

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2012</div> This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>WELLINGTON INSURANCE SERVICES 401(K) PROFIT SHARING PLAN AND TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2000</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2000</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>WELLINGTON INSURANCE SERVICES, INC</u> <u>6801 CALMONT AVE.</u> <u>FORT WORTH, TX 76116-4108</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>45-2968825</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>817-732-2111</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>524290</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>45-2968825</u>	2c Sponsor's telephone number <u>817-732-2111</u>	2d Business code (see instructions) <u>524290</u>	
2b Employer Identification Number (EIN) <u>45-2968825</u>					
2c Sponsor's telephone number <u>817-732-2111</u>					
2d Business code (see instructions) <u>524290</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	<u>10/14/2013</u> Date	<u>ANN MARIE PRESSLEY</u> Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																											
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name WIG HOLDINGS, INC		4b EIN 75-2693068 4c PN 001																											
5 Total number of participants at the beginning of the plan year		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">5</td> <td style="width: 90%; text-align: right;">111</td> </tr> </table>	5	111																									
5	111																												
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #cccccc; height: 20px;"></td> </tr> <tr> <td style="width: 10%; text-align: center;">6a</td> <td style="width: 90%; text-align: right;">110</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6c</td> <td style="text-align: right;">12</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: right;">122</td> </tr> <tr> <td style="text-align: center;">6e</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: right;">122</td> </tr> <tr> <td style="text-align: center;">6g</td> <td style="text-align: right;">83</td> </tr> <tr> <td style="text-align: center;">6h</td> <td style="text-align: right;">1</td> </tr> </table>			6a	110	6b	0	6c	12	6d	122	6e	0	6f	122	6g	83	6h	1									
6a	110																												
6b	0																												
6c	12																												
6d	122																												
6e	0																												
6f	122																												
6g	83																												
6h	1																												
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">7</td> <td style="width: 90%;"></td> </tr> </table>	7																										
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 2G 2J 2K 2T 3D 3H 2F																													
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) <table style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%;">☐</td> <td style="width: 90%;">Insurance</td> </tr> <tr> <td>(2)</td> <td>☐</td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td>(3)</td> <td>☒</td> <td>Trust</td> </tr> <tr> <td>(4)</td> <td>☐</td> <td>General assets of the sponsor</td> </tr> </table>	(1)	☐	Insurance	(2)	☐	Code section 412(e)(3) insurance contracts	(3)	☒	Trust	(4)	☐	General assets of the sponsor	9b Plan benefit arrangement (check all that apply) <table style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%;">☐</td> <td style="width: 90%;">Insurance</td> </tr> <tr> <td>(2)</td> <td>☐</td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td>(3)</td> <td>☒</td> <td>Trust</td> </tr> <tr> <td>(4)</td> <td>☐</td> <td>General assets of the sponsor</td> </tr> </table>		(1)	☐	Insurance	(2)	☐	Code section 412(e)(3) insurance contracts	(3)	☒	Trust	(4)	☐	General assets of the sponsor			
(1)	☐	Insurance																											
(2)	☐	Code section 412(e)(3) insurance contracts																											
(3)	☒	Trust																											
(4)	☐	General assets of the sponsor																											
(1)	☐	Insurance																											
(2)	☐	Code section 412(e)(3) insurance contracts																											
(3)	☒	Trust																											
(4)	☐	General assets of the sponsor																											
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)																													
a Pension Schedules <table style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%;">☒</td> <td style="width: 90%;">R (Retirement Plan Information)</td> </tr> <tr> <td>(2)</td> <td>☐</td> <td>MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</td> </tr> <tr> <td>(3)</td> <td>☐</td> <td>SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</td> </tr> </table>	(1)	☒	R (Retirement Plan Information)	(2)	☐	MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(3)	☐	SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules <table style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%;">☒</td> <td style="width: 90%;">H (Financial Information)</td> </tr> <tr> <td>(2)</td> <td>☐</td> <td>I (Financial Information – Small Plan)</td> </tr> <tr> <td>(3)</td> <td>☐</td> <td>A (Insurance Information)</td> </tr> <tr> <td>(4)</td> <td>☒</td> <td>C (Service Provider Information)</td> </tr> <tr> <td>(5)</td> <td>☐</td> <td>D (DFE/Participating Plan Information)</td> </tr> <tr> <td>(6)</td> <td>☐</td> <td>G (Financial Transaction Schedules)</td> </tr> </table>		(1)	☒	H (Financial Information)	(2)	☐	I (Financial Information – Small Plan)	(3)	☐	A (Insurance Information)	(4)	☒	C (Service Provider Information)	(5)	☐	D (DFE/Participating Plan Information)	(6)	☐	G (Financial Transaction Schedules)
(1)	☒	R (Retirement Plan Information)																											
(2)	☐	MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary																											
(3)	☐	SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary																											
(1)	☒	H (Financial Information)																											
(2)	☐	I (Financial Information – Small Plan)																											
(3)	☐	A (Insurance Information)																											
(4)	☒	C (Service Provider Information)																											
(5)	☐	D (DFE/Participating Plan Information)																											
(6)	☐	G (Financial Transaction Schedules)																											

