# 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
ASSURED INFORMATION SECURITY, INC. EMPLOYEES 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/2003

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

ASSURED INFORMATION SECURITY, INC.

153 BROOKS ROAD
ROME, NY 13441

**2b** Employer Identification Number (EIN)
04-3608903

**2c** Sponsor's telephone number
315-336-3306

**2d** Business code (see instructions)
541519

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2014 | SHANNON SECOR |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2014 | SHANNON SECOR |
| | **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** | 186 |
| **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** | 169 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 29 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 198 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 198 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 184 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **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 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

**a Pension Schedules**

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

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 2 **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

**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
ASSURED INFORMATION SECURITY, INC. EMPLOYEES 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
ASSURED INFORMATION SECURITY, INC.

**D** Employer Identification Number (EIN)
04-3608903

**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

ING LIFE INSURANCE AND ANNUITY

| (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 |
| 71-0294708 | 86509 | 878042 | 0 | 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 |
|---|---|
| 27341 | 5289 |

**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

CADARET GRANT & CO
110 W FAYETTE ST 5TH FLOOR
SYRACUSE, NY 13202

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| 27341 | | | 3 |

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

BENEFIT CONSULTING GROUP
5232 WITZ DRIVE
SYRACUSE, NY 13212

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| | 5289 | TPA PARTNERSHIP PROGRAM | 5 |

**(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 ▶ GROUP PENSION FUNDING

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | 7b | 321156 |
| **c** | Additions: (1) Contributions deposited during the year | 7c(1) | 179471 | | |
| | (2) Dividends and credits | 7c(2) | 0 | | |
| | (3) Interest credited during the year | 7c(3) | 103411 | | |
| | (4) Transferred from separate account | 7c(4) | 0 | | |
| | (5) Other (specify below) | 7c(5) | 22230 | | |
| | ▶ LOAN PAYMENTS | | | | |
| | (6)Total additions | | | 7c(6) | 305112 |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 626268 |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 220247 | | |
| | (2) Administration charge made by carrier | 7e(2) | 411 | | |
| | (3) Transferred to separate account | 7e(3) | 402080 | | |
| | (4) Other (specify below) | 7e(4) | 3530 | | |
| | ▶ LOANS | | | | |
| | (5) Total deductions | | | 7e(5) | 626268 |
| **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** ☐ 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 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
ASSURED INFORMATION SECURITY, INC. EMPLOYEES 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
ASSURED INFORMATION SECURITY, INC.

**D** Employer Identification Number (EIN)
04-3608903

**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

GREAT WEST LIFE & ANNUITY INS CO OF NY

| **(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 |
| 93-1225432 | 60214 | 386575-01 | 184 | 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 |
|---|---|
| 5395 | 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

JOSEPH HATFIELD
CADARET GRANT AND CO
160 BROOKS ROAD
ROME, NY 13441

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | **(e)** Organization code |
| 5395 | | | 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 | 1450684 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 0 |

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 | 0 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 1552979 | | |
| | (2) Dividends and credits | 7c(2) | 0 | | |
| | (3) Interest credited during the year | 7c(3) | 3596 | | |
| | (4) Transferred from separate account | 7c(4) | 1550102 | | |
| | (5) Other (specify below) | 7c(5) | 1471 | | |
| | ▶ LOAN REPAYMENTS | | | | |
| | (6)Total additions | | | 7c(6) | 3108148 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 3108148 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 18838 | | |
| | (2) Administration charge made by carrier | 7e(2) | 0 | | |
| | (3) Transferred to separate account | 7e(3) | 1638626 | | |
| | (4) Other (specify below) | 7e(4) | 0 | | |
| | ▶ | | | | |
| | (5) Total deductions | | | 7e(5) | 1657464 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 1450684 |

## 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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2013**<br>**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
ASSURED INFORMATION SECURITY, INC. EMPLOYEES 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
ASSURED INFORMATION SECURITY, INC.

