December 31, 1996.

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Early Retirement Benefits

Eligibility

Participants who terminate employment after age 55 with five years of vesting service.

Benefit

The monthly benefit is computed as for normal retirement and reduced by 4/12% for each month by which payments precede age 62.

Amersham employees who are age 55 with ten years of service as of December 31, 1996 are grandfathered under the provisions in effect on December 31, 1996. Such employees receive the greater of the benefits under the current plan or the plan in effect on December 31, 1996.

Amersham employees who are age 55 with five years of service as of December 31, 1998 are grandfathered under the provisions in effect on December 31, 1998. Such employees receive the greater of the benefits under the current plan or the plan in effect on December 31, 1998.

Nycomed employees who attained age 40 and were credited with at least five years of vesting service as of December 31, 1996, and whose age and years of vesting service equaled or exceeded 50 as of December 31, 1996 are grandfathered under the provisions in effect on December 31, 1996. Such employees receive the greater of the benefits under the current plan or the plan in effect on December 31, 1996.

Deferred Vested Retirement Benefits

Eligibility

Five years of vesting service.

Benefit

The monthly benefit is computed as for normal retirement; payments may begin as early as age 55 with the benefit reduced by 5/12% for each month in which payments precede age 65.

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Automatic Preretirement
Surviving Spouse Benefit
Eligibility

Five years of vesting service.

Benefit

One-half of the benefit the participant would have received had he separated from service on the day of his death (if active); survived to his earliest retirement age; and retired with an immediate 50% joint and surviving spouse annuity.

Normal Form of Benefit

For unmarried participants, the normal form of benefit is a life annuity. For married participants, the normal form is an actuarially reduced 50% joint and survivor annuity.

Definitions

Monthly Compensation

Compensation including overtime, bonuses and commissions but excluding moving expenses, severance allowances, and perquisite pay, subject to the 401(a)(17) limits.

Final Average
Monthly Compensation

The average of the participant's compensation for the 60 consecutive complete calendar months for which compensation is highest during the 120-calendar month period immediately preceding the participant's termination date. If a participant does not have 60 full consecutive months of employment, his final average monthly compensation during the period he was an employee by the number of months thereof.

Final Earnings

The participant's highest average annual regular earnings earned in any three consecutive years of service within the ten-year period immediately preceding his severance from group date, his severance from employer date (but only if he incurs a severance from employer date as a result of ceasing to be a salaried employee and if he thereafter remains an employee with the Hafslund Control Group) or his annuity starting date, whichever is earliest. If the participant does not have at least three consecutive years of service within the ten-year period immediately preceding the applicable date, "Final Earnings" shall mean the participant's average annual regular earnings earned during whatever number of consecutive years of service he completes within the ten-year period.

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Credited Service

Service for the accrual of benefits. One year of service is credited for each plan year in which the employee completes 1,000 hours of service. If, in the plan year of termination, the employee completes less than 1,000 hours of service, 1/12 of a year will be credited for each month in which the employee is credited with 90 hours of service.

For former **Tech/Ops** employees, credited service begins at the later of July 1, 1986 or date of hire.

For **Medi-Physics** employees, service is credited back to date of hire, provided the employee works 541 hours for Amersham in 1990 after June 13, 1990, or earns a year of credited service in any plan year after 1990.

For former **USB** employees, credited service begins at the later of July 1, 1994 or date of hire.

For former **BDS** employees, credited service begins at the later of May 1, 1995 or date of hire.

Vesting Service

Service credited to an employee for purposes of determining a participant's vested percentage in and eligibility to receive payment of his accrued benefit under the plan. One year of vesting service is credited for each plan year in which the employee completes 1,000 hours of service.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

As a result of an internal change in assignments at Aon Hewitt, the Enrolled Actuary has changed.

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Schedule SB, line 24 —Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in active retirement rates.
- A change in the TV retirement age from age 65 to age 62.

