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 01/01/2012 and ending 12/31/2012

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
N. E. W. EXTENDED SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/01/1993

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

NATIONAL ELECTRONICS WARRANTY, LLC

22894 PACIFIC BLVD
DULLES, VA 20166-6722

2b Employer Identification Number (EIN) 52-1356309

2c Sponsor's telephone number 703-464-5288

2d Business code (see instructions) 811490

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.	10/14/2013	KIRSTEN CALHOON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2013	KIRSTEN CALHOON
	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 [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	5546
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**	5108
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	173
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	5281
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	3
f Total. Add lines **6d** and **6e**	**6f**	5284
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	5051
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1674
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T 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)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

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

A Name of plan
N. E. W. EXTENDED SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL ELECTRONICS WARRANTY, LLC

D Employer Identification Number (EIN)
52-1356309

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

1 Coverage Information:

(a) Name of insurance carrier

PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	409593	5284	01/01/2012	12/31/2012

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
35000	27280

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

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

LOCKTON FINANCIAL ADVISORS LLC
DEPT 999225
PO BOX 219153
KANSAS CITY, MO 64121-9153

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26798	3438	REFERRAL/SERVICE FEE	3

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

LOCKTON FINANCIAL ADVISORS LLC
DEPT 999225
PO BOX 219153
KANSAS CITY, MO 64121-9153

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8202	23842	PRORATED INCENTIVE, NOT DEDUCTED FROM PLAN	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1354896
5	Current value of plan's interest under this contract in separate accounts at year end	5	49912586

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ FLEXIBLE INVESTMENT ANNUITY

b	Balance at the end of the previous year			7b	1311576
c	Additions: (1) Contributions deposited during the year	7c(1)	125705		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	27529		
	(4) Transferred from separate account	7c(4)	49058		
	(5) Other (specify below)	7c(5)	30731		
	▶ LOAN PAYMENT, CORRECTION				
	(6) Total additions			7c(6)	233023
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	1544599
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	114830		
	(2) Administration charge made by carrier	7e(2)	1862		
	(3) Transferred to separate account	7e(3)	22572		
	(4) Other (specify below)	7e(4)	45917		
	▶ LOAN WITHDRAWAL				
	(5) Total deductions			7e(5)	185181
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1359418

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
N. E. W. EXTENDED SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL ELECTRONICS WARRANTY, LLC

D Employer Identification Number (EIN)
52-1356309

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	33978	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

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

A Name of plan
N. E. W. EXTENDED SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
NATIONAL ELECTRONICS WARRANTY, LLC

D Employer Identification Number (EIN)
52-1356309

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: PRIN MONEY MARKET SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-024	P	2990942

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN INTL EMERG MARKETS SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-013	P	2648528

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN U.S. PROPERTY SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-027	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN BOND AND MORTGAGE SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-005	P	3557189

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN DIVERSIFIED INTL SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-015	P	206420

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP S&P 500 INDEX SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-016	P	6661247

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP VALUE I SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-043	P	2029638

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP S&P 600 INDEX SA-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-028	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3216254
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP S&P 400 IDX SA-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-023	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1355774
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP GROWTH III SA-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-026	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1260136
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGECAP GROWTH II SA-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-067	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2322396
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2010 SEP ACCT-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-075	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	308913
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2020 SEP ACCT-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-076	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3408898
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2030 SEP ACCT-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-077	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6343395
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2040 SEP ACCT-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-078	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5560284
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2050 SEP ACCT-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-079	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3826941
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME STRAT INC SA-R6			
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY			
c EIN-PN 42-0127290-080	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	368938

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN FIN GRP, INC. STOCK SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-086	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62977

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN PREF SECS SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-087	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1466565

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN REAL ESTATE SECS SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-095	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2317152

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

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

A Name of plan
N. E. W. EXTENDED SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL ELECTRONICS WARRANTY, LLC

D Employer Identification Number (EIN)
52-1356309

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	6424
(2) Participant contributions	1b(2)	0	15016
(3) Other	1b(3)	0	0
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)	1605003	1807307
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	40877961	49912586
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5547781	6640366
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1310459	1354896
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	49341204	59736595
Liabilities			
g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	0	
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	49341204	59736595

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)	2982422	
(B) Participants	2a(1)(B)	6132852	
(C) Others (including rollovers)	2a(1)(C)	441128	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		9556402
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	51505	
(F) Other	2b(1)(F)	27529	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		79034
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	88017	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		88017
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		5882432
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		767377
c Other income	2c		-3339
d Total income. Add all **income** amounts in column (b) and enter total	2d		16369923
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5521064	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		5521064
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		1329
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	33979	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		33979
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5556372
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		10813551
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		418160

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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: FRYE & COMPANY, CPAS **(2)** EIN: 45-4199441

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		49704
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	0

			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.)	4c		X	0
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	0
e	Was this plan covered by a fidelity bond?	4e	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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)
ASURION LLC 401(K) PLAN	94-3197174	001

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
N. E. W. EXTENDED SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL ELECTRONICS WARRANTY, LLC

D Employer Identification Number (EIN)
52-1356309

Part I Distributions

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

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

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

EIN(s): 42-0127290

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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N.E.W. Extended Savings Plan

Financial Statements

December 31, 2012 & 2011

F&Co

- CONTENTS -

	Page
Independent Auditors' Report on Financial Statements	1-2
Financial Statements	
Statements of Net Assets Available for Benefits (Modified Cash Basis)	3
Statements of Change in Net Assets Available for Benefits (Modified Cash Basis)	4
Notes to Financial Statements	5-17
Required Supplemental Schedules	
Schedules of Assets Held for Investment Purposes	18-19
Schedules of Delinquent Participant Contributions	20

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INDEPENDENT AUDITORS' REPORT ON FINANCIAL STATEMENTS

To the Participants and Trustees
N.E.W. Extended Savings Plan

Report on the Financial Statements

We were engagement to audit the accompanying financial statements of N.E.W. Extended Savings Plan, which comprise the statements net assets available for benefits (modified-cash basis) as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits (modified-cash basis) for the years then ended, and the related notes to the financial statements.