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

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

A Name of plan <u>WELLINGTON INSURANCE SERVICES 401(K) PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WELLINGTON INSURANCE SERVICES, INC</u>	D Employer Identification Number (EIN) <u>45-2968825</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
MERRILL LYNCH,PIERCE,FENNER & SMITH

13-5674085

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

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

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

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

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

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

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

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

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

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

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

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

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

ASCENSUS

11-3665754

(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?
37 99 15 60 50	RECORDKEEPER	3520	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ASCENSUS	15 60	0
(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.	
MERRILL LYNCH,PIERCE,FENNER & SMITH 13-5674085	SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB-TA REVENUE BY FUND.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>		
A Name of plan <u>WELLINGTON INSURANCE SERVICES 401(K) PROFIT SHARING PLAN AND TRUST</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WELLINGTON INSURANCE SERVICES, INC</u>		D Employer Identification Number (EIN) <u>45-2968825</u>

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)	6635	
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	336687	856490
(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)	60710	49961
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	3021813	2574508
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3425845	3480959

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3425845	3480959
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	113951	
(B) Participants	2a(1)(B)	327554	
(C) Others (including rollovers)	2a(1)(C)	42317	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		483822

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	45	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	2149	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2194

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	43029	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		43029

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		259494
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		788539

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	716592	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		716592
f Corrective distributions (see instructions)	2f		1897
g Certain deemed distributions of participant loans (see instructions).....	2g		10876
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	4060	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		4060
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		733425

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		55114
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: GANDY, CALVERLEY AND CO., P.C.

(2) EIN: 75-1995435

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		

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

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

5b(1) Name of plan(s)

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

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection.
---	--	--

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

A Name of plan <u>WELLINGTON INSURANCE SERVICES 401(K) PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WELLINGTON INSURANCE SERVICES, INC</u>	D Employer Identification Number (EIN) <u>45-2968825</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>45-0404698</u> <u>16-1470238</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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): _____

INDEX TO FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

INDEPENDENT AUDITORS' REPORT	3-4
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	5
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	6
NOTES TO FINANCIAL STATEMENTS	7-12
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT DECEMBER 31, 2012.....	13

INDEPENDENT AUDITORS' REPORT

The Trustees
Wellington Insurance Services 401(k) Profit Sharing Plan and Trust

Report on the Financial Statements

We were engaged to audit the financial statements of Wellington Insurance Services 401(k) Profit Sharing Plan and Trust, which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' 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, 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 6, which was certified by Frontier Trust Company and Mid Atlantic Trust Company, the custodians of the Plan, except for comparing such information with the related information included in these financial statements. We have been informed by the plan administrator that Frontier Trust Company held the Plan investments and executed investment transactions as of December 31, 2012 and for the period from March 1, 2012 through December 31, 2012, and that Mid Atlantic Trust Company held the Plan investments and executed investment transactions from May 13, 2010 through February 28, 2012. The plan administrator has obtained certifications from the custodians as of December 31, 2012 and 2011, and for the year ended December 31, 2012, that the information provided to the plan administrator by the custodians is complete and accurate.