These changes were made to better reflect anticipated plan experience. These assumption changes reduced the funding shortfall by less than the applicable threshold, as such approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2012

Attained Age	Number of Participants Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29		6								
30-34		26	11							
35-39		33	39	3						
40-44		40	43	26	3					
45-49		39	37	21	24					
50-54		36	29	19	22	8				
55-59	2	30	33	11	25	6	6			
60-64		21	16	5	4	1	5	1		
65-69		10	4	2			1	1		
70+		9	6	1						

N-665

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	7.50%	1.0000	4.16
56.5	7.50%	0.9250	3.92
57.5	7.50%	0.8556	3.69
58.5	7.50%	0.7915	3.47
59.5	7.50%	0.7321	3.27
60.5	10.00%	0.6772	4.10
61.5	10.00%	0.6095	3.75
62.5	25.00%	0.5485	8.57
63.5	25.00%	0.4114	6.53
64.5	25.00%	0.3085	4.98
65.5	50.00%	0.2314	7.58
66.5	25.00%	0.1157	1.92
67.5	25.00%	0.0868	1.46
68.5	25.00%	0.0651	1.11
69.5	25.00%	0.0488	0.85
70	100.00%	0.0366	2.56
Weighted Average			61.92

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2011), each adjusted as needed to fall within the 25-year average interest rate corridor under MAP-21
1st Segment Rate	5.54%
2nd Segment Rate	6.85%
3rd Segment Rate	7.52%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2011), without regard to the MAP-21 interest rate corridor
1st Segment Rate	2.06%
2nd Segment Rate	5.25%
3rd Segment Rate	6.32%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2012 static mortality table for annuitants and non- annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 90% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$200,000

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2010 Plan Year

6.82%

2011 Plan Year

6.57%

Trust Expenses Included in Target Normal Cost

\$0

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2012

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Table 1

Retirement Rates

Age	Rate
55	7.50%
56	7.50%
57	7.50%
58	7.50%
59	7.50%
60	10.00%
61	10.00%
62	25.00%
63	25.00%
64	25.00%
65	50.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Table 2—Page 1 of 4

Withdrawal Rates—Male

Age	Years of Service				
	0–2	3	4	5	6+
15	40.00%	35.00%	30.00%	25.00%	19.00%
16	40.00%	35.00%	30.00%	25.00%	19.00%
17	40.00%	35.00%	30.00%	25.00%	19.00%
18	40.00%	35.00%	30.00%	25.00%	19.00%
19	40.00%	35.00%	30.00%	25.00%	19.00%
20	40.00%	35.00%	30.00%	25.00%	19.00%
21	40.00%	35.00%	30.00%	25.00%	16.80%
22	40.00%	35.00%	30.00%	25.00%	14.60%
23	40.00%	35.00%	30.00%	25.00%	13.20%
24	40.00%	35.00%	30.00%	25.00%	11.80%
25	40.00%	35.00%	30.00%	25.00%	10.40%
26	40.00%	35.00%	30.00%	25.00%	9.00%
27	40.00%	35.00%	30.00%	25.00%	7.60%
28	40.00%	35.00%	30.00%	25.00%	7.20%
29	40.00%	35.00%	30.00%	25.00%	6.80%
30	30.00%	30.00%	25.00%	20.00%	6.40%
31	30.00%	30.00%	25.00%	20.00%	6.00%
32	30.00%	30.00%	25.00%	20.00%	5.60%
33	30.00%	30.00%	25.00%	20.00%	5.40%
34	30.00%	30.00%	25.00%	20.00%	5.20%
35	30.00%	30.00%	25.00%	20.00%	5.00%
36	30.00%	30.00%	25.00%	20.00%	4.80%
37	30.00%	30.00%	25.00%	20.00%	4.60%
38	30.00%	30.00%	25.00%	20.00%	4.30%
39	30.00%	30.00%	25.00%	20.00%	4.10%
40	25.00%	25.00%	20.00%	15.00%	3.90%
41	25.00%	25.00%	20.00%	15.00%	3.70%
42	25.00%	25.00%	20.00%	15.00%	3.50%
43	25.00%	25.00%	20.00%	15.00%	3.30%
44	25.00%	25.00%	20.00%	15.00%	3.10%

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Table 2—Page 2 of 4

Withdrawal Rates—Male

Age	Years of Service				
	0–2	3	4	5	6+
45	20.00%	20.00%	15.00%	10.00%	2.80%
46	20.00%	20.00%	15.00%	10.00%	2.60%
47	20.00%	20.00%	15.00%	10.00%	2.40%
48	20.00%	20.00%	15.00%	10.00%	2.20%
49	20.00%	20.00%	15.00%	10.00%	1.90%
50	15.00%	15.00%	10.00%	5.00%	1.70%
51	15.00%	15.00%	10.00%	5.00%	1.40%
52	15.00%	15.00%	10.00%	5.00%	1.10%
53	15.00%	15.00%	10.00%	5.00%	0.90%
54	15.00%	15.00%	10.00%	5.00%	0.60%
55	10.00%	10.00%	5.00%	2.00%	0.30%
56	10.00%	10.00%	5.00%	2.00%	0.10%
57	10.00%	10.00%	5.00%	2.00%	0.00%
58	10.00%	10.00%	5.00%	2.00%	0.00%
59	10.00%	10.00%	5.00%	2.00%	0.00%
60+	0.00%	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Table 2—Page 3 of 4