Management's Responsibility

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note A; this includes determining that the modified-cash basis of accounting is an acceptable basis for the presentation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit 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 below, 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 E, which was certified by the plan trustee and investment custodian, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the plan trustee and investment custodian holds the Plan's investment assets and executes investment transactions.

To the Participants and Trustees
N.E.W. Extended Savings Plan

Basis for Disclaimer of Opinion - Continued

The plan administrator has obtained a certification from the plan trustee and investment custodian as of and for the years ended December 31, 2012 and 2011 that the information provided to the plan administrator by the plan trustee and investment custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer Opinion, 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.

Basis of Accounting

We draw attention to Note A of the financial statements, which describe the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment purposes and delinquent participant contributions, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

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

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

Frye & Company, CPAs
Manassas, Virginia
October 10, 2013

N.E.W. EXTENDED SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)

AS OF DECEMBER 31, 2012 & 2011

	2012	2011
Assets		
Plan investments, participant directed:		
Investments in pooled separate accounts	$ 49,912,586	$ 40,877,961
Investments in registered mutual funds	6,640,366	5,547,781
Investments in guaranteed interest account	1,354,896	1,310,459
Total plan investments	57,907,848	47,736,201
Plan receivables:		
Participant contribution receivable	15,016	-
Employer contribution receivable	64,145	-
Notes receivable from participants	1,807,307	1,605,003
Total plan receivables	1,886,468	1,605,003
Total assets	59,794,316	49,341,204
Liabilities		
Plan liabilities:		
Excess contributions payable	-	-
Excess matching payable	-	-
Total plan liabilities	-	-
Net Assets Available for Benefits	$ 59,794,316	$ 49,341,204

See accompanying auditors' report and notes to financial statements.

N.E.W. EXTENDED SAVINGS PLAN

STATEMENTS OF CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)

YEARS ENDED DECEMBER 31, 2012 & 2011

	2012	2011
Additions		
Investment income:		
Net appreciation (depreciation) in investments	$ 6,649,809	$ (1,181,040)
Interest, dividends, and other investment income	112,207	93,246
Total investment income (loss)	6,762,016	(1,087,794)
Interest income on notes receivable from participants	51,505	42,567
Contributions:		
Participant deferrals	6,132,852	5,847,857
Employer matching and other	3,040,143	2,758,039
Participant roll-overs	441,128	305,834
Total contributions	9,614,123	8,911,730
Total additions	16,427,644	7,866,503
Deductions		
Benefits paid to participants	5,522,393	2,393,030
Administrative expenses	33,979	31,503
Total deductions	5,556,372	2,424,533
Net Increase (Decrease) Before Other Additions (Deductions)	10,871,272	5,441,970
Other Additions (Deductions)		
Transfers into the plan	-	-
Transfers out of the plan	(418,160)	(14,762)
Total other additions (deductions)	(418,160)	(14,762)
Net Increase (Decrease)	10,453,112	5,427,208
Net assets available for benefits, beginning of year	49,341,204	43,913,996
Net Assets Available for Benefits, End of Year	$ 59,794,316	$ 49,341,204

See accompanying auditors' report and notes to financial statements.

N.E.W. EXTENDED SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2012 & 2011

Note A – Plan Description and Summary of Significant Accounting Policies

General: The following information and description of N.E.W. Extended Savings Plan (the Plan) is provided for informational purposes only. Participants should refer to the actual plan document, contractual agreements and summary plan description as provided by the plan sponsor, N.E.W. Customer Service Companies, LLC (the Company), for more complete and current information.

Description: The Plan was established in August 1993 by the Company's management and was most recently amended in December 2006. The Plan is a defined contribution plan intended to qualify under Section 401(k) of the Internal Revenue Code (IRC) and is subject to applicable provisions of the Employee Retirement Income Security Act (ERISA) of 1974. The Plan covers all eligible employees with automatic enrollment at 1% of eligible compensation as defined by the plan. Employees are eligible to participate on the first day of the month following their effective date of hire with matching contributions to begin after attaining the age of 21 and one year of service. As of December 2012, the plan had approximately 5,300 total participants.

Plan Administration: The Company established a board of trustees and retained Principal Life Insurance Company (Principal) as the third party administrator and custodian, which holds plan assets in trust and executes transactions on the behalf and at the direction of the participants.

Basis of Accounting: The Plan prepares its financial statements on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Under the cash basis of accounting, revenue is recognized when cash is received rather than when it is earned, and expenses are recognized when cash is expended rather than when obligations are incurred. The Plan's modification to the cash basis is in regards to the reporting of participant and employer contributions, which are reported when compensation is paid to the participant and employee and employer safe-harbor contributions are withheld and payable to the Plan or when the Company elects to makes discretionary profit-sharing contribution to the Plan, and the reporting of plan investments at fair value, which includes realized and unrealized gains and losses on plan investments.

