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
FLASHER EQUIPMENT COMPANY 401(K) PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1998

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

FLASHER EQUIPMENT CO.

246 W JOSEPHINE ST
SAN ANTONIO, TX 78212

2b Employer Identification Number (EIN)
74-2989423

2c Sponsor's telephone number
210-736-4251

2d Business code (see instructions)
488490

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.	10/15/2013	CYNTHIA TIMM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [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:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	196
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**	125
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	73
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	198
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	199
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	126
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	9
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 2T 3D

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)** [ ] 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
FLASHER EQUIPMENT COMPANY 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FLASHER EQUIPMENT CO.

D Employer Identification Number (EIN)
74-2989423

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

HARTFORD 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
06-0974148	88072	GA-022891	126	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
5540	0

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

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

LINCOLN FINANCIAL SECURITIES
1 GRANITE PLACE
CONCORD, NH 03301

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5540			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	

(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	193397
5	Current value of plan's interest under this contract in separate accounts at year end	5	1572917

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 ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	218561
c	Additions: (1) Contributions deposited during the year	7c(1)	16051		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	6340		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	941		
	▶ LOAN PYMT				
	(6) Total additions			7c(6)	23332
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	241893
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	48496		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	48496
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	193397

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
FLASHER EQUIPMENT COMPANY 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FLASHER EQUIPMENT CO.

D Employer Identification Number (EIN)
74-2989423

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

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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)

HARTFORD LIFE INSURANCE COMPANY

06-0974148

(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?
15 23 37 38 49 50 54 55 56 59 60 62 63 64 65 66	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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?
67 99			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
HARTFORD LIFE INSURANCE COMPANY	15 23 37 38 49 50 54 55 56 59 60 62 63 64 65 66 67 99	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.
SEE ATTACHED 06-0974148	SEE ATTACHED

(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

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(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
FLASHER EQUIPMENT COMPANY 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FLASHER EQUIPMENT CO.

D Employer Identification Number (EIN)
74-2989423

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: HARTFORD ADVANTAGE TK4

b Name of sponsor of entity listed in (a): HARTFORD 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)
06-0974148-000	P	1076378

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT K4

b Name of sponsor of entity listed in (a): HARTFORD 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)
06-0974148-000	P	496539

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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
FLASHER EQUIPMENT COMPANY 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FLASHER EQUIPMENT CO.

D Employer Identification Number (EIN)
74-2989423

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	16180	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(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)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	22651	16788
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(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)	1328189	1572917
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	218561	193397
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(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	1585581	1783102
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1585581	1783102

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)	5797	
	(B) Participants	2a(1)(B)	135894	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		141691
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)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	2553	
	(F) Other	2b(1)(F)	6340	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8893
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	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)		195923
(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)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		346507
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	148986	
(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)		148986
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		148986
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		197521
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: DAVIDSON FREEDLE ESPENHOVER & OVERB **(2)** EIN: 74-2933856

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		37168
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	

			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	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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?	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)

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
FLASHER EQUIPMENT COMPANY 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FLASHER EQUIPMENT CO.

D Employer Identification Number (EIN)
74-2989423

Part I Distributions

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

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

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

EIN(s): 06-0974148

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

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

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a** 0

b Enter the amount contributed by the employer to the plan for this plan year **6b** 0

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** 0

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):

FLASHER EQUIPMENT COMPANY
401(k) PLAN AND TRUST

Financial Statements and Independent Auditors' Report

As of December 31, 2012 and 2011
And For the Year Ended December 31, 2012

DAVIDSON • FREEDLE
ESPENHOVER & OVERBY, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditors' Report

To the Board of Trustees
Flasher Equipment Company 401(K) Plan and Trust
San Antonio, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Flasher Equipment Company 401(K) Plan and Trust (the "Plan") which comprise statements of net assets available for benefits of 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

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis of Disclaimer 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 of Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3 and 5, which was certified by Hartford Life Insurance Company, the trustee of the Plan, 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2012 and 2011, that the information provided to the plan administrator by the trustee is complete and accurate.

Emphasis of Matters

As discussed in Note 12 to the financial statements, the Plan was not in compliance with the Internal Revenue Service regulations concerning nondiscrimination for the ten years ended December 31, 2012. In addition, repayment schedules for participant notes receivables were not enforced and the related defaulted

loans have not been deemed distributed by the Plan. No corrective actions related to these issues have been taken. In late 2012, the Plan filed amended Form 5500's for 2003-2010 under the Internal Revenue Service's Employee Plans Compliance Resolution System Voluntary Correction Program and certain corrective contributions were made in 2012 to satisfy other identified non-compliance issues. There has been no formal acceptance of these corrections by the Internal Revenue Service or the Department of Labor. The ultimate impact on the Plan of the resolution of the noncompliance issues cannot be presently determined. Accordingly, no provision for any adverse consequences that may result from resolution of these uncertainties has been made in the accompanying financial statements.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis of Disclaimer of Opinion paragraph and the unresolved issues discussed in the Emphasis of Matters paragraph above and in Note 12 to the financial statements, 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 the accompanying financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules; Schedule H, Line 4a – Schedule of Delinquent Participant Contributions and Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2012, which are the responsibility of plan management, are presented for the purposes 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 matters described in the Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Report on the 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 trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, except as they may be impacted by the unresolved non-compliance issues discussed in the Emphasis of Matters paragraph above and in Note 12 to the financial statements. These matters may result in the plan being disqualified.

Davidson, Freedle, Espenhauer & Overby, P.C.

October 14, 2013
Kerrville, Texas

FLASHER EQUIPMENT COMPANY 401(k) PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2012 AND 2011

	2012	2011
ASSETS:		
Investments fair value	$ 1,766,314	$ 1,546,750
Receivables:		
Employers' contributions	79,941	76,944
Participants' contributions	-	11,628
Other employers' receivables	-	25,684
Participants' note receivable payments due from employers	-	16,180
Notes receivable from participants	16,788	22,651
Total receivables	96,729	153,087
TOTAL ASSETS	1,863,043	1,699,837
LIABILITIES:		
Excess contributions refundable	79,941	78,667
TOTAL LIABILITIES	79,941	78,667
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,783,102	$ 1,621,170

See independent auditors' report and notes to the financial statements.

FLASHER EQUIPMENT COMPANY 401(k) PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2012

ADDITIONS:		
Additions to net assets attributed to:		
Net appreciation in fair value of investments (realized and unrealized)	$	195,923
Interest income		6,340
Total earnings on investments		202,263
Interest on notes receivable from participants		2,553
Participants' contributions		106,102
TOTAL ADDITIONS		310,918
DEDUCTIONS:		
Deductions from net assets attributed to:		
Benefits paid to participants	$	148,986
NET INCREASE		161,932
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR		1,621,170
END OF YEAR	$	1,783,102

See independent auditors' report and notes to the financial statements.

1. DESCRIPTION OF PLAN

The following description of the Flasher Equipment Company 401(K) Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution plan covering employees who are of age twenty-one years or older and have completed one year of service. The participants covered under the Plan are employees of Flasher Ltd. (dba Flasher Equipment Company), the Plan Sponsor, and Impact Recovery Systems, Inc., a related entity (the "Employers"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions – Participants may contribute any percentage of their annual wages not to exceed certain statutory limits. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Employers may, but are not required to, make matching contributions and other discretionary contributions to the Plan annually as determined by the board of directors. In 2012, the Employers did not make a matching contribution. Included in employers' contributions are amounts due to the Plan for the correction of failed discrimination testing. See note 8 and note 12.

