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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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
RYAN HERCO PRODUCTS CORPORATION SECTION 125 PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 01/01/1992

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

RYAN HERCO PRODUCTS CORPORATION

3010 NORTH SAN FERNANDO BLVD
BURBANK, CA 91503

2b Employer Identification Number (EIN)
95-1915233

2c Sponsor's telephone number
818-972-5888

2d Business code (see instructions)
423800

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.	08/01/2014	AMATH FALL
	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**	267
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**	279
b	Retired or separated participants receiving benefits	**6b**	4
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	283
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
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:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E 4F 4G 4H 4L

9a Plan funding arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [ ] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 5 **A** (Insurance Information)
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [ ] **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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
RYAN HERCO PRODUCTS CORPORATION SECTION 125 PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
RYAN HERCO PRODUCTS CORPORATION

D Employer Identification Number (EIN)
95-1915233

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

AETNA 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
06-6033492	60054	0805187	504	01/01/2013	12/31/2013

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
82348	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

AON RISK SERVICES, INC. OF FLORIDA
13901 SUTTON PARK DRIVE SOUTH
BUILDING C, SUITE 360
JACKSONVILLE, FL 32224

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
82348			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**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

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 ▶

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

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** [X] Health (other than dental or vision)
- **b** [X] Dental
- **c** [ ] Vision
- **d** [X] Life insurance
- **e** [X] Temporary disability (accident and sickness)
- **f** [X] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [X] PPO contract
- **l** [ ] Indemnity contract
- **m** [X] Other (specify) ▶ ACCIDENTAL DEATH AND DISMEMBERMENT

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)**	0
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)**	0
(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)**	0
(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**	2081161
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 [X] No

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

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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
RYAN HERCO PRODUCTS CORPORATION SECTION 125 PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
RYAN HERCO PRODUCTS CORPORATION

D Employer Identification Number (EIN)
95-1915233

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

AETNA HEALTH, INC.

(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	Policy or contract year (g) To
95-3402799	00000	US398802	57	01/01/2013	12/31/2013

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
9594	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

AON RISK SERVICES, INC. OF FLORIDA
13901 SUTTON PARK DRIVE SOUTH
BUILDING C, SUITE 360
JACKSONVILLE, FL 32224

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
9594			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 (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code

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

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 ▶

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

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** [X] 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** [X] 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)	0
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)	0
(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)	0
(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	268904
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 [X] No

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

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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
RYAN HERCO PRODUCTS CORPORATION SECTION 125 PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
RYAN HERCO PRODUCTS CORPORATION

D Employer Identification Number (EIN)
95-1915233

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

VISION SERVICE PLAN

(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	Policy or contract year (g) To
94-1632821	00000	30011827	207	01/01/2013	12/31/2013

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
2696	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

W INSURANCE SERVICES, INC.
3035 CALLE FRONTERA
SAN CLEMENTE, CA 92673-3012

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
1442			3

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

AON RISK SERVICES, INC. OF FLORIDA
13901 SUTTON PARK DRIVE SOUTH
SUITE 360
JACKSONVILLE, FL 32224

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
1254			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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 ▶

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

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** [X] 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)**	0
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)**	0
(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)**	0
(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**	29732
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 [X] No

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

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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
RYAN HERCO PRODUCTS CORPORATION SECTION 125 PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
RYAN HERCO PRODUCTS CORPORATION

D Employer Identification Number (EIN)
95-1915233

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

AFLAC

(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
58-0663085	60380	CNL56	50	01/01/2013	12/31/2013

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
7954	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

SEE ATTACHMENT

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
7954			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		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

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

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 ▶

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

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** [X] 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** [X] Other (specify) ▶ VOLUNTARY BENEFITS

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)**	0
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)**	0
(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)**	0
(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**	48346
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 [X] No

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

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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
RYAN HERCO PRODUCTS CORPORATION SECTION 125 PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
RYAN HERCO PRODUCTS CORPORATION

D Employer Identification Number (EIN)
95-1915233

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

PRE-PAID LEGAL SERVICES, INC.