Income Tax Status: The Plan is designed to be qualified under the IRC Section 401(k) and exempt from income taxes. Accordingly, Principal obtained a favorable tax determination letter from the IRS dated October 1992 for its prototype 401(k) profit sharing plan and received an updated determination dated July 2003 for plan amendments. The plan has been amended since obtaining the tax determination letters from the IRS to comply with various legislative and regulatory changes. The plan sponsor and administrator believe the plan is designed and operating in compliance with the plan's tax exemption status as a qualified retirement plan. As such, no provision for income taxes has been included in the accompanying financial statements. No assurances can be given regarding plan amendments not reviewed and approved by the IRS.

Note A – Plan Description and Summary of Significant Accounting Policies – Continued

Plan Eligibility: The plan has no age or length of service requirement for participation, and employees are generally eligible for participation on the first day of the month subsequent to their date of hire. Certain eligibility requirements, such as attainment of age 21 and one year of service and length of service, apply to employer safe harbor and discretionary contributions. Non-exempt employees who work solely from their home are ineligible to participant in the plan.

Participant Accounts: Individual accounts are maintained for each plan participant and include the participant's tax deferred contributions, roll-over contributions (if any), any employer matching contributions, plus an allocation of any employer discretionary contributions (if any), plan earnings, including any realized and unrealized gains or losses on investments selected by the plan participants, and reduced by any allocable administrative fees, expenses or withdrawals.

Participant Contributions: Participants may make pre-tax, salary reduction contributions from their compensation each pay period up to 20% of eligible compensation as allowed per the Internal Revenue Code (IRC). Distributions from other qualified retirement plans can also be contributed as rollover contributions. Participants are fully vested in their salary deferral and rollover contributions. The Plan has automatic enrollment at 1% of eligible compensation.

Employer Contributions: Effective January 1, 2007, the Company adopted a safe harbor matching provision in which the Company makes matching contributions equal to the sum of 100% of the amount of each participant's elective deferral that do not exceed 3% of the participant's eligible compensation, plus 50% of the amount in which the participant's elective deferrals exceeds 3% of the participant's eligible compensation but not to exceed 5% of participant's eligible compensation. Safe harbor matching contributions are not subject to vesting requirements, so participants are immediately and fully vested. During the years ended December 31, 2012 and 2011, the Company made safe harbor matching contributions of approximately $2,982,400 and $2,758,000, respectively, of which approximately $6,424 and $-0- respectively, was reflected a contribution receivable as of December 31, 2012 and 2011. The Company also accrued a qualified non-elective contribution of approximately $57,700 to cure certain deficiencies noted with respect to the Plan's automatic enrollment features. The Company may also elect to make additional discretionary matching or profit sharing contributions to the plan. Discretionary matching and profit sharing contribution may be allocated based upon compensation, length of service, and employment as of the end of the plan year as defined by the plan. Vesting in the Company's discretionary contributions and earnings thereon is based upon each employee's active employment and length of service, with 25% vesting after two years of service, 50% after three years, 75% after four years, and 100% after five years of service. During the years ended December 31, 2012 and 2011, the Company reported no discretionary matching or profit sharing contributions. During the years ended December 31, 2012 and 2011, the Plan also transferred participant account balance totaling approximately $418,200 and $14,800, respectively, to a subsidiary's retirement plan.

Note A – Plan Description and Summary of Significant Accounting Policies – Continued

Terminating Participants and Forfeitures: Terminated employees of the Company forfeit the non-vested portion of any employer discretionary matching and profit-sharing contributions as noted above. Forfeitures may be used to offset employer contributions or pay plan expenses as allowable under the plan document and directed by the plan trustee. As of December 31, 2012 and 2011, the Plan reported approximately $12,900 and $11,200, respectively, in available forfeitures. During the years ended December 31, 2012 and 2011, the Plan reported forfeitures on accounts of terminated employees of approximately $2,700 and $11,200, respectively, and net earnings on forfeitures of approximately $1,700 and $300, respectively. Additionally, the Plan used forfeitures of approximately $2,800 and $72,000, respectively, to offset employer matching contributions or pay expenses and also incurred expenses on forfeitures of approximately $10 and $300, respectively, during the years ended December 31, 2012 and 2011.

Distributions to Participants: Vested amounts in individual participant accounts are eligible for distribution upon termination of employment, retirement, death, or total and permanent disability, generally as lump sum distributions. Distributions due to termination or disability may be deferred until the participant retires if the value of their account exceeds or has exceeded $1,000. Distributions upon death must be made to all beneficiaries within five years. Participant benefits eligible for distribution must be distributed based upon age and date of retirement restrictions as set forth in the IRC. The Plan automatically distributes balance of less than $1,000 to terminated participants. Terminated participants with balances of $1,000 to $5,000 are generally rolled into an IRA in the name of the terminated participant. Benefit payments and distributions to participants are reflected as plan deductions when paid to participants.

Notes Receivable from Participants: The Plan allows participants to borrow against their vested account balances subject to IRC restrictions. Loans are typically limited to a maximum of $50,000 or 50% of the participant's vested account balance and are secured by the participant's loan balance. The promissory notes have terms of 60 months or less unless the loan was made for purchase of the participant's primary residence and require periodic payments of principal and interest generally through payroll deductions. Loans are considered a direct investment of the participant's account and have annual interest rates based upon the prime lending rate at the time of the loan. Notes receivable are measured at their unpaid principal balance plus accrued but unpaid interest. Delinquent loans are treated as distributions based upon provisions of the plan document and IRS and ERISA rules. As of December 31, 2012 and 2011, annual interest rates on notes receivable were approximately 3 – 12%, and interest income totaled approximately $51,500 and $42,600, respectively, during the years ended December 31, 2012 and 2011.

Hardship Withdrawals: The Plan also allows, in certain hardship situations as defined by the IRC, participants to withdrawal portions of their vested account balance subject to taxation and other IRC restrictions. Any withdrawals reduce participant vested account balances and are reflected as Plan deductions and in the accompanying financial statements when paid.