**D** Employer Identification Number (EIN)
04-3608903

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ILIAC SERVICE PROVIDER ENTITIES
PO BOX 990067
HARTFOLD, CT 06199-0067

71-0294708

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

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**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)

CADARET GRANT AND CO INC

22-2361254

| (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? |
|---|---|---|---|---|---|---|
| 55 | BROKER | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 45059 | Yes [ ] No [X] |

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

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

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**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
ASSURED INFORMATION SECURITY, INC. EMPLOYEES 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
ASSURED INFORMATION SECURITY, INC.

**D** Employer Identification Number (EIN)
04-3608903

**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: POOLED SEPARATE

**b** Name of sponsor of entity listed in (a): GREAT WEST

| **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) |
|---|---|---|
| 93-1225432-000 | P | 1450685 |

**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 |

# 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

**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
ASSURED INFORMATION SECURITY, INC. EMPLOYEES 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
ASSURED INFORMATION SECURITY, INC.

**D** Employer Identification Number (EIN)
04-3608903

## 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) | 43357 | 41326 |
| **(2)** Participant contributions | 1b(2) | 29239 | 32665 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 380056 | 393640 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 8862689 | 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) | | 12114452 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 321156 | 1450684 |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 9636497 | 14032767 |
| | **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 | 9636497 | 14032767 |

## 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) | 1155566 | |
| | **(B)** Participants | 2a(1)(B) | 1032081 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 747428 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 2935075 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(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) | 16975 | |
| | **(F)** Other | 2b(1)(F) | 107006 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 123981 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 88342 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 88342 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 1810843 |
| (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) | | 324951 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 5283192 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 884567 | |
| (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) | | 884567 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| 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) | 2355 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 2355 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 886922 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 4396270 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

**(1)** [ ] Unqualified **(2)** [ ] Qualified **(3)** [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: D'ARCANGELO & CO., LLP **(2)** EIN: 13-2550103

**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 | |
| **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 | X | | |

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

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

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

## 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

**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
ASSURED INFORMATION SECURITY, INC. EMPLOYEES 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
ASSURED INFORMATION SECURITY, INC.

**D** Employer Identification Number (EIN)
04-3608903

## 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): 71-0294708 93-1225432

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# ASSURED INFORMATION SECURITY, INC. EMPLOYEES' 401K PLAN

For the Year Ended
December 31, 2013

FINANCIAL STATEMENTS
AND SUPPLEMENTAL
SCHEDULE

**ASSURED INFORMATION SECURITY, INC.**
**EMPLOYEES' 401K PLAN**

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D'Arcangelo & Co., LLP
Certified Public Accountants & Consultants

120 Lomond Court, Utica, N.Y. 13502-5950
315-735-5216 Fax: 315-735-5210

# Independent Auditor's Report

To the Board of Trustees of
Assured Information Security, Inc. Employees' 401k Plan

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Assured Information Security, Inc. Employees' 401k Plan, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, 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 control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

## Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

## Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by ING Life Insurance and Annuity Company and Great-West Trust Company, LLC, the custodians of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that Great-West Trust Company, LLC held the Plan's investment assets and executed investment transactions as of December 31, 2013, and for the period October 22, 2013 to December 31, 2013 and ING Life Insurance and Annuity Company held the Plan's investment assets and executed investment transactions from January 1, 2013 to October 21, 2013 and as of and for the year ended December 31, 2012.

The plan administrator has obtained certifications from the custodians as of and for the years ended December 31, 2013 and 2012, that information provided to the plan administrator by the custodians is complete and accurate.