(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
73-1016728	00000	129166	27	01/01/2013	12/31/2013

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
1708	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

DAVID PAPERNO
78347 GRAPE ARBOR AVE
PALM DESERT, CA 92211

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
861			3

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

CHRISTA AUFDEMBERG
13102 BRITTANY WOODS DR
TUSTIN, CA 92780

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
800			3

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

BUTKOVICH & ASSOCIATES LLC
1873 KOYUKON DR
SOUTH LAKE TAHOE, CA 96150

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
41			3

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

CHARLES GUSTAFSON
648 N. PINECLIFF DR
FLAGSTAFF, AZ 86001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
6			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	

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

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 ▶

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

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** [X] Other (specify) ▶ LEGAL

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)**	0
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)**	0
(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)**	0
(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**	5792
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 [X] No

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

FORM 5500 ATTACHMENT

Plan Name: RYAN HERCO PRODUCTS CORPORATION SECTION 125 PLAN

Plan Number: 501

Plan Year Begin Date: 01/01/2013

Plan Year End Date: 12/31/2013

Attachment provides commission information on Aflac policy number CNL56

*Amounts provided under the "Commissions Paid" column include all earned commission paid on all lines of business relative to your account during this reporting period.
**Amounts provided under the "Fees Paid" column include the total value of any fees, awards, prizes, bonuses or other forms of non-monetary compensation paid relative to your account. These amounts are calculated based on a calendar year. Some bonuses, fees, and contests are paid based on the aggregate amount of sales for all accounts throughout the calendar year. To determine the value of these items relative to your account, the amount of sales for your account is divided by the total amount of sales during the reporting period. This percentage is then multiplied by the value of the bonus, fee or contest.

SCHEDULE A EARNINGS REPORT

Group Number	Total Premium Collected	Group Covered Count
CNL56	$48,345.81	50

Group Address	Name of Insurance Carrier
RYAN HERCO FLOW SOLUTIONS	AFLAC
C J MAHONEY	1932 WYNNTON ROAD
3010 N SAN FERNANDO BLVD	COLUMBUS, GA 31999
BURBANK, CA 91,504	PLAN YEAR 01/01/2013 to 12/31/2013
CONTRACT NUMBER	NAIC CODE
58-0663085	60380

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
DENISE JANE FORCONI 30411 N 72ND PL SCOTTSDALE, AZ 85266	$439.84	$0.00
- AON CONSULTING & INSURANCE SVS 199 FREMONT STREET SUITE 1500 SAN FRANCISCO, CA 94105	$429.04	$0.00
CHRISTINE A EDGERTON 7180 SW FIR LOOP STE 220 TIGARD, OR 97223	$372.09	$0.00
ELENI A KRAUSE 519 YORKSHIRE DR DEKALB, IL 60115	$358.88	$0.00

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
DAVID G RUFF PO BOX 19321 BOULDER, CO 80308	$337.12	$0.00
PAUL G HERBIG 4310 NE 42ND ST VANCOUVER, WA 98661	$297.25	$0.00
CYNTHIA BENGTSON 2250 RICHEY DRIVE LA CANADA, CA 91011	$281.91	$0.00
KIMBERLY D ADAMS PO BOX 167 UMPQUA, OR 97486	$242.28	$0.00
WILLIAM V SCHAUB 28 N 1ST ST STE 700 SAN JOSE, CA 95113	$228.80	$0.00
GARRETT D SOCK 1036 NARRAGANSETT BLVD CRANSTON, RI 02905	$228.14	$0.00
KORNELIJA NUMIC 313 DUKE ST GARLAND, TX 75043	$212.49	$0.00
KATHY LEE BRIGHT 788 E PEPPER DR CASA GRANDE, AZ 85122	$204.13	$0.00
DANIEL H GRIFFIN 104 BURGUNDY COURT MARTINEZ, CA 94553	$182.73	$0.00
LEANN C LEVINE 1049 16TH ST 9 SANTA MONICA, CA 90403	$176.48	$0.00
YVETTE WOODS PO BOX 14112 VAN NUYS, CA 91409	$174.18	$0.00
NAVEED T ULHAQ 2033 RUBEN RD MONROE, NC 28112	$173.31	$0.00
- SPALDING GROUP ENTERPRISES 847 N HOLLYWOOD WAY SUITE 204 BURBANK, CA 91505	$168.46	$0.00
- MJR INSURANCE SERVICES LLC 7349 PONCE AVENUE WEST HILLS, CA 91307	$157.67	$0.00
- BENEFITS GALLERY LLC 2524 S EL PARADISO UNIT 113 MESA, AZ 85202	$151.36	$0.00
ADAM H MICHAELS 12121 WILSHIRE BLVD STE 1000 LOS ANGELES, CA 90025	$142.08	$0.00