3132 West Fifth Street
Fort Worth, Texas 76107

Phone (817) 336-7373
Metro (817) 429-3920
Fax (817) 877-0051

Disclaimer of Opinion

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

Other Matter

The supplemental schedule H, line 4i – schedule of assets held at December 31, 2012 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodians, 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.

Gordy, Calverley & Co., P.C.

October 14, 2013
Fort Worth, Texas

ASSETS

	<u>2012</u>	<u>2011</u>
<u>Cash and Cash Equivalents</u>		
Money Market Funds	\$ 856,490	\$ 336,687
<u>Mutual Funds at Fair Value</u>	2,574,508	3,021,813
<u>Receivables</u>		
Employer Contributions	-0-	6,635
Notes Receivable from Participants	<u>49,961</u>	<u>60,710</u>
	<u>49,961</u>	<u>67,345</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 3,480,959</u>	<u>\$ 3,425,845</u>

WELLINGTON INSURANCE SERVICES 401(k) PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2012

Additions to Net Assets Attributed to:

Investment income:

Net Appreciation in Fair Value of Investments	\$ 259,494
Interest and Dividend Income	43,129
	<u>302,623</u>

Contributions:

Rollover	42,317
Employer	113,951
Participants	327,554
	<u>483,822</u>

Total Additions	<u>786,445</u>
-----------------	----------------

Deductions from Net Assets Attributed to:

Benefits Paid to Participants	
Taxable Loan Distribution	718,489
Administrative Expenses	10,877
	<u>1,965</u>

Total Deductions	<u>731,331</u>
------------------	----------------

Net Increase	55,114
--------------	--------

Net Assets Available for Benefits:

Beginning of Year	<u>3,425,845</u>
End of Year	<u>\$ 3,480,959</u>

See Accompanying Notes to Financial Statements.

WELLINGTON INSURANCE SERVICES 401(k) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Wellington Insurance Services 401(k) Profit Sharing Plan and Trust (Plan) for the employees of WIG Holdings, Inc. and Subsidiaries (Company) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Wellington Insurance Services 401(k) Profit Sharing Plan and Trust was established effective as of January 1, 2000. The Plan is a trustee profit sharing 401(k) salary deferred thrift plan covering substantially all employees of WIG Holdings, Inc. and Subsidiaries who have three months of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants may contribute to the Plan pursuant to a salary reduction arrangement and/or as a Roth deferral. Participants may also contribute an amount representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company makes matching contributions of 50% of elective deferrals between 1% and 6% of compensation. The Company may make profit sharing contributions to the plan in the years and in the amounts determined each year by the Company.

Annual contributions to a participant's account may not exceed the limits as required under the Internal Revenue Code (IRC).

Vesting

Participants' contributions plus actual earnings thereon are 100% vested at all times. Vesting of Company contributions plus allocated earnings thereon is based upon years of credited service allowing for various vesting percentages as follows:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 1	0%
1	10%
2	20%
3	40%
4	60%
5	80%
6 or More	100%

A participant is 100% vested upon termination by reason of retirement at full retirement age, death, or disability. Upon termination for any other reason, any amount in which the participant is not vested is forfeited. Forfeitures reduce the amount of the Company's future matching contribution, as defined by the Plan.

Participants' Accounts

Each participant's account is credited with the participant's contribution and an allocation of the Company's contributions. Allocations are based on participant contributions, account balance, or compensation during the Plan year, as defined in the Plan. The benefit to which a participant is entitled is the vested amount in the participant's account.

WELLINGTON INSURANCE SERVICES 401(k) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Expenses of Administering the Plan

All allowable costs and expenses incurred in administering the Plan may be paid out of the Plan assets unless paid by the Company (at the option of the Company).