**Disclaimer of Opinion**

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

**Other Matter**

The supplemental schedule of assets (held at end of year) is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

D'Arcangelo + Co., LLP

October 14, 2014

Utica, New York

**ASSURED INFORMATION SECURITY, INC.**
**EMPLOYEES' 401K PLAN**

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

**December 31, 2013 and 2012**

| | 2013 | 2012 |
|---|---|---|
| **Assets** | | |
| **Investments at Fair Value** | | |
| Interest Accumulation Account | $ 1,450,684 | $ 321,156 |
| Pooled Separate Accounts | 0 | 8,862,689 |
| Mutual Funds | 12,114,452 | 0 |
| Total Investments at Fair Value | 13,565,136 | 9,183,845 |
| **Receivables** | | |
| Employer's Contributions | 41,326 | 43,357 |
| Participants' Contributions | 32,665 | 29,239 |
| Notes Receivable from Participants | 393,640 | 380,056 |
| Total Receivables | 467,631 | 452,652 |
| **Net Assets Available for Benefits** | $ 14,032,767 | $ 9,636,497 |

The Accompanying Notes are an Integral Part of These Financial Statements.

**ASSURED INFORMATION SECURITY, INC.**
**EMPLOYEES' 401K PLAN**

## STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

**For the Years Ended December 31, 2013 and 2012**

| | 2013 | 2012 |
|---|---|---|
| **Additions** | | |
| Investment Income: | | |
| Net Appreciation in Fair Value of Investments | $ 2,135,793 | $ 1,063,354 |
| Interest and Dividends | 195,349 | 9,332 |
| Interest Income on Notes Receivable from Participants | 16,975 | 16,092 |
| Total Investment Income | 2,348,117 | 1,088,778 |
| Contributions: | | |
| Participants | 1,032,081 | 812,286 |
| Participant Rollovers | 747,428 | 270,850 |
| Employer | 1,155,566 | 913,277 |
| Total Contributions | 2,935,075 | 1,996,413 |
| **Total Additions** | 5,283,192 | 3,085,191 |
| **Deductions** | | |
| Benefits Paid to Participants | 884,567 | 224,168 |
| Administrative Expenses | 2,355 | 1,890 |
| **Total Deductions** | 886,922 | 226,058 |
| **Net Increase** | 4,396,270 | 2,859,133 |
| **Net Assets Available for Benefits, Beginning of Year** | 9,636,497 | 6,777,364 |
| **Net Assets Available for Benefits, End of Year** | $ 14,032,767 | $ 9,636,497 |

The Accompanying Notes are an Integral Part of These Financial Statements.

## NOTES TO FINANCIAL STATEMENTS

## NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### Operations

The Assured Information Security, Inc. Employees' 401k Plan (the Plan) is a defined contribution plan covering eligible employees of Assured Information Security, Inc. (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

### Basis of Accounting

The financial statements of the Plan reflect the accrual basis of accounting in which revenue is recognized when earned or otherwise available, and expenses are recognized when incurred.

### Contributions Receivable

Employer and participant contributions receivable at December 31, 2013 and 2012 are valued at cost, and represent contributions for the years ended December 31, 2013 and 2012, which were received subsequent to year end. Therefore, no allowance for doubtful accounts is deemed necessary.

### Notes Receivable from Participants

Notes receivable from participants are recorded at unpaid principal balance at year end plus any unpaid accrued interest. The Plan considers the notes receivable from participants fully collectible at year end; accordingly, no allowance for doubtful accounts is required. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

### Investment Valuation and Income Recognition

Investments are held by Great-West Trust Company, LLC and are recorded at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 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 in the statements of changes in net assets available for benefits includes the Plan's gains and losses on investments bought and sold as well as held during the year.

## NOTES TO FINANCIAL STATEMENTS

## NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

### Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and payment of benefits are charged directly to the participants' accounts and are included in administrative expenses.

### Payment of Benefits

Benefits are recorded when paid.

### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

### Reclassification

Certain amounts in the prior-year financial statements have been reclassified for comparative purposes to conform with the presentation in the current-year financial statements.

## NOTE 2 DESCRIPTION OF PLAN

The following brief description of Assured Information Security, Inc. Employees' 401k Plan provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

### Contributions

Employees become eligible to contribute to the Plan on their first day of employment. Eligible employees, as defined by the Plan document, are full-time, part-time, and casual employees. Participants may elect to make pre-tax elective deferrals to the Plan or after-tax Roth elective deferrals. Each year, participants may contribute up to 100% of eligible compensation, as defined by the Plan, subject to annual limitations established by the Internal Revenue Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch up contributions.