Participant Accounts – Each participant's account is credited with the participant's contribution, the related matching contribution, and Plan earnings. Allocations are based on participants' account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Forfeitures – Forfeitures of employer matching contributions and employer non-matching discretionary contributions may be, at the Employer's discretion, applied first to the payment of the Plan's administrative expenses. Any remaining forfeitures may be used to satisfy any contribution that may be required. As of December 31, 2012, there was $41,450 of forfeited non-vested employer matching contributions available to pay administrative expenses of the Plan and to reduce employer contributions in the future. During 2012, forfeitures were not used to pay administrative expenses.

Vesting – Participant elected deferrals are 100% vested. Participants are vested in the portion of their accounts derived from employer contributions (matching and discretionary) based on years of service as follows:

Years of Service	Vesting Percentage
1	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Investment Options – Upon enrollment in the Plan, a participant may direct contributions to investment options selected by the Plan administrator as permissible investments.

Receivables – Employers' contributions receivable represents amounts the employers' owe to the Plan as a result of failure to satisfy certain discrimination tests as required by the Internal Revenue Code. See note 12. Participants' contributions receivable represent employee elected deferral amounts that have been withheld by the employers' from employee pay and are owed to the Plan. Other employers' receivables represent amounts owed to the Plan by the employers' for lost earnings on late employee remittances. See Note 11. All amounts owed to the Plan are considered fully collectible.

Notes Receivable from Participants – Participants may borrow from their fund accounts up to a maximum of $50,000 or 50% of their vested interest, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 4.00% to 9.50%. The Plan requires loans to be amortized over a period of five years or less with payments to be made not less than quarterly. If the purpose of the loan is to acquire or construct the primary residence of the participant, the repayment period may exceed five years. Principal and interest is to be paid ratably through payroll deductions. See Notes 11 and 12.

Payment of Benefits – On termination of service, a participant may elect to receive his or her vested account balance in a lump-sum amount.

Tax Status – The Plan was amended and restated effective July 15, 2003. At that time, the PDS Advantage Volume Submitter Base Plan Document sponsored by Thompson Hine LLP dba Plan Document Systems and administered by the Hartford Life Insurance Company ("HLIC") had received a determination letter that the Plan, as then designed, was qualified under Section 401 of the IRC. Although the Plan has been amended several times for legislative mandates since receiving the latest determination letter dated March 31, 2008, the Plan administrator and the Plan's management believe that the Plan is currently designed in compliance with the applicable requirements of the IRC. See Note 12 regarding operational noncompliance with certain requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability in the financial statements. However, management did determine that certain instances of non-compliance with Internal Revenue Service requirements for qualified plans have occurred and those have been disclosed in the accompanying notes to these financial statements. See Notes 11 and 12. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. For federal information reporting purposes, the returns essentially remain open for possible examination for a period or three years after the respective filing deadlines for those returns. As noted in Note 12, the Plan filed amended Form 5500 "Annual Return/Report of Employee Benefit Plan" for the Plan years 2003-2010 in late 2012 under the Internal Revenue Service's Employee Plans Compliance Resolution System Voluntary Correction Program. These amended returns remain open for possible examination for three years from their filing.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting –The financial statements of the Plan are prepared using the accrual method of accounting.

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

Notes Receivable from Participants – Loans to participants are reported at their unpaid balance and do not include accrued but unpaid interest. The use of this method of reporting interest from participants does not result in a material difference from that which would result using the accrual method. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document. See Note 11 and 12.

Investment Valuation and Income Recognition – The Plan's investments are stated at fair value. See Note 5 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits – Benefits are recorded when paid.

Date of Management's Review – Management has evaluated subsequent events through October 14, 2013, which is the date the financial statements were available to be issued.

3. INVESTMENTS

The Plan's investments are primarily held in participant directed accounts in a group annuity contract that includes variable investment offerings through Pooled Separate Accounts and a fixed fund offering called The Fixed Income Account. As of December 31, 2012, the Plan's investments held by HLIC were as follows (see note 6):

	Number Shares		Fair Value
Investments in pooled separate accounts			
Hartford Index HLS IB	168,817.188	shs	$ 170,505
Hartford Total Return Bond HLS IB	51,011.070	shs	95,391
Fidelity Advisor Equity Income	5,585.618	shs	72,110
Alliance Bernstein Global Thematic Growth Fund A	9,477.499	shs	73,261
Eaton Vance WW Health Sciences A	6,464.881	shs	101,111
Federated International High Income	1,258.240	shs	35,847
American Funds Washington Mutual R3	5,375.177	shs	73,801
American Funds Growth Fund of America R3	3,054.174	shs	42,025
Janus Advisor Flexible Bond S	4,430.860	shs	56,006
Hartford Midcap HLS IB	110,355.349	shs	230,643
Lord Abbett Mid-Cap Value P	5,659.092	shs	94,620
Oppenheimer Global A	5,768.464	shs	99,044

American Funds Europacific Growth R3	3,226.389	shs	58,462
Franklin Balance Sheet Investment A	3,059.901	shs	54,773
Pimco Total Return A	1,054.309	shs	19,020
Invesco Small Cap Growth A	13,155.021	shs	217,058
Eaton Vance Dividend Builder Fund A	3,872.907	shs	79,240
Total investments in pooled separate accounts			1,572,917
The Hartford Fixed Income Account	118,648.252	units	193,397
Total investments			$1,766,314

The Plan's investments held at HLIC as of December 31, 2011 were as follows (see note 6):

	Number Shares		Fair Value
Investments in pooled separate accounts			
Hartford Index HLS IB	164,478.889	shs	$ 148,031
Hartford Total Return Bond HLS IB	62,658.721	shs	107,773
Fidelity Advisor Equity Income	4,956.619	shs	55,415
Alliance Bernstein Global Thematic Growth Fund A	8,679.161	shs	59,973
Eaton Vance WW Health Sciences A	6,179.386	shs	84,534
Federated International High Income	1,324.596	shs	31,936
American Funds Washington Mutual R3	5,215.024	shs	64,562
American Funds Growth Fund of America R3	3,062.316	shs	35,431
Janus Advisor Flexible Bond S	5,337.911	shs	63,361
Hartford Midcap HLS IB	101,708.475	shs	180,024
Lord Abbett Mid-Cap Value P	5,359.661	shs	79,055
Oppenheimer Global A	5,493.111	shs	78,936
American Funds Europacific Growth R3	3,127.532	shs	48,164
Franklin Balance Sheet Investment A	2,818.734	shs	44,085
Pimco Total Return A	705.187	shs	11,692
Invesco Small Cap Growth A	12,098.580	shs	170,348
Eaton Vance Dividend Builder Fund A	3,562.273	shs	64,869
Total investments in pooled separate accounts			1,328,189
The Hartford Fixed Income Account	161,897.037	units	218,561
Total investments			$1,546,750

4. INVESTMENT CONTRACT WITH INSURANCE COMPANY

On July 15, 2003, the Plan entered into a group annuity investment contract with HLIC. Under the terms of this contract, HLIC manages the Plan's investments. Participants may direct the investment of their contributions and account balances amongst the options offered under this contract. The group annuity contract provides that HLIC will provide record keeping services, accumulate and invest participants' contributions in investment funds in HLIC subaccounts and general account as invested by Plan participants and to pay participant benefits as provided by the Plan when they become due.