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
HEATHER F SEIBERT 192 HUTTON KYLE, TX 78640	$125.40	$0.00
JENNIFER A GOEDKEN 2524 S EL PARADISO UNIT 113 MESA, AZ 85202	$118.82	$0.00
KATHLEEN L PLEGER 5320 WHISPERING OAKS DRIVE PLAINFIELD, IL 60544	$115.43	$0.00
MARY JO ARNOLD 4827 EXPEDITION DR COLORADO SPRINGS, CO 80911	$88.44	$0.00
MADELINE SUZANNE WILSON 915 N WINTHROP CIR MESA, AZ 85213	$83.74	$0.00
RONALD F HERBIG 27903 NE 132ND AVE BATTLE GROUND, WA 98604	$83.49	$0.00
GLEN DOUGLAS GABLE 3850 E BASELINE RD STE 116 MESA, AZ 85206	$81.06	$0.00
SHARON L SOCK 59 HOPE AVENUE WARWICK, RI 02889	$80.38	$0.00
BRITTON L JOHNSON 209 E BASELINE RD E203 TEMPE, AZ 85283	$75.88	$0.00
PATRICIA J GEE 70 SW CENTURY DR 100-153 BEND, OR 97702	$73.17	$0.00
ERIC DANIEL WEILAND 14511 SW CORNERSTONE LN SHERWOOD, OR 97140	$66.10	$0.00
CHAD NELSON 490 EAST ROOSEVELT ROAD STE 203 WEST CHICAGO, IL 60185	$65.03	$0.00
SCOTT E NIELSEN 1089 LAKE WASHINGTON BLVD N APT 306 RENTON, WA 98056	$63.47	$0.00
SCOTT WEBB 2355 W PINNACLE PEAK RD STE 380 PHOENIX, AZ 85027	$61.24	$0.00
YVETTE WOODS 847 N HOLLYWOOD WAY SUITE 204 BURBANK, CA 91505	$59.27	$0.00

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
ED KRAUSE 2110 CHARMARIE CT MARIETTA, GA 30062	$56.03	$0.00
MICHAEL L KING 766 N DAVIDSON ST CHARLOTTE, NC 28202	$55.74	$0.00
MICHAEL JOHN RINKE 7349 PONCE AVENUE WEST HILLS, CA 91307	$51.66	$0.00
GARY SCOTT NELLIS 10607 1/2 WOODBRIDGE STREET TOLUCA LAKE, CA 91602	$48.48	$0.00
KORNELIJA NUMIC 8153 SOUTHWESTERN 136 DALLAS, TX 75206	$47.20	$0.00
JOSEPH GROSSMAN 8302 BRISTOL FORD PL CHARLOTTE, NC 28215	$45.90	$0.00
WILLIAM V SCHAUB 1075 PARK PLACE APT 227 SAN MATEO, CA 94403	$45.76	$0.00
NICHOLAS B STILLS 2127 THE PLAZA CHARLOTTE, NC 28205	$45.49	$0.00
STEVE GOLDSTEIN 847 N HOLLYWOOD WAY SUITE 204 BURBANK, CA 91505	$43.40	$0.00
DANIEL E YOUNG 2442 VALLE PARK DRIVE LARKSPUR, CO 80118	$42.84	$0.00
GARY GIARRATANO 14709 WEDD STREET OVERLAND-PARK, KS 66221	$40.15	$0.00
LAURENCE D REEMTSEN 15330 ALBRIGHT ST UNIT 204 PACIFIC PALISADES, CA 90272	$38.72	$0.00
JONATHAN DANIEL PAYNE 110 HASLEMERE CT LAFAYETTE, CA 94549	$38.52	$0.00
- SINAPI INSURANCE ASSOCIATES INC 16 SWAN CT CRANSTON, RI 02921	$35.30	$0.00
ERIC D WESTALL 4139 WILLOW HILL SEABROOK, TX 77586	$34.68	$0.00
SHARON LYNN SMITH 1650 SAND LAKE RD STE 201D ORLANDO, FL 32809	$33.92	$0.00