## NOTE 2 DESCRIPTION OF PLAN (Continued)

The Company contributes 3% of a participant's eligible compensation on a safe harbor basis, as defined in the Plan document. In addition, for the Plan year ended December 31, 2013, the Board of Trustees elected to contribute 4% of a participant's eligible compensation on a non-elective basis. Non-elective contributions are made at the discretion of the Company, as determined on an annual basis.

### Participant Accounts

Each participant's account is credited with the participant's contributions and Company safe harbor and non-elective contributions, as well as an allocation of Plan earnings. Allocations are based on participant earnings or account balances, as defined.

### Vesting

Participants are immediately 100 percent vested in both employee and employer contributions.

### Payment of Benefits

Benefit payments are made upon normal retirement, death, disability or termination of service and are paid in a lump-sum payment in accordance with the Plan document.

### Participant Loans

Participants may borrow from their accounts a minimum of $1,000 and a maximum equal to the lesser of 50% of their vested account balance or $50,000. All loans shall be for a fixed term of not more than five years. Participants are limited to two outstanding loans at any one time. The loans are collateralized by no more than 50% of the vested balance of the participant's account and shall bear a reasonable rate of interest. Principal and interest are to be paid ratably through payroll deduction.

## NOTE 3 INCOME TAX

The plan qualifies under Section 401(k) of the Internal Revenue Code (IRC) and is, therefore, not subject to tax under present income tax law. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The trustees are not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status. The Plan obtained its latest determination letter on February 8, 2005, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since receiving the determine letter.

## NOTE 3 INCOME TAX (Continued)

However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan's Federal informational returns for years prior to 2010 are no longer subject to examination by the respective taxing authorities.

## NOTE 4 PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the net assets of the Plan will be allocated as prescribed by ERISA and regulations pursuant thereto.

## NOTE 5 SUMMARY OF INFORMATION CERTIFIED BY PLAN CUSTODIAN

The total fair value of investments held in trust was $13,565,136 and $9,183,845 at December 31, 2013 and 2012, respectively. The total amount of notes receivable from participants held in trust was $393,640 and $380,056 at December 31, 2013 and 2012, respectively.

The custodian, Great-West Trust Company, LLC, has supplied the Plan's administrator with a certification as to the completeness and accuracy of all information regarding investments and notes receivable from participants assets, transactions, and income presented in the accompanying statements of net assets available for benefits as of December 31, 2013, and the statements of changes in net assets available for benefits for the period October 22, 2013 through December 2013, and the supplemental schedule of assets (held at end of year) as of December 31, 2013. The prior custodian, ING Life Insurance and Annuity Company, has supplied the Plan's administrator with a certification as to the completeness and accuracy of all information regarding investments and notes receivable from participants assets, transactions, and income presented in the accompanying statements of net assets available for benefits as of December 31, 2012, the statements of changes in net assets available for benefits for the period January 1, 2013 through October 21, 2013 and the year ended December 31, 2012.

## NOTE 6 FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board authoritative guidance on fair value measurements 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). The three levels of the fair value hierarchy are described as follows:

**Level 1:** Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

**Level 2**: Inputs to the valuation methodology include the following:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

**Level 3**: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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.

The 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, 2013 and 2012:

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Pooled Separate Accounts: Valued at the net asset value of shares held by the Plan at year end.

## NOTES TO FINANCIAL STATEMENTS

### NOTE 6 FAIR VALUE MEASUREMENTS (Continued)

Interest Accumulation Account – Recorded at fair value which equals contract value as determined by Great-West Life & Annuity Insurance Company of New York.