HLIC maintains the investment funds in pooled separate accounts and a fixed income account. The unregistered pooled separate accounts are divided into investment divisions called subaccounts. Each subaccount invests in shares of an underlying mutual fund. The pooled separate accounts are stated at fair value in the accompanying financial statements. The fixed income account is part of HLIC's general account and is subject to the claims of HLIC's general creditors. HLIC credits interest on contributions made to the account at a rate HLIC declares for a period of time that it determines. HLIC guarantees a minimum rate of interest. The declared interest rate during the plan year ended December 31, 2012 was 3%. Guarantees are subject to HLIC's claims paying ability. HLIC generally processes distributions from the fixed account within a reasonable period of time after a valid participant request is received. However, transfers and withdrawals may be limited or deferred. Withdrawals and transfers are not permitted if the amount of the requested withdrawal or transfer from the contract, when added to the sum of all such withdrawals and transfers from the contract made during the preceding twelve months would exceed 12% of the balance of the fixed income account twelve months earlier. The fixed account is valued at contract value which approximates fair value and represents an amount equal to the sum of the amounts contributed or transferred to the fixed account plus credited interest less expenses and amounts withdrawn from the fixed income account in accordance with the terms of the contract.

5. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Accounting Standards Codification, *Fair Value Measurements and Disclosures* (FASB ASC 820), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

Various inputs are used in determining the value of each investment. The three levels inputs of the fair value hierarchy under FASB ASC 820 are described below:

Level 1 Quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Other significant observable inputs (including quoted prices for similar securities, interest rates, prepayment speeds, credit risk, etc.)

Level 3 Significant unobservable inputs (including the Plan's own assumptions in determining the fair value of investments).

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2012 and 2011.

Level 2 Measurements

Pooled Separate Accounts ("PSA's"): These unregistered Pooled Separate Accounts are divided into investments divisions called 'Sub-Accounts'. Each Sub-Account invests in shares of an underlying mutual fund. The shares of the underlying Fund are valued at net asset value (NAV) on a daily basis. See Note 6 regarding the certification by the custodian.

Level 3 Measurements

Fixed Income Account: The fixed account is valued at contract value which approximates fair value and represents an amount equal to the sum of the amounts contributed or transferred to the fixed account plus credited interest less expenses and amounts withdrawn from the fixed income account in accordance with the terms of the contract. The fixed income account is part of HLIC's general account and is subject to the claims of HLIC's general creditors. HLIC guarantees a minimum rate of interest. Guarantees are subject to HLIC's claims paying ability. See Note 6 regarding the certification by the custodian.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012 and 2011:

Assets at Fair Value as of December 31, 2012

	Level 2	Level 3	Total
Pooled separate accounts	$ 1,572,917		$ 1,572,917
Fixed income account		$ 193,397	193,397
Total assets at fair value	$ 1,572,917	$ 193,397	$ 1,766,314

Assets at Fair Value as of December 31, 2011

	Level 2	Level 3	Total
Pooled separate accounts	$ 1,328,189		$ 1,328,189
Fixed income account		$ 218,561	218,561
Total assets at fair value	$ 1,328,189	$ 218,561	$ 1,546,750

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2012.

Level 3 Assets **Year Ended December 31, 2012**	Fixed Income Account
Balance, beginning of year	$ 218,561
Participants' contributions	16,051
Interest income	6,340
Benefits paid and administrative expenses	(47,555)
Balance, end of year	$ 193,397

6. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The following information in the accompanying financial statements and supplemental schedules was obtained from the data that has been prepared and certified as complete and accurate by the custodian, HLIC.

	2012	2011
Pooled separate accounts	$ 1,572,917	$ 1,328,189
Fixed income account	$ 193,397	$ 218,561
Notes receivable from participants	$ 16,788	$ 22,651
Interest income from fixed income account	$ 6,340	
Interest income from notes receivable from participants	$ 2,553	
Net appreciation in fair value of pooled separate accounts (includes realized and unrealized gains and losses).	$ 195,923	

7. RELATED PARTY TRANSACTIONS AND TRANSACTIONS WITH PARTIES-IN INTEREST

HLIC provides services to the Plan as custodian, record keeper and investment administrator. Most fees charged by HLIC, as well as audit and other fees, are paid by the Employers and not by the Plan.

8. EXCESS CONTRIBUTIONS REFUNDABLE

Contributions received from participants include $79,941 from 2003 to 2012 in the plan's statement of net assets available for benefits as excess contributions refundable at December 31, 2012 due to failure of discrimination testing.

9. PLAN TERMINATION

Although it has not expressed any intent to do so, the Employers have the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

10. RISKS AND UNCERTAINTIES

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

11. PROHIBITED TRANSACTIONS

During 2011, the Company failed to remit to the Plan's trust certain employee contributions totaling approximately $35,400 within the period prescribed by the Department of Labor regulations. Delays in remitting contributions to the Custodian were due to administrative errors, and the Company made contributions to the affected participants' accounts for potential lost income, if any, in 2012. In prior years, the Employers also failed to remit $16,788 in participant loan repayments that had been withheld from participant payroll in previous years. The Company remitted the participant loan repayments including lost earnings to the Plan in 2012. The remaining notes receivable from participants of $16,788 are in default and should be distributed from the plan.

12. NONCOMPLIANCE

The plan was not in compliance with certain Internal Revenue Service regulations concerning qualified plan operations for the ten years ended December 31, 2012. The noncompliance resulted primarily from failure to satisfy the deferral test set forth in IRC §401(k)(3) and the contribution test set forth in IRC §401(m)(2). Also, repayment schedules for participant notes receivables were not enforced and the related defaulted loans have not been deemed distributed by the Plan. Management became aware of these non-compliance issues in March 2012 and has taken no corrective actions.

In late 2012, the Plan filed amended Form 5500's for 2003-2010 under the VCP and certain corrective contributions were made in 2012 to satisfy other identified non-compliance issues. There has been no formal acceptance of these corrections by the Internal Revenue Service or the Department of Labor as of the date of this report.

The unresolved non-compliance issues could result in the Plan being disqualified. The ultimate impact on the Plan of the resolution of these noncompliance issues cannot be presently determined. Accordingly, no provision for any adverse consequences that may result from resolution of these uncertainties has been made in the accompanying financial statements.

13. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits from the financial statements to the 2012 Form 5500 Schedule H:

Net assets available for benefits per the financial statements	$	1,783,102
Employers' contributions receivable		(79,941)
Excess contributions payable		79,941
Net assets per 2012 Form 5500 Schedule H, Part I	$	1,783,102

The following is a reconciliation of investment income from the financial statements to the 2012 Form 5500 Schedule H:

Total investment income as reported in the statement of changes in net assets available for benefits for the year ended December 31, 2012	$	202,263
Plus interest on notes receivable from participants		2,553
	$	204,816
As reported on the 2012 Form 5500 Schedule H:		
Part II 2b(1)(G)	$	8,893
Part II 2b(7)		195,923
	$	204,816

The following is a reconciliation of contribution income from the financial statements to the 2012 Form 5500 Schedule H:

Total contribution income as reported in the statement of changes in net assets available for benefits for the year ended December 31, 2012	$	106,102
Less increase in employers' contributions		(1,723)
Plus decrease in participants' contributions receivable		11,628
Plus decrease in other employers' receivable		25,684
	$	141,691
As reported on the 2012 Form 5500 Schedule H:		
Part II 2a(1)(A)	$	5,797
Part II 2a(1)(B)		135,894
	$	141,691

The plan's financial statements are prepared on the accrual basis of accounting and the Plan's Form 5500 is filed on the cash basis of accounting.