Payment of Benefits

Normal retirement age under the Plan is 65 years of age. Participants are entitled to receive a distribution from the Plan upon termination of employment or retirement. Upon termination of service, a participant may elect to receive either a lump sum amount equal to the vested amount in the participant's account or annual installments, calculated in accordance with the Plan, not to exceed the life expectancy of the participant and a designated beneficiary. Terminated participants with a vested account balance in excess of a certain amount may elect to leave their account under the Plan to participate in Plan investments.

Investment Options

Upon enrollment in the Plan, a participant may direct employee and employer matching contributions to a variety of investment options offered through the Ascensus, Inc. with Merrill Lynch acting as the broker of the funds.

Notes Receivable from Participants

Loans to participants and beneficiaries are allowed by the Plan under the following circumstances: (1) loans are to be made available to all participants and beneficiaries on a reasonably equivalent basis; (2) loans are not to be made available to highly compensated employees in an amount greater than the amount made available to other participants and beneficiaries; (3) loans are to bear a reasonable rate of interest; (4) loans are to be adequately secured (generally by the vested interest of the participant's account); and (5) loans are to provide for repayment over a reasonable period of time. Interest on loans to participants is charged at a rate determined by the Loan Administrator. Three loans totaling \$4,800 were in default as of December 31, 2012 and all were considered deemed distributions in 2013.

Forfeited Accounts

At December 31, 2012 and 2011, forfeited nonvested accounts totaled \$6,493 and \$5,850, respectively. In 2012, employer contributions were reduced by \$6,635 from forfeited nonvested accounts.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements have been prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Payment of Benefits

Benefits paid to participants are recorded when paid.

WELLINGTON INSURANCE SERVICES 401(k) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Valuation of Investments and Income Recognition

Investments are stated at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Loans to participants, if any, are valued at cost which approximates fair value. See Note 6 for discussion of fair value measurements.

Gains and losses on disposal of these investments are computed using costs determined on the specific identification method. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the gains and losses on investments bought and sold as well as held during the year.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the reported changes in the net assets available for benefits during the reporting period. Accordingly, actual results may differ from those estimates.

NOTE 3 - ADMINISTRATION OF PLAN ASSETS AND RELATED PARTY TRANSACTIONS

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

Certain Plan investments are shares of mutual funds managed by Merrill Lynch. Therefore, these transactions qualify as party-in-interest transactions. However, these transactions are exempt from the prohibited transaction rules of ERISA. Fees paid by the Plan for investment management services were included as a reduction of the return earned on these funds.

Additionally, Ascensus, Inc, and Paychex Retirement Services performed certain administrative functions of the Plan. These functions include the maintenance of participant account balances, compliance testing, and preparation of the Plan's annual Form 5500, Annual Return/Report of Employee Benefit Plans. Fees charged by Ascensus, Inc, and Paychex Retirement Services were \$3,735 and \$325, respectively, for the year ended December 31, 2012.

NOTE 4 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of the Plan's termination, participants will become fully vested in their accounts.

WELLINGTON INSURANCE SERVICES 401(k) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS

NOTE 5 - TAX STATUS

The Plan obtained a favorable tax determination letter from the Internal Revenue Service as of March 31, 2008 qualifying the Plan under Section 401(a) of the Internal Revenue Code to be exempt from Federal income taxes, as then designed. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE 6 - INVESTMENTS

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the us not to perform any auditing procedures with respect to the following information certified by the custodians of the Plan as complete and accurate, except for comparing such information to the information included in the Plan's financial statements and supplemental schedule.

Mid Atlantic Trust Company and Frontier Trust Company have certified that investments, consisting of shares of mutual funds and money market funds, had a fair value of \$3,430,998 and \$3,358,500 as of December 31, 2012 and 2011, respectively. The trust companies also certified that these investments had interest and dividend income of \$43,129 and net appreciation, which includes gains and losses on investments bought and sold, as well as held during the year, of \$259,494.