Note A – Plan Description and Summary of Significant Accounting Policies – Continued

Plan Termination: The Company has the right under the plan document to discontinue its contributions to the Plan and to terminate the Plan subject to the provisions of IRS and ERISA rules and regulations. In the event of the plan termination, participants become fully vested in their account balances. The Company has not expressed any interest in terminating the Plan.

Fair Value Measurements: The Plan establishes a reporting framework for measuring and disclosing fair value measurements. Fair value measurement disclosures are required for assets and liabilities measured and reported at fair value in the accompanying financial statements. Management uses a fair value measurement hierarchy based upon the lowest level of any input that is significant to the measurement with Level 3 being the lowest level of recognition. Management also attempts to maximize the use of observable inputs (Level 1) and minimize unobservable inputs (Level 3). Accordingly, the Plan classifies its investments in marketable securities in the following categories:

Level 1 – valuation methodology based upon unadjusted quoted prices for identical assets or liabilities traded in an active market that the Plan has the ability to access;

Level 2 – valuation methodology based upon unadjusted quoted prices for similar assets and liabilities traded in active markets or identical or similar assets and liabilities in inactive markets, observable market inputs for assets and liabilities not traded in active markets, observable market inputs derived or corroborated principally by correlation or other means, or Level 1 instruments where there is a contractual restriction; and

Level 3 – valuation methodology are unobservable and significant to the fair value measurement.

As of December 31, 2012 and 2011, the Plan's investments were classified as Level 1, 2, and 3 financial instruments as further detailed below. Disclosures about estimated fair values and fair value measurements were determined by the Plan based upon pertinent market data and other information available as of December 31, 2012 and 2011. Considerable judgment is necessary to interpret market and financial data and to develop fair value measurements in certain circumstances, especially Level 3 financial instruments. Although the Plan is unaware of any factors that would significantly affect their estimates, the Plan's estimates of fair values and fair value measurements may not be indicative of amounts realized at disposition.

Accounting Estimates: The preparation of financial statements in conformity with Plan's basis of accounting, the modified cash basis which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America, requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates and any difference may be material.

Note B – Related Party and Party-in-Interest Transactions

Plan Sponsor: The Plan's sponsor, N.E.W. Customer Service Companies, LLC, may at management's discretion pay certain administrative and professional expenses of the Plan. During the years ended December 31, 2012 and 2011, the Company paid for certain professional services rendered by attorneys, accountants, and other administrative and compliance related costs associated with the Plan. Plan investment advisory and management service fees may also be allocated and charged against the participant account balances as allowed by the plan document, IRS and ERISA rules and regulations. Additionally, certain fees paid by the Plan for investment management services may be netted against the net appreciation (depreciation) in investments as reported in the accompanying financial statements.

Plan Custodian: The plan trustee and investment custodian, Principal Life Insurance Company, may be related or affiliated with companies and various subsidiaries that manage investment options offered to plan participants. The trustee and custodian and other related parties may receive commissions and other forms of remuneration through its relationship with the related parties and affiliates.

Note C – Plan Investments

General: The plan custodian, Principal, holds the plan's investments, maintains individual participant accounts, and executes transactions on the behalf and as directed by plan participants. Principal, as the investment custodian, manages the investment options through a variety of fund management companies, including various subsidiaries and related parties.

Plan Investments: The Plan provides approximately 30 investments options consisting of various pooled separate accounts managed by Principal, registered mutual funds, and investment contracts with insurance companies as further described below. The investment options cover a wide range of risk, return, and retirement objectives. The Plan has automatic enrollment at 1% of eligible compensation and provides participants with direct access to their accounts via Principal's website which allows participants to change contributions amounts and investment allocations in any proportion they desire. Participants may also elect to transfer their account balances between the available investment options.

Investment Valuation: The Plan's investments are reported at fair value in the accompanying financial statements. Fair value is generally determined as 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 Plan's investments in mutual funds are reported at fair value based upon unadjusted market prices, pooled separate accounts are valued based upon the per unit net asset value of the underlying assets, or investment contracts based upon various valuation models including discounting cash flows on current yields of similar instruments with comparable terms.

Note C – Plan Investments – Continued

Investment Valuation: The following is a description of the valuation methodologies used by the Plan in determining fair value for financial instruments reported at fair value:

Common Stocks – valued at the closing price reported on the active market on which the respective securities are traded without adjustment.

Corporate Bond – valued using pricing models maximizing the use of observable market inputs for similar securities, including basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Mutual Funds – valued at the daily closing price as reported by the fund in active markets in which these funds are required to publish their daily net asset value and are generally required to transact at that price. Mutual funds are deemed to be actively traded.

Pooled Separate Accounts – valued at per unit net asset value as provided and certified by the plan trustee and investment custodian as a practical expedient of estimated fair value. Net asset value is generally determined based upon the fair value of the underlying assets held by the fund less its liabilities. Net asset value may not be used in situations whereby it is probable that the fund will transact at an amount different than reported net asset value. In certain situations, the plan trustee and investment custodian may reserve the right to temporarily delay withdrawal if necessary to ensure an orderly liquidation of assets.

Government Securities – valued using pricing models maximizing the use of observable market inputs for similar securities with similar terms and duration.

Guaranteed Investment Contract – valued at fair value by the insurance company using discounting cash flow of similar financial instruments with comparable terms and considering the creditworthiness of the issuer and other valuation models. Given that participant generally transact at contract value, fair value is determined annually for financial statement reporting purposes.