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
CLARISSA LYNNE HERRICK 4334 FALLING ACORN CIRCLE LAKE MARY, FL 32746	$31.44	$0.00
CLARISSA LYNNE HERRICK 600 RINEHART RD STE 3040 LAKE MARY, FL 32746	$31.44	$0.00
- MERCER HEALTH AND BENEFITS LLC 4565 PAYSPHERE CIRCLE CHICAGO, IL 60674	$30.69	$0.00
VICKIE SUSAN ELIZARDO 4008 VISTA SUITE C101 PASADENA, TX 77504	$29.60	$0.00
SUZANNE LEWIS 6013 LOUISVILLE DR FRISCO, TX 75035	$29.10	$0.00
LUCY DIANE BAKER 6025 AMOS SMITH RD CHARLOTTE, NC 28214	$28.81	$0.00
JEANNINE CAPPUSO 490 E ROOSEVELT RD STE 203 WEST CHICAGO, IL 60185	$28.18	$0.00
ROBERT D SEIBERT 192 HUTTON KYLE, TX 78640	$27.51	$0.00
- HERRICK INSURANCE GROUP INC 4334 FALLING ACORN CIR LAKE MARY, FL 32746	$26.82	$0.00
ANDREW PRINCE LOVINGIER 1426 E IRON EAGLE DR EAGLE, ID 83616	$26.49	$0.00
DIANA CABRAL RENTCHLER PO BOX 54 WEST SACRAMENTO, CA 95691	$26.40	$0.00
PATRICIA J GEE 500 SW BOND ST STE 200 BEND, OR 97702	$26.27	$0.00
MARSHA K HEBERT PO BOX 1958 EVERGREEN, CO 80437	$25.85	$0.00
- D BREDESON INSURANCE SERVICES INC 641 HIGUERA ST SUITE 300 SAN LUIS OBISPO, CA 93401	$25.56	$0.00
BRENT LYNN SCHNEIDER 4033 NEW FOREST DR PLANO, TX 75093	$25.39	$0.00
JOHN P THOMPSON 7825 WASHINGTON AVE SOUTH SUITE 425 BLOOMINGTON, MN 55439	$25.14	$0.00

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
RICHARD J JONES 7512 E INDEPENDENCE BLVD STE 103 CHARLOTTE, NC 28227	$23.20	$0.00
- CALIFORNIA EAST BAY INS SERV INC 5236 TAPESTRY CT FAIRFIELD, CA 94534	$22.40	$0.00
DAVID R CHARLES 112 E MYRTLE AVE STE 403 JOHNSON CITY, TN 37604	$20.68	$0.00
- J THEIS & ASSOCIATES INC 960 S 24TH ST W SUITE H BILLINGS, MT 59102	$20.68	$0.00
ED KRAUSE 2110 CHARMARIE COURT MARIETTA, GA 30062	$20.47	$0.00
DENTON J GILES 18477 W LAKE HOUSTON PKWY STE 30 HUMBLE, TX 77346	$19.96	$0.00
J MICHAEL BUTLER 1440 A OLD LENIOR RD NW HICKORY, NC 28601	$19.92	$0.00
ROBERT D SEIBERT 7703 N LAMAR BLVD STE 121 ASTIN, TX 78752	$19.65	$0.00
SONIA BEATO 9836 N KENDALL DR APT 5A MIAMI, FL 33176	$19.44	$0.00
ROBERT PERRY EVANS JR 700 CENTRAL EXPRESSWAY SOUTH STE 380 ALLEN, TX 75013	$18.11	$0.00
JAMES W BENCIN 11 SHELDRAKE LANE PALM BEACH, FL 33418	$17.76	$0.00
LAUREL L DOUGHERTY 3970 W 24TH ST STE 201 YUMA, AZ 85364	$17.36	$0.00
JOSHUA J PARISE 7325 JAMES AVE WOODRIDGE, IL 60517	$16.86	$0.00
PAUL J MALO PO BOX 38 FIRESTONE, CO 80520	$16.61	$0.00
MATHEW P GAHM 6754 SILVERWIND CIRCLE COLORADO SPRINGS, CO 80923	$16.28	$0.00