Withdrawal Rates—Female

Age	Years of Service				
	0–2	3	4	5	6+
15	40.00%	35.00%	30.00%	25.00%	24.60%
16	40.00%	35.00%	30.00%	25.00%	24.60%
17	40.00%	35.00%	30.00%	25.00%	24.60%
18	40.00%	35.00%	30.00%	25.00%	24.60%
19	40.00%	35.00%	30.00%	25.00%	24.60%
20	40.00%	35.00%	30.00%	25.00%	24.60%
21	40.00%	35.00%	30.00%	25.00%	22.50%
22	40.00%	35.00%	30.00%	25.00%	20.40%
23	40.00%	35.00%	30.00%	25.00%	18.30%
24	40.00%	35.00%	30.00%	25.00%	16.20%
25	40.00%	35.00%	30.00%	25.00%	14.10%
26	40.00%	35.00%	30.00%	25.00%	12.00%
27	40.00%	35.00%	30.00%	25.00%	9.90%
28	40.00%	35.00%	30.00%	25.00%	9.60%
29	40.00%	35.00%	30.00%	25.00%	9.30%
30	30.00%	30.00%	25.00%	20.00%	9.00%
31	30.00%	30.00%	25.00%	20.00%	8.70%
32	30.00%	30.00%	25.00%	20.00%	8.30%
33	30.00%	30.00%	25.00%	20.00%	8.00%
34	30.00%	30.00%	25.00%	20.00%	7.70%
35	30.00%	30.00%	25.00%	20.00%	7.40%
36	30.00%	30.00%	25.00%	20.00%	7.10%
37	30.00%	30.00%	25.00%	20.00%	6.80%
38	30.00%	30.00%	25.00%	20.00%	6.50%
39	30.00%	30.00%	25.00%	20.00%	6.20%
40	25.00%	25.00%	20.00%	15.00%	5.90%
41	25.00%	25.00%	20.00%	15.00%	5.60%
42	25.00%	25.00%	20.00%	15.00%	5.20%
43	25.00%	25.00%	20.00%	15.00%	4.90%
44	25.00%	25.00%	20.00%	15.00%	4.60%

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Table 2—Page 4 of 4

Withdrawal Rates—Female

Age	Years of Service				
	0–2	3	4	5	6+
45	20.00%	20.00%	15.00%	10.00%	4.30%
46	20.00%	20.00%	15.00%	10.00%	3.90%
47	20.00%	20.00%	15.00%	10.00%	3.60%
48	20.00%	20.00%	15.00%	10.00%	3.30%
49	20.00%	20.00%	15.00%	10.00%	2.90%
50	15.00%	15.00%	10.00%	5.00%	2.50%
51	15.00%	15.00%	10.00%	5.00%	2.10%
52	15.00%	15.00%	10.00%	5.00%	1.70%
53	15.00%	15.00%	10.00%	5.00%	1.20%
54	15.00%	15.00%	10.00%	5.00%	0.80%
55	10.00%	10.00%	5.00%	2.00%	0.40%
56	10.00%	10.00%	5.00%	2.00%	0.10%
57	10.00%	10.00%	5.00%	2.00%	0.00%
58	10.00%	10.00%	5.00%	2.00%	0.00%
59	10.00%	10.00%	5.00%	2.00%	0.00%
60+	0.00%	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.285%	0.428%	40	0.323%	0.485%
16	0.285%	0.428%	41	0.334%	0.501%
17	0.285%	0.428%	42	0.348%	0.522%
18	0.285%	0.428%	43	0.365%	0.548%
19	0.285%	0.428%	44	0.383%	0.575%
20	0.286%	0.429%	45	0.405%	0.608%
21	0.287%	0.431%	46	0.430%	0.645%
22	0.288%	0.432%	47	0.460%	0.690%
23	0.284%	0.426%	48	0.494%	0.741%
24	0.280%	0.420%	49	0.532%	0.798%
25	0.278%	0.417%	50	0.574%	0.861%
26	0.277%	0.416%	51	0.623%	0.935%
27	0.276%	0.414%	52	0.676%	1.014%
28	0.275%	0.413%	53	0.735%	1.103%
29	0.275%	0.413%	54	0.798%	1.197%
30	0.275%	0.413%	55	0.868%	1.302%
31	0.276%	0.414%	56	0.946%	1.419%
32	0.278%	0.417%	57	1.035%	1.553%
33	0.281%	0.422%	58	1.135%	1.703%
34	0.284%	0.426%	59	1.245%	1.868%
35	0.288%	0.432%	60	1.363%	2.045%
36	0.294%	0.441%	61	1.491%	2.237%
37	0.300%	0.450%	62	1.628%	2.442%
38	0.307%	0.461%	63	1.778%	2.667%
39	0.314%	0.471%	64	1.938%	2.907%
			65+	0.000%	0.000%