Investment Income: The Plan reports interest, dividends, realized and unrealized gains and losses (i.e., market appreciation and depreciation) as components of investment income. Sales of investments are recorded on a trade-date basis, interest income is recorded when earned, and dividends on an ex-dividend date basis. Accordingly, investment income totaled approximately $6,762,000 and ($1,087,800), respectively, for the years ended December 31, 2012 and 2011, which consisted of net appreciation (depreciation) of approximately $6,649,800 and ($1,181,000), respectively, and interest and dividends of approximately $112,200 and $93,200.

Note D – Fair Value Measurements

The Plan establishes a reporting framework for measuring and disclosing fair value measurements. Fair value measurement disclosures are required for assets and liabilities measured and reported at fair value in the financial statements. The Plan also attempts to maximize the use of observable inputs (Level 1) and minimize unobservable inputs (Level 3). As of December 31, 2012 and 2011, the Plan's investments in marketable securities were categorized in accordance with the fair measurement hierarchy described above as follows:

	Level 1	Level 2	Level 3	Fair Value
As of December 31, 2012:				
International mutual funds	$ 3,241,751	$ -	$ -	$ 3,241,751
Large US mutual funds	1,429,908	-	-	1,429,908
Small/Mid US mutual funds	1,968,706	-	-	1,968,706
Balanced separate account	-	19,817,369	-	19,817,369
Fixed income separate acct	-	5,023,754	-	5,023,754
International separate acct	-	2,854,948	-	2,854,948
Large US separate account	-	8,983,643	-	8,983,643
Small/Mid US separate acct	-	10,178,954	-	10,178,954
Short-term fixed separate acct	-	2,990,942	-	2,990,942
Other pooled separate acct	-	62,977	-	62,977
Short-term fixed contract	-	-	1,354,896	1,354,896
	$ 6,640,365	$ 49,912,587	$ 1,354,896	$ 57,907,848
As of December 31, 2011:				
International mutual funds	$ 2,659,113	$ -	$ -	$ 2,659,113
Large US mutual funds	1,084,193	-	-	1,084,193
Small/Mid US mutual funds	1,804,475	-	-	1,804,475
Balanced separate account	-	14,944,147	-	14,944,147
Fixed income separate acct	-	5,322,103	-	5,322,103
International separate acct	-	2,294,262	-	2,294,262
Large US separate account	-	7,643,615	-	7,643,615
Small/Mid US separate acct	-	7,418,022	-	7,418,022
Short-term fixed separate acct	-	3,201,821	-	3,201,821
Other pooled separate acct	-	53,991	-	53,991
Short-term fixed contract	-	-	1,310,459	1,310,459
	$ 5,547,781	$ 40,877,961	$ 1,310,459	$ 47,736,201

Note D – Fair Value Measurements – Continued

The following table presents a reconciliation of fair value measurements using significant unobservable inputs, Level 3 instruments, for the years ended December 31, 2012 and 2011:

	2012	2011
Level 3 investments at fair value, beginning of year	$ 1,310,459	$ 2,210,520
Net gain (loss) included in change in net assets	(3,405)	37,519
Interest and dividends credited	27,529	28,450
Purchases and reinvestments	482,224	395,081
Issuances and settlements and transfers	(461,911)	(1,361,111)
Level 3 investments at fair value, end of year	$ 1,354,896	$ 1,310,459
Change in unrealized gains (losses) related to assets still held at end of year	$ (3,405)	$ 46,062

Note E – Information Prepared and Certified by Plan Trustee and Custodian

The following schedules detail the financial information and related data on the plan investments and notes receivable from participants as provided and certified by Principal, the plan trustee and investment custodian, which maintains participant accounts and executes transactions as directed by plan participants. As permitted by Department of Labor rules and regulations and reporting and disclosure under ERISA, the following detailed financial information and related data on the plan investments and notes receivable from participants was certified complete and accurate by plan trustee and investment custodian, Principal, as of December 31, 2012 and 2011:

	2012	2011
Plan investments, participant directed:		
Investments in pooled separate accounts	$ 49,912,586	$ 40,877,961
Investments in registered mutual funds	6,640,366	5,547,781
Investments in guaranteed interest account	1,354,896	1,310,459
	$ 57,907,848	$ 47,736,201
Notes receivable from participants	$ 1,807,307	$ 1,605,003

Note E - Information Prepared and Certified by Plan Trustee and Custodian - Continued

	2012		2011	
Plan investments, participant directed, at fair value:				
Pooled separate accounts at reported unit value:				
Principal Large Cap S&P 500 Index Fund	$ 6,661,247	*	$ 5,563,620	*
Principal Lifetime 2030 Fund	6,343,395	*	4,864,342	*
Principal Lifetime 2040 Fund	5,560,284	*	3,907,960	*
Principal Lifetime 2050 Fund	3,826,941	*	2,818,823	*
Principal Bond & Mortgage Fund	3,557,189	*	3,276,948	*
Principal Lifetime 2020 Fund	3,408,898	*	2,477,364	*
Principal Small Cap S&P 600 Index Fund	3,216,254	*	2,642,487	*
Principal Money Market Fund	2,990,942	*	3,201,821	*
Principal International Emerging Markets Fund	2,648,528		2,101,906	
Principal Large Cap Growth II Fund	2,322,396		2,079,995	
Principal Real Estate Fund	2,317,152		769,372	
Principal Partner Mid Cap Value I Fund	2,029,638		1,618,577	
Principal Preferred Secondary Fund	1,466,565		994,879	
Principal Mid Cap S&P 400 Index Fund	1,355,774		1,054,849	
Principal Partner Mid Cap Growth III Fund	1,260,136		1,332,737	
Principal Lifetime Strategic Income Fund	368,938		313,181	
Principal Lifetime 2010 Fund	308,913		562,477	
Principal Diversified International Fund	206,420		192,356	
Principal Financial Group, Inc Stock Fund	62,976		53,991	
Principal U.S. Property Fund	-		1,050,276	
Subtotal - pooled separate accounts	49,912,586		40,877,961	
Registered mutual funds at published fair value:				
American Funds EuroPacific Growth Fund	3,241,751	*	2,659,113	*
Perkins Small Cap Value Fund	1,511,777		1,373,522	
MFS Value Fund	1,167,852		959,344	
Prudential Jenn Small Company Fund	456,929		430,953	
American Century Growth Fund	262,057		124,849	
Subtotal - registered mutual funds	6,640,366		5,547,781	
Investment contract at estimated fair value:				
Principal Guaranteed Interest Fund	1,354,896		1,310,459	
Total plan investments	$ 57,907,848		$ 47,736,201	
Notes receivable from participants (3 - 12%)	$ 1,807,307		$ 1,605,003	