FLASHER EQUIPMENT COMPANY 401(k) PLAN AND TRUST

EIN: 74-2989423
Plan Number: 001
December 31, 2012

SCHEDULE H, Line 4a -- Schedule of Delinquent Participant Contributions

		Total that Constitute Nonexempt Prohibited Transactions			
Plan Year Ended December 31,	Participant Contributions Transferred Late to Plan Check here _X_ if late participant loan repayments are included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2003	$ 89,529				$ 89,529
2004	$ 144,015				$ 144,015
2004	$ 2,849				$ 2,849
2005	$ 133,311				$ 133,311
2005	$ 2,422				$ 2,422
2006	$ 140,153				$ 140,153
2006	$ 188				$ 188
2007	$ 169,929				$ 169,929
2007	$ 2,569				$ 2,569
2008	$ 129,515				$ 129,515
2008	$ 3,135				$ 3,135
2009	$ 102,213				$ 102,213
2009	$ 3,866				$ 3,866
2010	$ 84,806				$ 84,806
2010	$ 1,151				$ 1,151
2011	$ 35,373				$ 35,373
2012	$ -				$ -

See independent auditors' report and notes to financial statements.

FLASHER EQUIPMENT COMPANY 401(k) PLAN AND TRUST

EIN: 74-2989423
Plan Number: 001
December 31, 2012

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

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date			(d) Cost	(e) Current Value
Investments in pooled separate accounts:						
*	Hartford	Hartford Index HLS IB	168,817.188	shs		$ 170,505
*	Hartford	Hartford Total Return Bond HLS IB	51,011.070	shs		95,391
*	Hartford	Fidelity Advisor Equity Income	5,585.618	shs		72,110
*	Hartford	Alliance Bernstein Global Thematic Growth Fund A	9,477.499	shs		73,261
*	Hartford	Eaton Vance WW Health Sciences A	6,464.881	shs		101,111
*	Hartford	Federated Emerging Market Debt Fund A	1,258.240	shs		35,847
*	Hartford	American Funds Washington Mutual R3	5,375.177	shs		73,801
*	Hartford	American Funds Growth Fund of America R3	3,054.174	shs		42,025
*	Hartford	Janus Advisor Flexible Bond S	4,430.860	shs		56,006
*	Hartford	Hartford Midcap HLS IB	110,355.349	shs		230,643
*	Hartford	Lord Abbett Mid-Cap Value P	5,659.092	shs		94,620
*	Hartford	Oppenheimer Global A	5,768.464	shs		99,045
*	Hartford	American Funds Europacific Growth R3	3,226.389	shs		58,462
*	Hartford	Franklin Balance Sheet Investment A	3,059.901	shs		54,772
*	Hartford	Pimco Total Return A	1,054.309	shs		19,020
*	Hartford	Invesco Small Cap Growth A	13,155.021	shs		217,058
*	Hartford	Eaton Vance Dividend Builder Fund A	3,872.907	shs		79,240
Total investments in pooled separate accounts						1,572,917
*	Hartford	Fixed Account	118,648.252	units		193,397
Total investments at fair value						1,766,314
Participant loans		4.00% to 9.50%			$ -	16,788
Total						$ 1,783,102

* Indicates party in interest

See independent auditors' report and notes to financial statements.

FLASHER EQUIPMENT COMPANY
401(k) PLAN AND TRUST

Financial Statements and Independent Auditors' Report

As of December 31, 2012 and 2011
And For the Year Ended December 31, 2012

DAVIDSON • FREEDLE
ESPENHOVER & OVERBY, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditors' Report

To the Board of Trustees
Flasher Equipment Company 401(K) Plan and Trust
San Antonio, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Flasher Equipment Company 401(K) Plan and Trust (the "Plan") which comprise statements of net assets available for benefits of 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

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis of Disclaimer 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 of Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3 and 5, which was certified by Hartford Life Insurance Company, the trustee of the Plan, 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2012 and 2011, that the information provided to the plan administrator by the trustee is complete and accurate.

Emphasis of Matters

As discussed in Note 12 to the financial statements, the Plan was not in compliance with the Internal Revenue Service regulations concerning nondiscrimination for the ten years ended December 31, 2012. In addition, repayment schedules for participant notes receivables were not enforced and the related defaulted

loans have not been deemed distributed by the Plan. No corrective actions related to these issues have been taken. In late 2012, the Plan filed amended Form 5500's for 2003-2010 under the Internal Revenue Service's Employee Plans Compliance Resolution System Voluntary Correction Program and certain corrective contributions were made in 2012 to satisfy other identified non-compliance issues. There has been no formal acceptance of these corrections by the Internal Revenue Service or the Department of Labor. The ultimate impact on the Plan of the resolution of the noncompliance issues cannot be presently determined. Accordingly, no provision for any adverse consequences that may result from resolution of these uncertainties has been made in the accompanying financial statements.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis of Disclaimer of Opinion paragraph and the unresolved issues discussed in the Emphasis of Matters paragraph above and in Note 12 to the financial statements, 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 the accompanying financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules; Schedule H, Line 4a – Schedule of Delinquent Participant Contributions and Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2012, which are the responsibility of plan management, are presented for the purposes 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 matters described in the Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Report on the 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 trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, except as they may be impacted by the unresolved non-compliance issues discussed in the Emphasis of Matters paragraph above and in Note 12 to the financial statements. These matters may result in the plan being disqualified.

Davidson, Freedle, Espenhauer & Overby, P.C.

October 14, 2013
Kerrville, Texas

FLASHER EQUIPMENT COMPANY 401(k) PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2012 AND 2011

	2012	2011
ASSETS:		
Investments fair value	$ 1,766,314	$ 1,546,750
Receivables:		
Employers' contributions	79,941	76,944
Participants' contributions	-	11,628
Other employers' receivables	-	25,684
Participants' note receivable payments due from employers	-	16,180
Notes receivable from participants	16,788	22,651
Total receivables	96,729	153,087
TOTAL ASSETS	1,863,043	1,699,837
LIABILITIES:		
Excess contributions refundable	79,941	78,667
TOTAL LIABILITIES	79,941	78,667
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,783,102	$ 1,621,170

See independent auditors' report and notes to the financial statements.

FLASHER EQUIPMENT COMPANY 401(k) PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2012

ADDITIONS:		
Additions to net assets attributed to:		
Net appreciation in fair value of investments (realized and unrealized)	$	195,923
Interest income		6,340
Total earnings on investments		202,263
Interest on notes receivable from participants		2,553
Participants' contributions		106,102
TOTAL ADDITIONS		310,918
DEDUCTIONS:		
Deductions from net assets attributed to:		
Benefits paid to participants	$	148,986
NET INCREASE		161,932
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR		1,621,170
END OF YEAR	$	1,783,102

See independent auditors' report and notes to the financial statements.

1. DESCRIPTION OF PLAN

The following description of the Flasher Equipment Company 401(K) Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution plan covering employees who are of age twenty-one years or older and have completed one year of service. The participants covered under the Plan are employees of Flasher Ltd. (dba Flasher Equipment Company), the Plan Sponsor, and Impact Recovery Systems, Inc., a related entity (the "Employers"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions – Participants may contribute any percentage of their annual wages not to exceed certain statutory limits. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Employers may, but are not required to, make matching contributions and other discretionary contributions to the Plan annually as determined by the board of directors. In 2012, the Employers did not make a matching contribution. Included in employers' contributions are amounts due to the Plan for the correction of failed discrimination testing. See note 8 and note 12.