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Schedule SB, line 24 —Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in active retirement rates.
- A change in the TV retirement age from age 65 to age 62.

These changes were made to better reflect anticipated plan experience. These assumption changes reduced the funding shortfall by less than the applicable threshold, as such approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2012

Attained Age	Number of Participants Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29		6								
30-34		26	11							
35-39		33	39	3						
40-44		40	43	26	3					
45-49		39	37	21	24					
50-54		36	29	19	22	8				
55-59	2	30	33	11	25	6	6			
60-64		21	16	5	4	1	5	1		
65-69		10	4	2			1	1		
70+		9	6	1						

N-665

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Schedule SB, Part V—Summary of Plan Provisions

History of the Plan

Amersham/Searle Corporation adopted the Nuclear-Chicago Pension Plan as of July 1, 1968.

The plan was amended and restated effective January 1, 1976, as the Searle Medical Instrumentation Group Pension Plan. A Company-paid preretirement joint-and-survivor benefit was added. Other changes were also made at that time to bring the plan into compliance with the Employee Retirement Income Security Act of 1974 (ERISA).

The plan was again amended and restated, effective April 1, 1977, when Amersham/Searle Corporation became Amersham Corporation and withdrew as an employer under the Searle Medical Instrumentation Group Pension Plan. No major changes affecting the valuation were made at this time.

The second amendment and restatement of the Amersham Corporation Pension Plan was effective January 1, 1980. Significant changes were made in the benefit formula, participation requirements, pay definition, and early retirement reduction, among other areas.

The third amendment to the plan took effect January 1, 1981. This amendment dealt with vesting service, severance from service date, and the rule of parity in order to define a year of vesting service as a plan year during which 1,000 or more hours of service are credited.

Effective with the January 1, 1983, actuarial valuation, the Plan was changed to incorporate the lower Section 415 benefit limits legislated in the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA).

The plan was amended and restated as of January 1, 1984 with the changes being recognized in the January 1, 1985 actuarial valuation. Among these changes were the addition of preretirement surviving spouse coverage for employees eligible for a vested benefit (whether active or inactive) and the use of average national wage increases in determining a participant's past pay for the Primary Social Security benefit.

The plan was amended effective July 1, 1986 to allow the employees of Tech/Ops to participate based on their prior service with Tech/Ops. Prior service shall be considered for determining vesting service whereas credited service will be determined beginning July 1, 1986.

Effective January 1, 1989, the vesting schedule was changed from a ten-year cliff to a five-year cliff schedule.

Effective January 1, 1991, the benefit formula was changed to remove the social security offset and to increase the maximum number of years of credited service used to determine the benefit from 25 to 30 years.

Effective June 13, 1991, Amersham Corporation acquired the Medi-Physics division of Hoffmann-LaRoche, Inc. Assets and liabilities were transferred to the Amersham Corporation Pension Plan as of that date.

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Effective July 1, 1994, Nycomed Amersham Inc. acquired United States Biochemical Corporation (USB). Former employees of USB are eligible to meet the participation requirements for the Nycomed Amersham Retirement Plan based on service after July 1, 1994. For purposes of participation, vesting, and benefit service, only employment after July 1, 1994 will be counted. For determining final average monthly compensation, only compensation earned after July 1, 1994 may be included.

Effective January 1, 1996, the name of the plan was changed to the Nycomed Amersham Retirement Plan.