All assets have been valued using a market approach.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the 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 measured at fair value on a recurring basis as of December 31, 2013 and 2012:

| | | 2013 Fair Value Measurements at Reporting Date Using the Above Criteria | | |
|---|---|---|---|---|
| Investments | Total | (Level 1) | (Level 2) | (Level 3) |
| Mutual Funds: | | | | |
| Balanced Funds | $ 742,165 | $ 742,165 | $ 0 | $ 0 |
| Value Funds | 736,355 | 736,355 | 0 | 0 |
| Fixed Income Funds | 345,062 | 345,062 | 0 | 0 |
| Target Allocation Funds | 7,808,138 | 7,808,138 | 0 | 0 |
| Growth Funds | 2,482,732 | 2,482,732 | 0 | 0 |
| Interest Accumulation Account | 1,450,684 | 0 | 1,450,684 | 0 |
| Total | $13,565,136 | $12,114,452 | $1,450,684 | $ 0 |

| | | 2012 Fair Value Measurements at Reporting Date Using the Above Criteria | | |
|---|---|---|---|---|
| Investments | Total | (Level 1) | (Level 2) | (Level 3) |
| Pooled Separate Accounts: | | | | |
| Balanced Funds | $ 90,406 | $ 0 | $ 90,406 | $ 0 |
| Value Funds | 1,007,193 | 0 | 1,007,193 | 0 |
| Fixed Income Funds | 660,981 | 0 | 660,981 | 0 |
| Target Allocation Funds | 4,897,486 | 0 | 4,897,486 | 0 |
| Growth Funds | 2,206,623 | 0 | 2,206,623 | 0 |
| Interest Accumulation Account | 321,156 | 0 | 321,156 | 0 |
| Total | $9,183,845 | $ 0 | $9,183,845 | $ 0 |

## NOTES TO FINANCIAL STATEMENTS

### NOTE 6 FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share or its equivalent at December 31, 2013 and 2012:

| | Fair Value | | Unfunded | Redemption |
|---|---|---|---|---|
| | 2013 | 2012 | Commitments | Restrictions |
| Pooled Separate Accounts | $ 0 | $ 8,862,689 | $ 0 | None |

The following provides a general description of the investment strategy for the above-noted investments:

Pooled Separate Account: Invested assets in this category seek a combination of total return and stability of principal consistent with an asset allocation targeted to retirement.

### NOTE 7 INVESTMENTS

The fair value of investments that represent 5% or more of the Plan's net assets available for benefits at December 31, 2013 and 2012 are identified below:

| | 2013 | 2012 |
|---|---|---|
| T. Rowe Price Retirement 2025 Fund | $ 1,374,575 | $ 861,556 |
| T. Rowe Price Retirement 2035 Fund | $ 2,274,397 | $ 1,631,450 |
| T. Rowe Price Retirement 2045 Fund | $ 3,321,147 | $ 2,173,296 |
| American Funds Growth Fund of America | | $ 625,478 |
| Great-West Key Guaranteed Portfolio Fund | $ 1,450,684 | |

During the year ended December 31, 2013 and 2012, the Plan's investments (including investments bought, sold, and held during the year), appreciated in value as follows:

| | 2013 | 2012 |
|---|---|---|
| Investments at Fair Value as Determined by Quoted Market Price | | |
| Mutual Funds | $ 1,810,843 | $ 0 |
| Investments at Fair Value as Otherwise Determined | | |
| Pooled Separate Accounts | 324,950 | 1,063,354 |
| Net Appreciation in Fair Value of Investments | $ 2,135,793 | $ 1,063,354 |

## NOTES TO FINANCIAL STATEMENTS

### NOTE 8 PARTY-IN-INTEREST TRANSACTIONS

For the period of January 1, 2013 through October 21, 2013, certain plan investments were managed by ING Life and Annuity Company. ING Life and Annuity Company was the custodian as defined by the Plan, and therefore, these transactions qualified as party-in-interest transactions. The fees paid to ING Life Insurance and Annuity Company were $2,050 and $1,890 for the years ended December 31, 2013 and 2012, respectively.

For the period of October 22, 2013 through December 31, 2013, certain investments were managed by Great-West Trust Company, LLC. Great-West Trust Company, LLC is the custodian as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. The fees paid to Great-West Trust Company, LLC were $305 for the year ended December 31, 2013.