Participant Accounts – Each participant's account is credited with the participant's contribution, the related matching contribution, and Plan earnings. Allocations are based on participants' account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Forfeitures – Forfeitures of employer matching contributions and employer non-matching discretionary contributions may be, at the Employer's discretion, applied first to the payment of the Plan's administrative expenses. Any remaining forfeitures may be used to satisfy any contribution that may be required. As of December 31, 2012, there was $41,450 of forfeited non-vested employer matching contributions available to pay administrative expenses of the Plan and to reduce employer contributions in the future. During 2012, forfeitures were not used to pay administrative expenses.

Vesting – Participant elected deferrals are 100% vested. Participants are vested in the portion of their accounts derived from employer contributions (matching and discretionary) based on years of service as follows:

Years of Service	Vesting Percentage
1	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Investment Options – Upon enrollment in the Plan, a participant may direct contributions to investment options selected by the Plan administrator as permissible investments.

Receivables – Employers' contributions receivable represents amounts the employers' owe to the Plan as a result of failure to satisfy certain discrimination tests as required by the Internal Revenue Code. See note 12. Participants' contributions receivable represent employee elected deferral amounts that have been withheld by the employers' from employee pay and are owed to the Plan. Other employers' receivables represent amounts owed to the Plan by the employers' for lost earnings on late employee remittances. See Note 11. All amounts owed to the Plan are considered fully collectible.

Notes Receivable from Participants – Participants may borrow from their fund accounts up to a maximum of $50,000 or 50% of their vested interest, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 4.00% to 9.50%. The Plan requires loans to be amortized over a period of five years or less with payments to be made not less than quarterly. If the purpose of the loan is to acquire or construct the primary residence of the participant, the repayment period may exceed five years. Principal and interest is to be paid ratably through payroll deductions. See Notes 11 and 12.

Payment of Benefits – On termination of service, a participant may elect to receive his or her vested account balance in a lump-sum amount.

Tax Status – The Plan was amended and restated effective July 15, 2003. At that time, the PDS Advantage Volume Submitter Base Plan Document sponsored by Thompson Hine LLP dba Plan Document Systems and administered by the Hartford Life Insurance Company ("HLIC") had received a determination letter that the Plan, as then designed, was qualified under Section 401 of the IRC. Although the Plan has been amended several times for legislative mandates since receiving the latest determination letter dated March 31, 2008, the Plan administrator and the Plan's management believe that the Plan is currently designed in compliance with the applicable requirements of the IRC. See Note 12 regarding operational noncompliance with certain requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability in the financial statements. However, management did determine that certain instances of non-compliance with Internal Revenue Service requirements for qualified plans have occurred and those have been disclosed in the accompanying notes to these financial statements. See Notes 11 and 12. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. For federal information reporting purposes, the returns essentially remain open for possible examination for a period or three years after the respective filing deadlines for those returns. As noted in Note 12, the Plan filed amended Form 5500 "Annual Return/Report of Employee Benefit Plan" for the Plan years 2003-2010 in late 2012 under the Internal Revenue Service's Employee Plans Compliance Resolution System Voluntary Correction Program. These amended returns remain open for possible examination for three years from their filing.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting –The financial statements of the Plan are prepared using the accrual method of accounting.

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

Notes Receivable from Participants – Loans to participants are reported at their unpaid balance and do not include accrued but unpaid interest. The use of this method of reporting interest from participants does not result in a material difference from that which would result using the accrual method. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document. See Note 11 and 12.

Investment Valuation and Income Recognition – The Plan's investments are stated at fair value. See Note 5 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits – Benefits are recorded when paid.

Date of Management's Review – Management has evaluated subsequent events through October 14, 2013, which is the date the financial statements were available to be issued.

3. INVESTMENTS

The Plan's investments are primarily held in participant directed accounts in a group annuity contract that includes variable investment offerings through Pooled Separate Accounts and a fixed fund offering called The Fixed Income Account. As of December 31, 2012, the Plan's investments held by HLIC were as follows (see note 6):

	Number Shares		Fair Value
Investments in pooled separate accounts			
Hartford Index HLS IB	168,817.188	shs	$ 170,505
Hartford Total Return Bond HLS IB	51,011.070	shs	95,391
Fidelity Advisor Equity Income	5,585.618	shs	72,110
Alliance Bernstein Global Thematic Growth Fund A	9,477.499	shs	73,261
Eaton Vance WW Health Sciences A	6,464.881	shs	101,111
Federated International High Income	1,258.240	shs	35,847
American Funds Washington Mutual R3	5,375.177	shs	73,801
American Funds Growth Fund of America R3	3,054.174	shs	42,025
Janus Advisor Flexible Bond S	4,430.860	shs	56,006
Hartford Midcap HLS IB	110,355.349	shs	230,643
Lord Abbett Mid-Cap Value P	5,659.092	shs	94,620
Oppenheimer Global A	5,768.464	shs	99,044

American Funds Europacific Growth R3	3,226.389	shs	58,462
Franklin Balance Sheet Investment A	3,059.901	shs	54,773
Pimco Total Return A	1,054.309	shs	19,020
Invesco Small Cap Growth A	13,155.021	shs	217,058
Eaton Vance Dividend Builder Fund A	3,872.907	shs	79,240
Total investments in pooled separate accounts			1,572,917
The Hartford Fixed Income Account	118,648.252	units	193,397
Total investments			$1,766,314

The Plan's investments held at HLIC as of December 31, 2011 were as follows (see note 6):

	Number Shares		Fair Value
Investments in pooled separate accounts			
Hartford Index HLS IB	164,478.889	shs	$ 148,031
Hartford Total Return Bond HLS IB	62,658.721	shs	107,773
Fidelity Advisor Equity Income	4,956.619	shs	55,415
Alliance Bernstein Global Thematic Growth Fund A	8,679.161	shs	59,973
Eaton Vance WW Health Sciences A	6,179.386	shs	84,534
Federated International High Income	1,324.596	shs	31,936
American Funds Washington Mutual R3	5,215.024	shs	64,562
American Funds Growth Fund of America R3	3,062.316	shs	35,431
Janus Advisor Flexible Bond S	5,337.911	shs	63,361
Hartford Midcap HLS IB	101,708.475	shs	180,024
Lord Abbett Mid-Cap Value P	5,359.661	shs	79,055
Oppenheimer Global A	5,493.111	shs	78,936
American Funds Europacific Growth R3	3,127.532	shs	48,164
Franklin Balance Sheet Investment A	2,818.734	shs	44,085
Pimco Total Return A	705.187	shs	11,692
Invesco Small Cap Growth A	12,098.580	shs	170,348
Eaton Vance Dividend Builder Fund A	3,562.273	shs	64,869
Total investments in pooled separate accounts			1,328,189
The Hartford Fixed Income Account	161,897.037	units	218,561
Total investments			$1,546,750

4. INVESTMENT CONTRACT WITH INSURANCE COMPANY

On July 15, 2003, the Plan entered into a group annuity investment contract with HLIC. Under the terms of this contract, HLIC manages the Plan's investments. Participants may direct the investment of their contributions and account balances amongst the options offered under this contract. The group annuity contract provides that HLIC will provide record keeping services, accumulate and invest participants' contributions in investment funds in HLIC subaccounts and general account as invested by Plan participants and to pay participant benefits as provided by the Plan when they become due.