Effective January 1, 1997, the plan was amended to:

- Change the benefit formula to $1.67\% \times \text{Final Average Monthly Earnings} \times \text{Years of Service}$ (maximum 35);
- Change the early retirement reductions to 4% per year for each year that benefits commence prior to age 62; and
- Establish “grandfathered” benefit provisions for participants who are age 55 with ten years of service on January 1, 1997. Employees in this group are guaranteed a benefit no less than what they would have received under the old plan provisions.

Effective January 1, 2001, Amersham Pension Plan merged with Nycomed Inc. Retirement Income Plan. Former employees of Amersham are eligible to meet the participation requirements for the Nycomed Pension Plan based on service after January 1, 2001.

Effective January 1, 2001, the plan was amended to:

- Change the benefit formula to $[1.25\% \times \text{Final Average Monthly Compensation} + 0.4\% \times \text{Final Average Monthly Compensation in excess of Covered Compensation}] \times \text{service}$ (maximum 35).
- Establish “grandfathered” benefit provisions for Amersham participants who are age 55 with five years of service on January 1, 2001. Employees in this group are guaranteed a benefit no less than what they would have received under the old plan provisions.
- Establish “grandfathered” benefit provisions for Nycomed participants who attained age 40 and were credited with at least five years of vesting service as of December 31, 1996, and whose age and years of vesting service equaled or exceeded 50 as of December 31, 1996.

Effective December 31, 1999, the assets and liabilities associated with the Rensselaer division of Nycomed Amersham were spun-off to Organichem.

Effective January 1, 2002, the plan was amended to:

- Change the IRC limits to reflect the adoption of EGTRRA.
 - The maximum compensation which may be recognized for pension calculation purposes was changed from \$170,000 to \$200,000.
 - The maximum compensation limit of \$200,000 was adopted on a retroactive basis for years prior to 2002.
 - The maximum benefit limitation under IRC Section 415 was changed from \$140,000 to \$160,000.

Effective January 1, 2002, the plan was renamed the Amersham Health Retirement Plan.

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Effective November 28, 2004, the plan was frozen and all future benefit accruals will be earned under the GE formula in the GE plan. As of the freeze date, all participants were fully vested in their accrued benefit based on service and pay up to the freeze date.

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Summary of Plan Provisions

Plan Freeze

Effective November 28, 2004, the plan was frozen and all future benefit accruals will be earned under the GE formula in the GE plan. As of the freeze date, all participants were fully vested in their accrued benefit based on service and pay up to the freeze date.

Participation

Employees of the Company become participants after completing one year of service.

Former **Tech/Ops** employees with at least one year of service with Tech/Ops became participants on July 1, 1986. All new Tech/Ops employees become participants after completing one year of service. Service is credited only on service after July 1, 1986.

Former **Hoffman-La Roche/Medi-Physics** employees with at least one year of service with Hoffman-La Roche/Medi-Physics became participants on June 14, 1990. All new Medi-Physics employees become participants after completing one year of service.

Former **United States Biochemical (USB)** employees are considered employees of the Company effective July 1, 1994, and will become participants after completing one year of service. vesting service and credited service will be considered only on service after July 1, 1994.

Former **BDS** employees are considered employees of the Company effective May 1, 1995, and will become participants after completing one year of service. vesting service and credited service will be considered only on service after May 1, 1995.

Each Amersham participant and each Nycomed participant will be a participant in the Plan on January 1, 1999.

Normal Retirement Benefits

Eligibility

Age 65.

Benefit

The monthly normal retirement benefit is the greater of (a), (b), (c), or (d) below:

- (a) 1.25% of final average monthly compensation plus 0.4% of final average monthly compensation in excess of covered compensation, times service (maximum 35).

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Prior Amersham

- (b) 1.67% of final average monthly compensation as of December 31, 1998) times years of credited service as of December 31, 1998 (maximum 35).
- (c) 2.00% of final average monthly compensation as of December 31, 1996 times years of credited service as of December 31, 1996 (maximum 30).

Amersham employees who are age 55 with ten years of service as of December 31, 1996 are grandfathered under the provisions in effect on December 31, 1996. Such employees receive the greater of the benefits under the current plan or the plan in effect on December 31, 1996.

Amersham employees who are age 55 with five years of service as of December 31, 1998 are grandfathered under the provisions in effect on December 31, 1998. Such employees receive the greater of the benefits under the current plan or in effect on December 31, 1998.