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
DAVID GARY SHIELDS 1180 S FOOTHILL DR APT 735 SALT LAKE CITY, UT 84108	$15.93	$0.00
MICHAEL A CUTAIA 1225 NORTH LOOP W STE 420 HOUSTON, TX 77008	$15.93	$0.00
LAUREL L HARLOW 4566 N 1ST AVE STE 140 TUCSON, AZ 85718	$14.48	$0.00
RICHARD M TALLEY 17019 MURPHY AVE MORGAN HILL, CA 95037	$13.68	$0.00
GREGORY F STENZEL 6800 STONY HILL RD MCKINNEY, TX 75070	$13.49	$0.00
JONATHAN SAMUEL KIRKLAND 4245 MILGEN ROAD COLUMBUS, GA 31907	$13.39	$0.00
JANET IBANEZ 14295 SW 142ND ST MIAMI, FL 33186	$13.20	$0.00
KEVIN B SORIA 815 S BRIDGEWAY PLACE STE 100 EAGLE, ID 83616	$12.96	$0.00
L MATTHEW SPALDING 847 N HOLLYWOOD WAY SUITE 204 BURBANK, CA 91505	$12.27	$0.00
GRADY E BIBLE 10304 VAN WINKLE COURT AUSTIN, TX 78739	$11.70	$0.00
TRENT J NIELSEN 14368 FAIR HOPE CIR HERRIMAN, UT 84096	$11.11	$0.00
JEANNINE CAPPUSO 10308 PALERMO CIR APT 203 TAMPA, FL 33619	$10.57	$0.00
JACK GATHINGS 7235 S GOLFSIDE LANE PHOENIX, AZ 85042	$10.45	$0.00
STEVE GOLDSTEIN 6255 VENTURA CANYON VALLEY GLEN, CA 91401	$9.63	$0.00
JOSHUA J PARISE AND ASSOC INC 12734 WILD RYE CT SUITE 105 PLAINFIELD, IL 60585	$9.62	$0.00
JOSEPH GROSSMAN 2205 EASTCHESTER DR STE 101 HIGH POINT, NC 27265	$9.18	$0.00

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
- HERRICK INSURANCE GROUP INC 1445 MONTE LAKE DR VALRICO, FL 33596	$8.94	$0.00
LAWRENCE A ELMORE PO BOX 244 MORRISON, CO 80465	$8.58	$0.00
MERCEDES NOBLE REYES 2041 WATERBURY RD LAKEWOOD, OH 44107	$8.30	$0.00
LEO A GILLIES 4008 VISTA RD STE C101 # C101-B PASADENA, TX 77504	$7.18	$0.00
C LEONARD SKIPPER PO BOX 11128 MONTGOMERY, AL 36111	$6.72	$0.00
BARBARA BAROS 5301 GOSHEN CT CORPUS CHRISTI, TX 78413	$6.48	$0.00
ALAN LECLAIRE 1666 GREENSTONE TRL FORT COLLINS, CO 80525	$6.30	$0.00
MARC MICKELSEN 8180 S 700 E STE 120 SANDY, UT 84070	$6.29	$0.00
MARTA M SASTRE P O BOX 140127 CORAL GABLES, FL 33114	$6.24	$0.00
- THE PERRY GROUP INC 1650 SAND LAKE RD SUITE 201 D ORLANDO, FL 32809	$5.99	$0.00
DAVID B KITCHEN 1100 CORPORATE WAY SUITE 100 SACRAMENTO, CA 95831	$5.28	$0.00
RICHARD J JONES 7512 E INDEPENDENCE BLVD SUITE 103 CHARLOTTE, NC 28227	$4.64	$0.00
- G B S MARKETING INC 158 PRINTERS LANE NEW LONDON, NC 28127	$4.32	$0.00
- CRP BENEFIT SERVICES INC 5755 GRANGER ROAD 615 INDEPENDENCE, OH 44131	$3.75	$0.00
LEO A GILLIES P O BOX 34293 HOUSTON, TX 77234	$3.64	$0.00
AMY A PURVIS 90 GREAT OAKS BLVD STE 205 SAN JOSE, CA 95119	$3.51	$0.00