HLIC maintains the investment funds in pooled separate accounts and a fixed income account. The unregistered pooled separate accounts are divided into investment divisions called subaccounts. Each subaccount invests in shares of an underlying mutual fund. The pooled separate accounts are stated at fair value in the accompanying financial statements. The fixed income account is part of HLIC's general account and is subject to the claims of HLIC's general creditors. HLIC credits interest on contributions made to the account at a rate HLIC declares for a period of time that it determines. HLIC guarantees a minimum rate of interest. The declared interest rate during the plan year ended December 31, 2012 was 3%. Guarantees are subject to HLIC's claims paying ability. HLIC generally processes distributions from the fixed account within a reasonable period of time after a valid participant request is received. However, transfers and withdrawals may be limited or deferred. Withdrawals and transfers are not permitted if the amount of the requested withdrawal or transfer from the contract, when added to the sum of all such withdrawals and transfers from the contract made during the preceding twelve months would exceed 12% of the balance of the fixed income account twelve months earlier. The fixed account is valued at contract value which approximates fair value and represents an amount equal to the sum of the amounts contributed or transferred to the fixed account plus credited interest less expenses and amounts withdrawn from the fixed income account in accordance with the terms of the contract.

5. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Accounting Standards Codification, *Fair Value Measurements and Disclosures* (FASB ASC 820), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

Various inputs are used in determining the value of each investment. The three levels inputs of the fair value hierarchy under FASB ASC 820 are described below:

Level 1 Quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Other significant observable inputs (including quoted prices for similar securities, interest rates, prepayment speeds, credit risk, etc.)

Level 3 Significant unobservable inputs (including the Plan's own assumptions in determining the fair value of investments).

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2012 and 2011.

Level 2 Measurements

Pooled Separate Accounts ("PSA's"): These unregistered Pooled Separate Accounts are divided into investments divisions called 'Sub-Accounts'. Each Sub-Account invests in shares of an underlying mutual fund. The shares of the underlying Fund are valued at net asset value (NAV) on a daily basis. See Note 6 regarding the certification by the custodian.

Level 3 Measurements

Fixed Income Account: The fixed account is valued at contract value which approximates fair value and represents an amount equal to the sum of the amounts contributed or transferred to the fixed account plus credited interest less expenses and amounts withdrawn from the fixed income account in accordance with the terms of the contract. The fixed income account is part of HLIC's general account and is subject to the claims of HLIC's general creditors. HLIC guarantees a minimum rate of interest. Guarantees are subject to HLIC's claims paying ability. See Note 6 regarding the certification by the custodian.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012 and 2011:

Assets at Fair Value as of December 31, 2012

	Level 2	Level 3	Total
Pooled separate accounts	$ 1,572,917		$ 1,572,917
Fixed income account		$ 193,397	193,397
Total assets at fair value	$ 1,572,917	$ 193,397	$ 1,766,314

Assets at Fair Value as of December 31, 2011

	Level 2	Level 3	Total
Pooled separate accounts	$ 1,328,189		$ 1,328,189
Fixed income account		$ 218,561	218,561
Total assets at fair value	$ 1,328,189	$ 218,561	$ 1,546,750

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2012.

Level 3 Assets **Year Ended December 31, 2012**	Fixed Income Account
Balance, beginning of year	$ 218,561
Participants' contributions	16,051
Interest income	6,340
Benefits paid and administrative expenses	(47,555)
Balance, end of year	$ 193,397

6. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The following information in the accompanying financial statements and supplemental schedules was obtained from the data that has been prepared and certified as complete and accurate by the custodian, HLIC.

	2012	2011
Pooled separate accounts	$ 1,572,917	$ 1,328,189
Fixed income account	$ 193,397	$ 218,561
Notes receivable from participants	$ 16,788	$ 22,651
Interest income from fixed income account	$ 6,340	
Interest income from notes receivable from participants	$ 2,553	
Net appreciation in fair value of pooled separate accounts (includes realized and unrealized gains and losses).	$ 195,923	

7. RELATED PARTY TRANSACTIONS AND TRANSACTIONS WITH PARTIES-IN INTEREST

HLIC provides services to the Plan as custodian, record keeper and investment administrator. Most fees charged by HLIC, as well as audit and other fees, are paid by the Employers and not by the Plan.

8. EXCESS CONTRIBUTIONS REFUNDABLE

Contributions received from participants include $79,941 from 2003 to 2012 in the plan's statement of net assets available for benefits as excess contributions refundable at December 31, 2012 due to failure of discrimination testing.

9. PLAN TERMINATION

Although it has not expressed any intent to do so, the Employers have the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

10. RISKS AND UNCERTAINTIES

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

11. PROHIBITED TRANSACTIONS

During 2011, the Company failed to remit to the Plan's trust certain employee contributions totaling approximately $35,400 within the period prescribed by the Department of Labor regulations. Delays in remitting contributions to the Custodian were due to administrative errors, and the Company made contributions to the affected participants' accounts for potential lost income, if any, in 2012. In prior years, the Employers also failed to remit $16,788 in participant loan repayments that had been withheld from participant payroll in previous years. The Company remitted the participant loan repayments including lost earnings to the Plan in 2012. The remaining notes receivable from participants of $16,788 are in default and should be distributed from the plan.

12. NONCOMPLIANCE

The plan was not in compliance with certain Internal Revenue Service regulations concerning qualified plan operations for the ten years ended December 31, 2012. The noncompliance resulted primarily from failure to satisfy the deferral test set forth in IRC §401(k)(3) and the contribution test set forth in IRC §401(m)(2). Also, repayment schedules for participant notes receivables were not enforced and the related defaulted loans have not been deemed distributed by the Plan. Management became aware of these non-compliance issues in March 2012 and has taken no corrective actions.

In late 2012, the Plan filed amended Form 5500's for 2003-2010 under the VCP and certain corrective contributions were made in 2012 to satisfy other identified non-compliance issues. There has been no formal acceptance of these corrections by the Internal Revenue Service or the Department of Labor as of the date of this report.

The unresolved non-compliance issues could result in the Plan being disqualified. The ultimate impact on the Plan of the resolution of these noncompliance issues cannot be presently determined. Accordingly, no provision for any adverse consequences that may result from resolution of these uncertainties has been made in the accompanying financial statements.

13. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits from the financial statements to the 2012 Form 5500 Schedule H:

Net assets available for benefits per the financial statements	$	1,783,102
Employers' contributions receivable		(79,941)
Excess contributions payable		79,941
Net assets per 2012 Form 5500 Schedule H, Part I	$	1,783,102

The following is a reconciliation of investment income from the financial statements to the 2012 Form 5500 Schedule H:

Total investment income as reported in the statement of changes in net assets available for benefits for the year ended December 31, 2012	$	202,263
Plus interest on notes receivable from participants		2,553
	$	204,816
As reported on the 2012 Form 5500 Schedule H:		
Part II 2b(1)(G)	$	8,893
Part II 2b(7)		195,923
	$	204,816

The following is a reconciliation of contribution income from the financial statements to the 2012 Form 5500 Schedule H:

Total contribution income as reported in the statement of changes in net assets available for benefits for the year ended December 31, 2012	$	106,102
Less increase in employers' contributions		(1,723)
Plus decrease in participants' contributions receivable		11,628
Plus decrease in other employers' receivable		25,684
	$	141,691
As reported on the 2012 Form 5500 Schedule H:		
Part II 2a(1)(A)	$	5,797
Part II 2a(1)(B)		135,894
	$	141,691

The plan's financial statements are prepared on the accrual basis of accounting and the Plan's Form 5500 is filed on the cash basis of accounting.