* **Represents investments that exceed 5% of net assets as of December 31, 2012 & 2011.**

Note E – Information Prepared and Certified by Plan Trustee and Custodian – Continued

The following summarized information with respect to investment income and interest income on notes receivable from participants was also certified as complete and accurate by the plan trustee and investment custodian, Principal, for the years ended December 31, 2012 and 2011:

	2012	2011
Investment income:		
Net appreciation (depreciation) in investments	$ 6,649,809	$ (1,181,040)
Interest, dividends, and other investment income	112,207	93,246
	$ 6,762,016	$ (1,087,794)
Interest income on notes receivable from participants	$ 51,505	$ 42,567

Note F – Investment Contract with Insurance Company

The Plan holds an investment contract with Principal that guarantees the contract benefit value upon termination, death, disability or retirement of a plan participant. Contract value is defined as the value paid when funds are withdrawn at maturity or at the time of termination, death, disability, or retirement of a plan participant and is equal to amounts deposited plus accrued interest. However, there are possibilities of market value adjustments when funds are withdrawn prior to maturity and as such, Principal does not consider the guaranteed interest account to be fully benefit responsive at the reporting level. Accordingly, the guaranteed interest account is included in the financial statements at fair value as reported and certified by Principal, which was based upon the contract value less any early withdrawal charges. Fair value is determined by discounting the related cash flows based upon current yields of similar instruments with comparable durations and considering the creditworthiness of the issuer. Because participant generally transact at contract value, fair value is determined annually for financial statement reporting purposes. In determining the reasonableness of the fair value methodology, the Plan evaluates a variety of factors including reviewing existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain observable inputs are assessed through review of contract terms while others are substantiated utilizing available market data. Any difference between guaranteed interest account's contract value and fair value are reflected as components of investment income for the years ended December 31, 2012 and 2011. The average yields for the investment contract and actual average yields earned on the investment contract as reported by Principal for the years ended December 31, 2012 and 2011 were approximately 2%.

Note G – Reconciliation of the Financial Statements to Federal Form 5500

The following schedule reconciles the net assets available for benefits per the accompanying financial statements to the net assets as reflected in Part I, *Assets and Liability Statement*, of Schedule H to Federal Form 5500 as of December 31, 2012 and 2011:

	2012	2011
Net assets available for benefits per financial statements	$ 59,794,316	$ 49,341,204
Qualified non-elective contribution receivable	(57,721)	-
Net assets available for benefits per Federal Form 5500	$ 59,736,595	$ 49,341,204

The following schedule reconciles plan contributions per the accompanying financial statements to plan contributions per Part II, *Income and Expense Statement*, of Schedule H to Federal Form 5500 for the years ended December 31, 2012 and 2011:

	2012	2011
Plan contributions per financial statements	$ 9,614,123	$ 8,911,730
Qualified non-elective contribution receivable	(57,721)	-
Plan contributions per Federal Form 5500	$ 9,556,402	$ 8,911,730

Note H – Delinquent Participant Contributions

During the years ended December 31, 2012 and 2011, the Company made delinquent participant contributions to the plan totaling approximately $18,800 and $30,900, respectively, including participant loan repayments. The Company has delinquent participant contributions of approximately $30,900 pending correction through the Department of Labor's Voluntary Fiduciary Correction Program (VFCP). The Company also plans to cure the remaining delinquent participant contributions of approximately $18,800 through the VFCP.

Note I – Qualified Non-Elective Contribution

During the year ended December 31, 2012, the Company noted some deficiencies with respect to the automatic enrollment feature adopted by the Plan to encourage participation. Certain eligible employees were in advertently not automatically enrolled in the Plan as designed.

Note I – Qualified Non-Elective Contribution – Continued

To cure the deficiency and oversight, the Plan accrued a non-elective contribution of approximately $57,700 to approximately 70 employees, which included lost earnings and profits of approximately $19,100. The qualified non-elective contribution is reflected as an employer contribution receivable as of December 31, 2012 and is not subject to vesting.

Note J – Plan Termination

The Company has the right under the plan document to discontinue its contributions to the Plan and to terminate the Plan subject to the provisions of IRS and ERISA rules and regulations. In the event of the plan termination, participants become fully vested in their account balances. The Company has not expressed any interest in terminating the Plan or eliminating the automatic enrollment or the Company's safe-harbor matching contributions.