The following represents investments which represent 5% or more of the Plan's net assets as of December 31,

	<u>2012</u>	<u>2011</u>
Merrill Lynch Ready Assets	\$ 852,391	\$ -0-
Chicago Equity Partners Bal A	388,855	-0-
JohnHancock III Disciplnd Val Mid Cap A	271,172	-0-
American Century Small Cap Value Fund	-0-	185,977
American Funds Target Date Retirement 2020 Fund Class R5	-0-	266,047
Dreyfus Mid Cap Value Fund Class A	-0-	208,137
Vanguard Mid Cap Value Index Investment Fund	-0-	227,361
Vanguard Prime Money Market Fund	-0-	336,687
Vanguard Short Term Bond Index Fund	-0-	199,770

Fair Value Measurements

The Plan's assets carried at fair value have been classified, for disclosure purposes, based on a hierarchy established by the Financial Accounting Standards Board in Accounting Standards Codification 820-10, *Fair Value Measurements and Disclosures*. The fair value hierarchy is used to prioritize valuation inputs into three levels:

Level 1 – unadjusted quoted prices in active markets for identical assets that the plan has the ability to access at the measurement date.

Level 2 – inputs other than quoted price included within Level 1 that are observable for valuing the asset, either directly or indirectly. Observable inputs are those that include quoted price for similar assets in active or non-active markets. Level 2 inputs may also include insignificant adjustments to market observable inputs.

WELLINGTON INSURANCE SERVICES 401(k) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS

NOTE 6 - INVESTMENTS (Continued)

Level 3 – unobservable inputs used for valuing the asset. Unobservable inputs are those that reflect the plan's own assumptions about the assumptions that market participants would use in pricing the asset, based on the best information available in the circumstances. This approach typically involves a significant amount of subjective judgment. There were no level 3 inputs available to the Plan.

The following table provides information about the Plan's investments measured at fair value on a recurring basis as of December 31, 2012:

<u>Investment Category</u>	<u>Fair Value</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>
Mutual Funds			
Domestic Small Cap Equity	\$ 168,081	\$ 168,081	\$ -0-
Domestic Mid Cap Equity	452,127	452,157	-0-
Domestic Large Cap Equity	477,894	477,894	-0-
International Equity	326,267	326,267	-0-
Balanced Funds	520,135	520,135	-0-
Diversified Bond Funds	498,124	498,124	-0-
Government Bond Funds	52,239	52,239	-0-
Real Estate Funds	<u>79,641</u>	<u>79,641</u>	<u>-0-</u>
Total Mutual Funds	2,574,508	2,574,508	-0-
Money Market Funds	<u>856,490</u>	<u>-0-</u>	<u>856,490</u>
Total	<u>\$ 3,430,998</u>	<u>\$ 2,574,508</u>	<u>\$ 856,490</u>

The following table provides information about the Plan's investments measured at fair value on a recurring basis as of December 31, 2011:

<u>Investment Category</u>	<u>Fair Value</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>
Mutual Funds			
Domestic Small Cap Equity	\$ 253,039	\$ 253,039	\$ -0-
Domestic Mid Cap Equity	694,723	694,723	-0-
Domestic Large Cap Equity	208,461	208,461	-0-
International Equity	403,629	403,629	-0-
Balanced Funds	591,526	591,526	-0-
Diversified Bond Funds	605,294	605,294	-0-
Government Bond Funds	110,347	110,347	-0-
Real Estate Funds	<u>154,794</u>	<u>154,794</u>	<u>-0-</u>
Total Mutual Funds	3,021,813	3,021,813	-0-
Money Market Funds	<u>336,687</u>	<u>-0-</u>	<u>336,687</u>
Total	<u>\$ 3,358,500</u>	<u>\$ 3,021,813</u>	<u>\$ 336,687</u>