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
- BARTLEIN AND ASSOC INC 5577 BROADCAST COURT SARASOTA, FL 34240	$2.76	$0.00
MICHAEL GRASS 21707 KINGSLAND BLVD SUITE 105 KATY, TX 77450	$2.67	$0.00
JAMES F COTTER 14 PRIMROSE DRIVE CRANSTON, RI 02921	$2.42	$0.00
DAMON R STREETMAN 2961 WEST MAPLE LOOP ROAD SUITE 230 LEHI, UT 84043	$2.10	$0.00
- MAKOWSKI INS AGCY INC 9404 WOODCHIP LN BROADVIEW HTS, OH 44147	$1.60	$0.00
STEVEN J PHILLIPS 10 RED COACH DRIVE COVENTRY, RI 02816	$1.32	$0.00
JAMES G BROWN 1451 W CYPRESS CREEK RD STE 300 FT LAUDERDALE, FL 33309	$1.20	$0.00
BRIAN A MARTINSON 2426 DIXIE WOODS DRIVE PEARLAND, TX 77581	$1.18	$0.00
AMY A PURVIS PO BOX 8058 SAN JOSE, CA 95155	$1.17	$0.00
MICHAEL B DUECY 2710 WLSH TARLETON LANE STE 100 AUSTIN, TX 78746	$1.05	$0.00
ALAN LECLAIRE 1001 A E HARMONY ROAD SUITE 261 FT COLLINS, CO 80525	$1.02	$0.00
JEFFREY C WEST 322 SPRING HILL DR SUITE A800 SPRING, TX 77386	$0.92	$0.00
- LES HEINSEN INS SERVICES INC 193 BLUE RAVINE RD STE 140 FOLSOM, CA 95630	$0.84	$0.00
- MKF & ASSOCIATES INC 4505 PINE TREE CIRCLE BIRMINGHAM, AL 35243	$0.81	$0.00
JEFFREY C WEST 322 SPRING HILL DR STE A800 SPRING, TX 77386	$0.70	$0.00

Agent Address Block w/ Full Name	Commissions Paid	Fees Paid
JASON MARONEY PO BOX 821 HUNT, TX 78024	$0.69	$0.00
MARK S TAGLIAFERRI 200 CENTERVILLE ROAD SUITE 12 WARWICK, RI 02886	$0.65	$0.00
ERIC GRACE 10041 GRANITE HILL DRIVE PARKER, CO 80134	$0.62	$0.00
CRAIG A HOPKINS 301 CANYON CREEK RD WASHOUGAL, WA 98671	$0.00	$0.00
Sum:	$7,954.49	$0.00

Form M-1 Compliance Information

Plan Name: RYAN HERCO PRODUCTS CORPORATION SECTION 125 PLAN

Plan Number: 501

Plan Year Begin Date: 01/01/2013

Plan Year End Date: 12/31/2013

This plan is not a Multiple Employer Welfare Arrangement (MEWA) and is not considered to be an Entity Claiming Exception (ECEs). Therefore, the plan is not subject to file the Form M-1.