FLASHER EQUIPMENT COMPANY 401(k) PLAN AND TRUST

EIN: 74-2989423
Plan Number: 001
December 31, 2012

SCHEDULE H, Line 4a -- Schedule of Delinquent Participant Contributions

		Total that Constitute Nonexempt Prohibited Transactions			
Plan Year Ended December 31,	Participant Contributions Transferred Late to Plan Check here _X_ if late participant loan repayments are included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2003	$ 89,529				$ 89,529
2004	$ 144,015				$ 144,015
2004	$ 2,849				$ 2,849
2005	$ 133,311				$ 133,311
2005	$ 2,422				$ 2,422
2006	$ 140,153				$ 140,153
2006	$ 188				$ 188
2007	$ 169,929				$ 169,929
2007	$ 2,569				$ 2,569
2008	$ 129,515				$ 129,515
2008	$ 3,135				$ 3,135
2009	$ 102,213				$ 102,213
2009	$ 3,866				$ 3,866
2010	$ 84,806				$ 84,806
2010	$ 1,151				$ 1,151
2011	$ 35,373				$ 35,373
2012	$ -				$ -

See independent auditors' report and notes to financial statements.

FLASHER EQUIPMENT COMPANY 401(k) PLAN AND TRUST

EIN: 74-2989423
Plan Number: 001
December 31, 2012

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

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date			(d) Cost	(e) Current Value
Investments in pooled separate accounts:						
*	Hartford	Hartford Index HLS IB	168,817.188	shs		$ 170,505
*	Hartford	Hartford Total Return Bond HLS IB	51,011.070	shs		95,391
*	Hartford	Fidelity Advisor Equity Income	5,585.618	shs		72,110
*	Hartford	Alliance Bernstein Global Thematic Growth Fund A	9,477.499	shs		73,261
*	Hartford	Eaton Vance WW Health Sciences A	6,464.881	shs		101,111
*	Hartford	Federated Emerging Market Debt Fund A	1,258.240	shs		35,847
*	Hartford	American Funds Washington Mutual R3	5,375.177	shs		73,801
*	Hartford	American Funds Growth Fund of America R3	3,054.174	shs		42,025
*	Hartford	Janus Advisor Flexible Bond S	4,430.860	shs		56,006
*	Hartford	Hartford Midcap HLS IB	110,355.349	shs		230,643
*	Hartford	Lord Abbett Mid-Cap Value P	5,659.092	shs		94,620
*	Hartford	Oppenheimer Global A	5,768.464	shs		99,045
*	Hartford	American Funds Europacific Growth R3	3,226.389	shs		58,462
*	Hartford	Franklin Balance Sheet Investment A	3,059.901	shs		54,772
*	Hartford	Pimco Total Return A	1,054.309	shs		19,020
*	Hartford	Invesco Small Cap Growth A	13,155.021	shs		217,058
*	Hartford	Eaton Vance Dividend Builder Fund A	3,872.907	shs		79,240
Total investments in pooled separate accounts						1,572,917
*	Hartford	Fixed Account	118,648.252	units		193,397
Total investments at fair value						1,766,314
Participant loans		4.00% to 9.50%			$ -	16,788
Total						$ 1,783,102

* Indicates party in interest

See independent auditors' report and notes to financial statements.

Effective January 1, 2013 - Role of MassMutual

Massachusetts Mutual Life Insurance Company (together, with its affiliates, "MassMutual") acquired The Hartford's retirement plans business effective January 1, 2013. In connection with the acquisition, The Hartford appointed MassMutual to provide all of administrative services necessary to support your plan's contract. In this role, MassMutual receives all charges, fees and compensation – both direct and indirect – as payable to The Hartford for the services provided to your plan under the packaged retirement services programs. Additionally, MassMutual and its affiliates are responsible for marketing and selling the retirement plan services programs and for paying sales commissions and other compensation to Financial Intermediaries for sales and marketing activities related to the retirement plan services programs.

For Form 5500 Schedule C reporting purposes, all Direct Compensation items (e.g., fees distributed from participant accounts) plus certain Indirect Compensation items (e.g., sales commissions) are reported on a Plan Year basis, and all remaining Indirect Compensation items (e.g., revenue sharing) are reported on a Calendar Year basis. As a result, if your 2012 Plan Year is an off-calendar year Plan Year (e.g., July 1, 2012 - June 30, 2013) certain of your Plan's Schedule C information may list multiple entities as payors or payees of Direct and Indirect Compensation.

Massachusetts Mutual Life Insurance Company: EIN 04-1590850

MassMutual Retirement Services, LLC (formerly Hartford Retirement Services, LLC): EIN 26-1589907

Hartford Life Insurance Company: EIN 06-0974148

Hartford Securities Distribution Company, Inc.: EIN 06-1408044

Fee and Compensation Disclosure Report

This document is intended to assist a plan administrator ("you") in completing the Form 5500 Schedule C[1] by identifying different types of compensation paid with respect to the Hartford product utilized by your plan.

As permitted under the Schedule C rules, compensation is disclosed in the attached report as an actual dollar amount, an estimate or a formula or rate.

- Where an actual dollar amount of compensation is disclosed, no further notation regarding compensation calculations is generally provided.
- Where an estimate of the compensation amount is disclosed, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount.
- Where a formula or rate is provided to report compensation, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount. This formula or rate may be disclosed to describe the compensation to which it applies under the Schedule C rules. Alternatively, for purposes of Schedule C disclosure or in connection with your fiduciary review of the compensation paid with respect to the services, products and investment options utilized by the plan, you may calculate and disclose an actual or estimated dollar amount by multiplying the rate by the total assets to which it applies.

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2012 - 12/31/2012 and indirect compensation is presented on a calendar year basis ending 12/31/2012.

This report includes compensation actually paid to or by the Hartford within the indicated plan year as part of your Hartford product. *(Note: If the plan year period or plan year end indicated in this Schedule C reporting package is incorrect, please notify your Hartford customer service representative immediately).* This report does not include amounts deducted from plan assets and paid to third parties (other than Hartford). In addition, the report does not include compensation related to investments held by the plan that are not serviced on our recordkeeping system. You should contact your other service providers for reportable compensation information. You may also receive information on the compensation reported here from other service providers as is described below.

Please note that we have provided suggested service codes with respect to services provided through our Hartford product. Please review all Schedule C and other Form 5500 materials with your experienced benefits counsel and other professionals to determine the most appropriate codes for your plan. In addition, please note that because plans with fewer than 100 participants (as of the beginning of the plan year) are generally not required to file Schedule C, you should refer to the instructions provided by the IRS for Schedule C and/or review the applicability of Schedule C to your plan with your experienced tax/benefits counsel, to determine whether it is necessary for the plan to report the information contemplated by this report.

Please contact your Hartford Service Team should you require additional information regarding the compensation paid to or by Hartford with respect to your plan.

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Information provided in this document and related materials we provide are not intended to be and shall not be deemed tax advice, tax form preparation services, legal advice, advice to plans regarding compliance with ERISA reporting compliance, or accounting or other professional services. As described above, the information contained in this report may not cover all of the compensation received by the plan's service providers. We strongly encourage you to review all Schedule C and other Form 5500 materials with experienced benefits counsel and other professionals.