WELLINGTON INSURANCE SERVICES 401(k) PROFIT SHARING PLAN AND TRUST
I.D. #45-2968825 PLAN #001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT DECEMBER 31, 2012

(a) Party- In- Interest	(b) Issuer	(c) Description of Investment	(e) Current Value
	American Funds	American Funds New Perspective R3	\$ 26,615
	Blackrock	BlackRock Equity Dividend A	158,880
	Calamos	Calamos International Growth Fund A	3,454
	Chicago	Chicago Equity Partners Bal A	388,855
	Delaware	Delaware Extended Duration Bond Fund A	71,258
	Franklin	Franklin Rising Dividends Fund A	124,802
*	Merrill Lynch	GM BlackRock Equity Dividend A	40,344
*	Merrill Lynch	GM BlackRock Ready Assets Prime Money	4,099
*	Merrill Lynch	GM Ivy Mid Cap Growth Y	12,426
*	Merrill Lynch	GM Ivy Small Cap Growth Y	6,869
*	Merrill Lynch	GM JohnHancock III Disciplnd Val Mid Cap A	21,001
*	Merrill Lynch	GM Loomis Sayles Core Plus Bond Fund A	48,112
*	Merrill Lynch	GM Lord Abbett Short Duration Income A	45,552
*	Merrill Lynch	GM MFS International Diversification A	39,413
*	Merrill Lynch	GM Oppenheimer Developing Market Fund A	16,337
*	Merrill Lynch	GM Victory Small Company Opportunity A	12,389
*	Merrill Lynch	GM Wells Fargo Advantage Growth A	30,622
	Hartford	Hartford Inflation Plus Fund R4	40,135
	ING	ING Real Estate Fund Portfolio A	79,641
	Invesco	Invesco Select Companies Fund A	28,120
	Ivy	Ivy High Income Y	8,236
	Ivy	Ivy Mid Cap Growth Y	102,370
	Ivy	Ivy Small Cap Growth Y	39,244
	John Hancock	JohnHancock III Disciplnd Val Mid Cap A	271,172
	Loomis Sayles	Loomis Sayles Core Plus Bond Fund A	70,646
	Lord Abbott	Lord Abbett Short Duration Income Fund A	98,274
	MFS	MFS Conservative Allocation Fund A	123,044
	MFS	MFS International Diversification Fund A	95,641
	MFS	MFS International Value A	4,839
	Oppenheimer	Oppenheimer Developing Markets Fund A	139,968
	Participant Loans	Interest Rates Range from 3.25% to 5.25%	49,961
	PIMCO	PIMCO Foreign Bond Fund A	124,147
	PIMCO	PIMCO GNMA Fund A	50,123
	Principal	Principal MidCap Blend Fund A	45,158
*	Merrill Lynch	Ready Assets	852,391
	Victory	Victory Fund for Income Fund A	2,116
	Victory	Victory Small Company Opportunity Fund A	81,459
	Wells Fargo	Wells Fargo Advantage Growth A	123,246

WELLINGTON INSURANCE SERVICES 401(k) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS

NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of earnings on investments per the financial statements for the plan year ended December 31, 2012 to Schedule H of Form 5500:

Investment Income per the Financial Statements	\$ 302,623
Plus: Loan Expense for the plan year ended December 31, 2012	<u>2,094</u>
Earnings on Investments per Schedule H of Form 5500	<u>\$ 304,717</u>

The following is a reconciliation of Administrative Expenses per the financial statements for the plan year ended December 31, 2012 to Schedule H of Form 5500:

Administrative Expenses per the Financial Statements	\$ 1,965
Plus: Loan Expense for the plan year ended December 31, 2012	<u>2,095</u>
Administrative Expenses per Schedule H of Form 5500	<u>\$ 4,060</u>

NOTE 8 - BENEFITS PAYABLE

Benefits payable to former participants were \$-0- at December 31, 2012 and 2011.

NOTE 9 - RISKS AND UNCERTAINTIES

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

NOTE 10 - SUBSEQUENT EVENTS

The Company has evaluated subsequent events through October 14, 2013, the date on which the financial statements were available to be issued.