Note K – Risks and Uncertainties

Plan participants invest in various investment securities that are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the accompanying financial statements. In September 2008, one of the Plan's investment options, the Principal U.S. Property Separate Account (Level 3) that is highly invested in real estate implemented a stay in which no distributions are allowed from the fund in order to preserve liquidity and cash flow. In January 2010, the U.S. Property Separate Account partially lifted the withdrawal limitations and paid partial distributions. In March 2011, the U.S. Property Separate Account lifted the withdrawal limitation and processed all requests in which the Plan liquidated its investment in the U.S. Property Separate Account.

Note L – Income Tax Considerations

The Plan is designed to be qualified under the IRC Section 401(k) and exempt from income taxes. Principal obtained a favorable tax determination letter from the IRS in October 1992 for the prototype 401(k) profit sharing plan adopted by the Plan and also received an updated determination in July 2003 for plan amendments. However, the plan document has been amended since obtaining the tax determination letters from the IRS to comply with various legislative and regulatory changes. The plan sponsor and administrator believe the plan is designed and operating in compliance with the plan's tax exemption status as a qualified retirement plan.

Note L – Income Tax Considerations - Continued

Accordingly, no provision for income taxes has been included in the accompanying financial statements. During the year ended December 31, 2012, the Plan's tax return for the year ended December 31, 2011 was examined by the IRS. As a result of the audit, certain deficiencies were noted with respect to the Plan's automatic enrollment feature in that certain eligible employees were in advertently not automatically enrolled in the Plan as designed. To cure the deficiency, the Plan accrued a non-elective contribution of approximately $57,700 to approximately 70 employees, which included lost earnings and profits of approximately $19,100. The qualified non-elective contribution is reflected as an employer contribution receivable as of December 31, 2012 and is not subject to vesting. The Plan is awaiting final acceptance by the IRS with respect to the measures taken to cure the deficiency, but no assurance can be provided with respect to this uncertainty until such time the IRS review and accepts management's correction actions.

Management believes that the Plan's tax returns through the year ended December 31, 2008 are no longer subject to examination. Management is also unaware of any significant uncertain tax positions other than the deficiency noted above with respect to approximately 70 employees who were inadvertently not automatically enrolled in the Plan as designed arising during the years ended December 31, 2012 and 2011 that are more likely than not to be sustained should the Plan's tax returns be subject to examination. Accordingly, other than the qualified non-elective contribution and lost earnings and profits noted above, the Plan did not incur or accrue any other penalties or interest assessed by taxing authorities or associated with uncertain tax positions during the years ended December 31, 2012 and 2011.

Note M – Plan Transfers

The plan sponsor has several related affiliates that maintain separate retirement plans with the same plan trustee and investment custodian. The Plan entered into a transfer agreement with the plan trustee and investment custodian to allow transfers into and out of the plan as employees move their employment between the related affiliates. During the years ended December 31, 2012 and 2011, the Plan reported transfers to other plans totaling approximately $418,200 and $14,800, respectively.

Note N – Subsequent Events Evaluation

Management has evaluated subsequent events for the period January 1, 2013 through October 10, 2013, the date on which these financial statements were available to be issued.

N.E.W. EXTENDED SAVINGS PLAN

REQUIRED SUPPLEMENTAL SCHEDULES

YEARS ENDED DECEMBER 31, 2012 & 2011

Schedule of Assets Held for Investment Purposes

As of December 31, 2012

(a)	(b) Identity of issue, borrower, lessor, or similar part	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost 2012	(e) Current Value 2012
(*)	Principal Life	Pooled Separate Accounts		
		Principal Large Cap S&P 500 Index Fund	N/A	$ 6,661,247
		Principal Lifetime 2030 Fund	N/A	6,343,395
		Principal Lifetime 2040 Fund	N/A	5,560,284
		Principal Lifetime 2050 Fund	N/A	3,826,941
		Principal Bond & Mortgage Fund	N/A	3,557,189
		Principal Lifetime 2020 Fund	N/A	3,408,898
		Principal Small Cap S&P 600 Index Fund	N/A	3,216,254
		Principal Money Market Fund	N/A	2,990,942
		Principal International Emerging Markets Fund	N/A	2,648,528
		Principal Large Cap Growth II Fund	N/A	2,322,396
		Principal Real Estate Fund	N/A	2,317,152
		Principal Partner Mid Cap Value I Fund	N/A	2,029,638
		Principal Preferred Secondary Fund	N/A	1,466,565
		Principal Mid Cap S&P 400 Index Fund	N/A	1,355,774
		Principal Partner Mid Cap Growth III Fund	N/A	1,260,136
		Principal Lifetime Strategic Income Fund	N/A	368,938
		Principal Lifetime 2010 Fund	N/A	308,913
		Principal Diversified International Fund	N/A	206,420
		Principal Financial Group, Inc Stock Fund	N/A	62,976
	Mutual Funds	Registered Mutual Funds		
		American Funds EuroPacific Growth Fund	N/A	3,241,751
		Perkins Small Cap Value Fund	N/A	1,511,777
		MFS Value Fund	N/A	1,167,852
		Prudential Jenn Small Company Fund	N/A	456,929
		American Century Growth Fund	N/A	262,057
	Principal Life	Investment Contract		
		Principal Guaranteed Interest Fund	N/A	1,354,896
	Participants	Participant Loans		
		Notes Receivable from Participants (3-12%)	N/A	1,807,307

See accompanying auditors' report.