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[1] Please refer to the Schedule C of the Form 5500 and its instructions (available at: http://www.dol.gov/ebsa/5500main.html), and please confer with experienced benefits counsel and other professionals, to determine the applicability of Schedule C to your plan.

FORM 5500 SCHEDULE C REPORT
SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION

FLASHER EQUIPMENT COMPANY 401(K) PLAN AND TRUST (022891)
EIN #: 74-2989423

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2012 - 12/31/2012 and indirect compensation is presented on a calendar year basis ending 12/31/2012.

For use with lines 2(h), 3(c), 3(d), 3(e)

Total Direct Compensation Paid **$0.00**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction for the plan year. Service providers which have received portions of these direct fees are listed below, along with the amount of fees they received. Please note that if there is a discrepancy between the total direct fees reported above and the sum of the direct fees reported below, you should contact your other service providers or your plan records to identify the recipient(s) of the fees and any other information relevant to your Schedule C filing.

Recipient: Hartford Life Insurance Company EIN: 06-0974148

Service Codes: 15, 23, 37, 38, 54, 55, 59, 60, 62, 63, 64, 65, 66, 99, 50 (if direct compensation amount reflected below)

Direct Compensation **$0.00**

The total amount identified above reflects fees deducted from plan assets at the plan administrator's direction for the 2012 plan year for the above named recipient. Please review other service providers, below, to determine whether direct fees were also paid to them. Also, please review your records to determine whether other service providers may have received any compensation not reported below (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, or a plan auditor).

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to Hartford Life Insurance Company are the net result of aggregating direct compensation after the effects of adjustments processed in 2012, some of which may have pertained to prior years.

Indirect Compensation

Float compensation **$8.59**

Bank accounts and investments associated with short-term investment pool, 200 Hopmeadow Road, Simsbury, CT 06089

This is an estimate based on the annual average rate of float (0.1285% for 2012) earned on the bank accounts and investments associated with the short-term investment pool for the 2012 calendar year multiplied by an estimate of the assets related to uncashed checks.* This estimate does not include float earned for any other reason (e.g., if amounts remitted to The Hartford cannot be immediately invested because they are not in good order). Please review or request a copy of the current float disclosure for more information about the other circumstances in which float is earned.

* A complete listing of distribution checks that remain outstanding for your plan is available on the Retirement Plan Access web site under the Standard Reports section (Report R03998-Outstanding Distribution Checks). Uncashed check assets will continue to remain in a float-earning bank account until such time direction is received from the Plan Sponsor. The Plan Sponsor should consult with their tax advisor or benefits counsel to determine if assets attributable to uncashed checks should be included on the Form 5500 filing.

Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. Hartford's Code of Ethics and Business Conduct generally restricts Hartford employees from giving to or receiving gifts from customers and/or business partners having a value of over $100, in any individual situation, without prior approval. However, it is possible that one or more of your service providers for the calendar year, including Hartford, engaged in transactions generating nonmonetary compensation. Information concerning reportable transactions undertaken between or among non-Hartford parties may not be available to The Hartford.

Please consult with your legal or tax advisors if you have any questions.

Compensation paid with respect to Funds

Investment Option Name	*EIN*	*Revenue Sharing Rate (%) Paid to The Hartford (rates as of 12/31/2012)*	*Underlying Fund Gross Expense Ratio as of the Fund's Year End*[*]	*Separate Account Charge*[**]
ALLIANCEBERNSTEIN GBL THEM GR A	13-3056623	0.55% x assets	1.57%	1.05%
AMERICAN FUNDS EUROPAC GROWTH R3	95-1411037	0.65% x assets	1.14%	1.05%
AMERICAN FUNDS GR FD OF AMER R3	52-0792143	0.65% x assets	0.98%	1.05%
AMERICAN FUNDS WASHMUTUAL INV R3	66-0793788	0.65% x assets	0.96%	1.05%
EATON VANCE DIVIDEND BUILDER A	04-6039283	0.55% x assets	1.09%	1.05%
EATON VANCE WORLDWIDE HLTH SCI A	04-2325690	0.55% x assets	1.41%	1.05%
FEDERATED EMERGING MKT DEBT A	25-1726922	0.50% x assets	1.67%	1.05%
FIDELITY ADVISOR EQUITY INCOME T	04-3335387	0.60% x assets	1.22%	1.05%
FIXED ACCOUNT	06-0974148		0.00%	0.00%
FRANKLIN BALANCE SHEET INVEST A	13-3151768	0.35% x assets plus $12/participant	0.96%	1.05%
HARTFORD INDEX HLS IB	22-2937447	0.50% x assets	0.58%	1.05%
HARTFORD MIDCAP HLS IB	22-2937447	0.50% x assets	0.96%	1.05%
HARTFORD TOTAL RET BOND HLS IB	22-2937447	0.50% x assets	0.74%	1.05%
INVESCO SMALL CAP GROWTH A	94-2362417	0.60% x assets	1.27%	1.05%
JANUS FLEXIBLE BOND S	84-0592523	0.50% x assets	0.95%	1.05%
LORD ABBETT MID CAP STK FD INC P	13-3166900	0.70% x assets	1.24%	1.05%
OPPENHEIMER GLOBAL A	13-2649093	0.55% x assets	1.16%	1.05%
PIMCO TOTAL RETURN A	33-0629048	0.40% x assets	0.85%	1.05%

Under the variable investment options available through your plan's group annuity contract or funding agreement, contract values are invested in Hartford Life Insurance Company separate accounts that, in turn, invest in underlying registered investment companies (i.e., mutual funds) and collective investment funds.

The list includes any investment option held by the plan on at least one month end during the 2012 calendar year. To arrive at an estimate of the dollar amount that Hartford received from each investment option, multiply the rate of fees received from each investment option by your plan's year-end balance (or if the investment option was liquidated prior to year end, the balance on the liquidation date) and, if applicable, the per participant fee by the number of participants in the investment option at year end (or the liquidation date if earlier). This will be an estimate because your plan's balance and number of participants will vary over the course of the year, so the year-end balance and number of participants may be higher or lower than the daily balance. In addition, these fees are calculated on a daily basis.

[*] This amount is the sum of the fund's distribution, management and other fees, which are also identified in the fund's prospectus. Please note that, for 2012, affiliates of Hartford Life Insurance Company act as advisor to the Hartford funds. Such affiliates are identified in the fund's prospectus and receive management fees in the following amounts:

Hartford Index HLS IB	0.30% x assets
Hartford MidCap HLS IB	0.68% x assets
Hartford Total Return Bond HLS IB	0.46% x assets

****Separate Account Charge**

[see fund chart]% per annum of the daily Sub-Account values (pursuant to the group annuity contract or funding agreement)

Hartford Life Insurance Company Separate Accounts, 200 Hopmeadow Road, Simsbury, CT 06089

Recipient: LINCOLN FINANCIAL SECURITIES EIN: 02-0275490

Service Codes:

Please contact your Service Provider for the list of applicable services performed and Service Codes.

Direct Compensation **$0.00**

Our records indicate that this recipient did not receive any Direct Compensation. Please review your records to determine whether this service provider may have received any compensation not reported.

Indirect Compensation

*** Sales commission**	Payor: Hartford Life Insurance Company	EIN: 06-0974148	**$5,539.83**

** Sales Commissions are reported on a Plan Year basis.*

Non Monetary Compensation

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Please consult with your legal or tax advisors if you have any questions.