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e)

Formula Description

Plan Name: WELLINGTON INSURANCE SERVICES 401(K) PSP

Plan Number: 214176

Broker Dealer: Merrill Lynch

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus
MBEAX	Chicago Equity Partners Balanced - Inv	12 dollars per fund position
LALDX	Lord Abbett Short Duration Income Fund A	12 dollars per fund position
PFUAX	PIMCO Foreign Bond (Unhedged) Fund A	12 dollars per fund position
PEMGX	Principal MidCap Blend Fund A	12 dollars per fund position
PAGNX	PIMCO GNMA Fund A	12 dollars per fund position
ODMAX	Oppenheimer Developing Markets Fund A	12 dollars per fund position
NEFRX	Loomis Sayles Core Plus Bond Fund A	12 dollars per fund position
MGIAX	MFS International Value A	12 dollars per fund position
WMGYX	Ivy Mid Cap Growth Y	12 dollars per fund position
MDDVX	BlackRock Eqty Dividend A	12 dollars per fund position
WSCYX	Ivy Small Cap Growth Y	12 dollars per fund position
MACFX	MFS Conservative Allocation Fund A	12 dollars per fund position
JVMAX	John Hancock III Disclnd Val Mid CapA	12 dollars per fund position
HIP SX	Hartford Inflation Plus Fund R4	12 dollars per fund position
FRDPX	Franklin Rising Dividends Fund A	12 dollars per fund position
CLARX	ING Real Estate Fund Portfolio A	12 dollars per fund position
CIGRX	Calamos International Growth Fund A	12 dollars per fund position
ATIA X	(CL) Invesco Select Companies Fund A	12 dollars per fund position
MDIDX	MFS International Diversification Fund A	12 dollars per fund position
GMODMAX	GM Oppenheimer Developing Markets Fund A	12 dollars per fund position
MRAXX	Ready Assets(7dayYield:0.00%)	6 dollars per fund position
GMMRAXX	GM BlackRock Ready Assets Prime Money	6 dollars per fund position
SSGSX	Victory Small Company Opportunity Fund A	12 dollars per fund position

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e)

Formula Description

Plan Name: WELLINGTON INSURANCE SERVICES 401(K) PSP

Plan Number: 214176

Broker Dealer: Merrill Lynch

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus
SGRAX	Wells Fargo Advantage Growth A	12 dollars per fund position
IPFIX	Victory Fund for Income Fund A	12 dollars per fund position
GMWSCYX	GM Ivy Small Cap Growth Y	12 dollars per fund position
GMWMGYX	GM Ivy Mid Cap Growth Y	12 dollars per fund position
WHIYX	Ivy High Income Y	12 dollars per fund position
GMSGRAX	GM Wells Fargo Advantage Growth A	12 dollars per fund position
PRI MONEY	Prior Money	N/A
GMNEFRX	GM Loomis Sayles Core Plus Bond Fund A	12 dollars per fund position
GMMDIDX	GM MFS International Diversification A	12 dollars per fund position
GMMDDVX	GM BlackRock Eqty Dividend A	12 dollars per fund position
GMLALDX	GM Lord Abbett Short Duration Income A	12 dollars per fund position
GMJVMAX	GM JohnHancock III Disclnd Val Mid CapA	12 dollars per fund position
RNPCX	American Funds New Perspective Fund R3	12 dollars per fund position
DEEAX	Delaware Extended Duration Bond Fund A	12 dollars per fund position
GMSSGSX	GM Victory Small Company Opportunity A	12 dollars per fund position

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e)

Formula Description - Additional Fee Notes

Plan Name: WELLINGTON INSURANCE SERVICES 401(K) PSP

Plan Number: 214176

Broker Dealer: Merrill Lynch

Merrill Lynch

Effective January, 1, 2012, for the funds for which Ascensus receives a per-position dollar amount from Merrill Lynch, Ascensus will receive an additional payment from Merrill Lynch in the amount of 0.035% of average plan assets in the investment.