N.E.W. EXTENDED SAVINGS PLAN

REQUIRED SUPPLEMENTAL SCHEDULES

YEARS ENDED DECEMBER 31, 2012 & 2011

Schedule of Assets Held for Investment Purposes

As of December 31, 2011

(a)	(b) Identity of issue, borrower, lessor, or similar part	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost 2011	(e) Current Value 2011
(*)	Principal Life	Pooled Separate Accounts		
		Principal Large Cap S&P Index Fund	N/A	$ 5,563,620
		Principal Lifetime 2030 Fund	N/A	4,864,342
		Principal Lifetime 2040 Fund	N/A	3,907,960
		Principal Bond & Mortgage Fund	N/A	3,276,948
		Principal Money Market Fund	N/A	3,201,821
		Principal Lifetime 2050 Fund	N/A	2,818,823
		Principal Small Cap S&P 600 Index Fund	N/A	2,642,487
		Principal Lifetime 2020 Fund	N/A	2,477,364
		Principal International Emerging Markets Fund	N/A	2,101,906
		Principal Large Cap Growth II Fund	N/A	2,079,995
		Principal Partner Mid Cap Value I Fund	N/A	1,618,577
		Principal Partner Mid Cap Growth III Fund	N/A	1,332,737
		Principal Mid Cap S&P 400 Index Fund	N/A	1,054,849
		Principal U.S. Property Fund	N/A	1,050,276
		Principal Preferred Secondary Fund	N/A	994,879
		Principal Real Estate Fund	N/A	769,372
		Principal Lifetime 2010 Fund	N/A	562,477
		Principal Lifetime Strategic Income Fund	N/A	313,181
		Principal Diversified International Fund	N/A	192,356
		Principal Financial Group, Inc Stock Fund	N/A	53,991
	Mutual Funds	Registered Mutual Funds		
		American Funds EuroPacific Growth Fund	N/A	2,659,113
		Perkins Small Cap Value Fund	N/A	1,373,522
		MFS Value Fund	N/A	959,344
		Prudential Jenn Small Company Fund	N/A	430,953
		American Century Growth Fund	N/A	124,849
	Principal Life	Investment Contract		
		Principal Guaranteed Interest Fund	N/A	1,310,459
	Participants	Participant Loans		
		Notes Receivable from Participants (3-12%)	N/A	1,605,003

See accompanying auditors' report.

N.E.W. EXTENDED SAVINGS PLAN
REQUIRED SUPPLEMENTAL SCHEDULES
YEARS ENDED DECEMBER 31, 2012 & 2011

Schedules of Delinquent Participant Contributions

As of December 31, 2012

Participant Contributions Transferred Late	Total that Constitute Nonexempt Prohibited Transactions $ 49,704			Total Fully Corrected Under VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments are Included: ☑	Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	
	$ 18,757	$ -	$ 30,947	$ -

As of December 31, 2011

Participant Contributions Transferred Late	Total that Constitute Nonexempt Prohibited Transactions $ 30,947			Total Fully Corrected Under VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments are Included: ☑	Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	
	$ 30,947	$ -	$ -	$ -

See accompanying auditors' report.

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

N. E. W. EXTENDED SAVINGS PLAN

EIN 52 1356309
PLAN NUMBER 001
PLAN YEAR 01/01/2012 TO 12/31/2012

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	American Century Investments	Registered Investment Company Am Cent Growth A Fund	$ 0.00	$ 262,057.17
	American Funds Service Company	Registered Investment Company Am Fds EuroPacific Grth R3 Fd	$ 0.00	$ 3,241,751.26
*	Principal Life Insurance Company	Insurance Company General Guaranteed Interest	$ 0.00	$ 1,354,896.00
	MFS Investment Management	Registered Investment Company MFS Value R3 Fund	$ 0.00	$ 1,167,851.41
	Janus International Holding, LLC	Registered Investment Company Perkins Small Cap Value T Fund	$ 0.00	$ 1,511,777.02
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Bond and Mortgage SA-R6	$ 0.00	$ 3,557,189.45
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Diversified Intl SA-R6	$ 0.00	$ 206,420.21
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Fin Grp, Inc. Stock SA-R6	$ 0.00	$ 62,976.51
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Intl Emerg Markets SA-R6	$ 0.00	$ 2,648,528.26
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LargeCap Growth II SA-R6	$ 0.00	$ 2,322,396.00
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LgCap S&P 500 Index SA-R6	$ 0.00	$ 6,661,247.16
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime Strat Inc SA-R6	$ 0.00	$ 368,937.53
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2010 Sep Acct-R6	$ 0.00	$ 308,912.76
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2020 Sep Acct-R6	$ 0.00	$ 3,408,897.77
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2030 Sep Acct-R6	$ 0.00	$ 6,343,394.70

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

N. E. W. EXTENDED SAVINGS PLAN

EIN 52 1356309
PLAN NUMBER 001
PLAN YEAR 01/01/2012 TO 12/31/2012

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2040 Sep Acct-R6	$ 0.00	$ 5,560,284.03
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2050 Sep Acct-R6	$ 0.00	$ 3,826,941.46
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap Growth III SA-R6	$ 0.00	$ 1,260,136.36
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap S&P 400 Idx SA-R6	$ 0.00	$ 1,355,773.61
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap Value I SA-R6	$ 0.00	$ 2,029,638.03
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Money Market Sep Acct-R6	$ 0.00	$ 2,990,942.13
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Pref Secs Sep Acct-R6	$ 0.00	$ 1,466,564.63
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Real Estate Secs SA-R6	$ 0.00	$ 2,317,151.98
*	Principal Life Insurance Company	Pooled Separate Accounts Prin SmCap S&P 600 Index SA-R6	$ 0.00	$ 3,216,253.68
	Jennison Dryden	Registered Investment Company Prudential Jenn Sm Co R Fund	$ 0.00	$ 456,928.89
	Participant Loans	Range of Interest Rates Rates Range From 3.25% To 11.50%	$ 0.00	$ 1,807,307.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)