Prior Nycomed

- (d) 52% of Final Earnings less 50% of Social Security benefit, prorated for service less than 30 years or projected service to age 65, if greater.

Nycomed employees who attained age 40 and were credited with at least five years of vesting service as of December 31, 1996, and whose age and years of vesting service equaled or exceeded 50 as of December 31, 1996 are grandfathered under the provisions in effect on December 31, 1996. Such employees receive the greater of the benefits under the current plan or the plan in effect on December 31, 1996.

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Early Retirement Benefits

Eligibility

Participants who terminate employment after age 55 with five years of vesting service.

Benefit

The monthly benefit is computed as for normal retirement and reduced by 4/12% for each month by which payments precede age 62.

Amersham employees who are age 55 with ten years of service as of December 31, 1996 are grandfathered under the provisions in effect on December 31, 1996. Such employees receive the greater of the benefits under the current plan or the plan in effect on December 31, 1996.

Amersham employees who are age 55 with five years of service as of December 31, 1998 are grandfathered under the provisions in effect on December 31, 1998. Such employees receive the greater of the benefits under the current plan or the plan in effect on December 31, 1998.

Nycomed employees who attained age 40 and were credited with at least five years of vesting service as of December 31, 1996, and whose age and years of vesting service equaled or exceeded 50 as of December 31, 1996 are grandfathered under the provisions in effect on December 31, 1996. Such employees receive the greater of the benefits under the current plan or the plan in effect on December 31, 1996.

Deferred Vested Retirement Benefits

Eligibility

Five years of vesting service.

Benefit

The monthly benefit is computed as for normal retirement; payments may begin as early as age 55 with the benefit reduced by 5/12% for each month in which payments precede age 65.

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Automatic Preretirement
Surviving Spouse Benefit
Eligibility

Five years of vesting service.

Benefit

One-half of the benefit the participant would have received had he separated from service on the day of his death (if active); survived to his earliest retirement age; and retired with an immediate 50% joint and surviving spouse annuity.

Normal Form of Benefit

For unmarried participants, the normal form of benefit is a life annuity. For married participants, the normal form is an actuarially reduced 50% joint and survivor annuity.

Definitions

Monthly Compensation

Compensation including overtime, bonuses and commissions but excluding moving expenses, severance allowances, and perquisite pay, subject to the 401(a)(17) limits.

Final Average
Monthly Compensation

The average of the participant's compensation for the 60 consecutive complete calendar months for which compensation is highest during the 120-calendar month period immediately preceding the participant's termination date. If a participant does not have 60 full consecutive months of employment, his final average monthly compensation during the period he was an employee by the number of months thereof.

Final Earnings

The participant's highest average annual regular earnings earned in any three consecutive years of service within the ten-year period immediately preceding his severance from group date, his severance from employer date (but only if he incurs a severance from employer date as a result of ceasing to be a salaried employee and if he thereafter remains an employee with the Hafslund Control Group) or his annuity starting date, whichever is earliest. If the participant does not have at least three consecutive years of service within the ten-year period immediately preceding the applicable date, "Final Earnings" shall mean the participant's average annual regular earnings earned during whatever number of consecutive years of service he completes within the ten-year period.

Schedule SB Attachment (Form 5500)—2012 Plan Year
Amersham Health Retirement Plan
EIN: 04-2860743 PN: 004

Credited Service

Service for the accrual of benefits. One year of service is credited for each plan year in which the employee completes 1,000 hours of service. If, in the plan year of termination, the employee completes less than 1,000 hours of service, 1/12 of a year will be credited for each month in which the employee is credited with 90 hours of service.

For former **Tech/Ops** employees, credited service begins at the later of July 1, 1986 or date of hire.

For **Medi-Physics** employees, service is credited back to date of hire, provided the employee works 541 hours for Amersham in 1990 after June 13, 1990, or earns a year of credited service in any plan year after 1990.

For former **USB** employees, credited service begins at the later of July 1, 1994 or date of hire.

For former **BDS** employees, credited service begins at the later of May 1, 1995 or date of hire.

Vesting Service

Service credited to an employee for purposes of determining a participant's vested percentage in and eligibility to receive payment of his accrued benefit under the plan. One year of vesting service is credited for each plan year in which the employee completes 1,000 hours of service.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

As a result of an internal change in assignments at Aon Hewitt, the Enrolled Actuary has changed.