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

Plan Name Wellington Insurance Services 401(K) Profit Sharing Plan **EIN:** 15-2968825
Plan Sponsor's Name Wellington Insurance Services, Inc **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	BlackRock	BlackRock Eqty Dividend A	0	158,880
	Franklin	Franklin Rising Dividends Fund A	0	124,802
	Wells Fargo	Wells Fargo Advantage Growth A	0	123,246
	John Hancock	John Hancock III Discplnd Val Mid CapA	0	271,172
	Principal	Principal MidCap Fund A	0	45,158
	Ivy	Ivy Mid Cap Growth Y	0	102,370
	Victory	Victory Small Company Opportunity Fund A	0	81,459

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

Plan Name Wellington Insurance Services 401(K) PSP

EIN: 45-2968825

Plan Sponsor's Name Wellington Insurance Services, Inc

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Invesco	(CL) Invesco Select Companies Fund A	0	28,120
	Ivy	Ivy Small Cap Growth Y	0	39,244
	ING	ING Real Estate Fund Portfolio A	0	79,641
	Oppenheimer	Oppenheimer Developing Markets Fund A	0	139,968
	MFS	MFS International Value A	0	4,839
	MFS	MFS International Diversification Fund A	0	95,641
	Calamos	Calamos International Growth Fund A	0	3,454

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

Plan Name Wellington Insurance Services 401(K) PSP

EIN: 45-2968825

Plan Sponsor's Name Wellington Insurance Services, Inc

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	American Funds	American Funds New Perspective Fund R3	0	26,615
	MFS	MFS Conservative Allocation Fund A	0	123,044
	Chicago	Chicago Equity Partners Balanced - Inv	0	388,855
	Lord Abbett	Lord Abbett Short Duration Income Fund A	0	98,274
	PIMCO	PIMCO Foreign Bond (Unhedged) Fund A	0	124,147
	Ivy	Ivy High Income Y	0	8,236
	Loomis Sayles	Loomis Sayles Core Plus Bond Fund A	0	70,646

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

Plan Name Wellington Insurance Services 401(K) Profit Sharing Plan **EIN:** 15-2968825
Plan Sponsor's Name Wellington Insurance Services, Inc **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Delaware	Delaware Extended Duration Bond Fund A	0	71,258
	Victory	Victory Fund for Income Fund A	0	2,116
	PIMCO	PIMCO GNMA Fund A	0	50,123
	Hartford	Hartford Inflation Plus Fund R4	0	40,135
	Merrill Lynch	Ready Assets(7dayYield:0.00%)	0	852,391
	Merrill Lynch	GM BlackRock Ready Assets Prime Money	0	4,099
	Loomis Sayles	GM Loomis Sayles Core Plus Bond Fund A	0	48,112

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

Plan Name Wellington Insurance Services 401(K) PSP

EIN: 45-2968825

Plan Sponsor's Name Wellington Insurance Services, Inc

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Lord Abbett	GM Lord Abbett Short Duration Income A	0	45,552
	BlackRock	GM BlackRock Eqty Dividend A	0	40,344
	Oppenheimer	GM Oppenheimer Developing Markets Fund A	0	16,337
	Ivy	GM Ivy Mid Cap Growth Y	0	12,426
	Ivy	GM Ivy Small Cap Growth Y	0	6,869
	Wells Fargo	GM Wells Fargo Advantage Growth A	0	30,622
	Victory	GM Victory Small Company Opportunity A	0	12,389

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

Plan Name Wellington Insurance Services 401(K) Profit Sharing Plan **EIN:** 15-2968825
Plan Sponsor's Name Wellington Insurance Services, Inc **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	MFS	GM MFS International Diversification A	0	39,413
	John Hancock	GM JohnHancock III Disciplnd Val Mid CapA	0	21,001
	Participants Loan Account	Interest rates range from 3.25% to 5.25%	0	49,961