Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

PERFORMANCE TITLE, INC. (EIN) 20-4065211 2c Sponsor's telephone number 888-641-3334 2d Business code (see instruction 812990 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 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 4c PN 5a Total number of participants at the beginning of the plan year	For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 A This return/report is for:	1	Complete all entries in accordance with the instructions to the Form 5500-SF.								
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B This return/report is:	This return/report is:	For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013									
C Check box if filing under:	an amended return/report a short plan year return/report (less than 12 months) DFVC program	A This return/report is for:									
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Form 5500-SF 2013 Page **2**

Part III Financial Information										
7	Plan Assets and Liabilities (a) Beginning of Ye				(b) End of Year					
_ <u>'</u> _a	Total plan assets				-		(b) Ei		ear 343438	<u> </u>
<u>u</u>	Total plan liabilities							•	710100	,
	4-70								343438	3
8	Income, Expenses, and Transfers for this Plan Year						/b	Total		
	come, Expenses, and Transfers for this Plan Year (a) Amount ontributions received or receivable from:						(D	TOLAI		
	1) Employers									
	(2) Participants									
	(3) Others (including rollovers)									
b	other income (loss) 8b 5177			0						
С	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)							1	82745	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1207	9						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	517	4						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							17253	3
i	Net income (loss) (subtract line 8h from line 8c)	8i							165492	2
j	Transfers to (from) the plan (see instructions)			0						
Part IV Plan Characteristics										
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cteristi	ic Coc	les in t	he instru	ctions:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а				10a		X			-	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		X				
С				100	X					50000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity box	nd, that was caused by fraud	10c		X				30000
	or dishonesty?			10d						
е	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See									
	instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan?					X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10q		X				
h				10h		X				
i	,			10i						
Part		-			<u> </u>					
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form						X No				
112	Enter the unpaid minimum required contribution for current year fr					11a		·· <u>L</u>	1	
12							EDICAG	Тг	Yes	X No
14	Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			oi se	CHOIL	JUZ UI	LKISA?	·· L	163	/ 140
a	If a waiver of the minimum funding standard for a prior year is beir	ng amortiz	ed in this plan year, see instruc		, and e	enter tl Dav	ne date d	of the le		ling
If	granting the waivervou completed line 12a. complete lines 3. 9. and 10 of Schedule			U1		⊔ay		_ 166		
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b Enter the minimum required contribution for this plan year									

Page	3 -	1
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С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		Yes X No
С	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.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	4b Tr	ust's EIN	