### NOTE 9 RISKS AND UNCERTAINTIES

Investments are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

### NOTE 10 SUBSEQUENT EVENTS

The Plan Administrator has evaluated subsequent events through October 14, 2014, which is the date the financial statements were available to be issued.

**ASSURED INFORMATION SECURITY, INC.**
**EMPLOYEES' 401K PLAN**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**ATTACHMENT FOR SCHEDULE H , PART IV, LINE 4i**

**December 31, 2013**

**Plan Sponsor EIN: 04-3608903**
**Plan Number : 001**

| (a) | (b) | (c) | (d) | (e) |
|---|---|---|---|---|
| | Identity of issuer, borrower, lessor or similar party. | Description of investment including maturity date, rate of interest, collateral, par or maturity date. | Cost | Current Value |
| | AllianceBernstein High Income A | Mutual Fund | ** | $ 44,463 |
| | American Funds EuroPacific Growth Fund | Mutual Fund | ** | 373,070 |
| | American Funds Growth Fund of America | Mutual Fund | ** | 548,357 |
| | American Funds Income Fund of America | Mutual Fund | ** | 249,324 |
| | Blackrock Equity Dividend Fund | Mutual Fund | ** | 553,778 |
| | Delaware Corporate Bond Fund | Mutual Fund | ** | 168,284 |
| | Fidelity Advisor Materials Fund | Mutual Fund | ** | 159,091 |
| | Ivy High Income Fund | Mutual Fund | ** | 99,817 |
| | Janus Enterprise Fund | Mutual Fund | ** | 600,507 |
| | Neuberger Berman Real Estate Fund | Mutual Fund | ** | 288,755 |
| | PIMCO Low Duration Fund | Mutual Fund | ** | 32,498 |
| | T. Rowe Price Retirement 2015 Fund | Mutual Fund | ** | 154,767 |
| | T. Rowe Price Retirement 2020 Fund | Mutual Fund | ** | 14,744 |
| | T. Rowe Price Retirement 2025 Fund | Mutual Fund | ** | 1,374,575 |
| | T. Rowe Price Retirement 2030 Fund | Mutual Fund | ** | 33,065 |
| | T. Rowe Price Retirement 2035 Fund | Mutual Fund | ** | 2,274,397 |
| | T. Rowe Price Retirement 2040 Fund | Mutual Fund | ** | 108,624 |
| | T. Rowe Price Retirement 2045 Fund | Mutual Fund | ** | 3,321,147 |
| | T. Rowe Price Retirement 2055 Fund | Mutual Fund | ** | 526,819 |
| | T. Rowe Price Retirement Income Fund | Mutual Fund | ** | 1,689 |
| | T. Rowe Price Small Cap Stock Fund | Mutual Fund | ** | 295,938 |
| | Vanguard 500 Index Signal Fund | Mutual Fund | ** | 333,750 |
| | Victory Established Value Fund | Mutual Fund | ** | 182,577 |
| | Virtus Emerging Markets Opportunities Fund | Mutual Fund | ** | 374,416 |
| * | Great-West Key Guaranteed Portfolio Fund | Fixed Annuity - 1.30% | ** | 1,450,684 |
| | | Subtotal of Investments | | 13,565,136 |
| | Participant Loans | 4.25% | | 393,640 |
| | | Total | | $ 13,958,776 |

* Indicates a party-in-interest as defined by the Employee Retirement Security Act of 1974.

** Cost information is not required for participant directed investments and is therefore not included

ASSURED INFORMATION SECURITY, INC.
EMPLOYEES 401(K) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2013

| | |
|---|---|
| Name of plan sponsor: | Assured Information Security, Inc. |
| Employer Identification Number: | 04-3608903 |
| Plan Name: | 001 |

| (a) | (b) Identity of Issue Borrower, Lessor, or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | AllianceBern High Income A | Mutual Fund | | $44,463 |
| | American Funds EuroPacific | Mutual Fund | | $373,070 |
| | American Funds Growth Fund | Mutual Fund | | $548,357 |
| | American Funds Income Fund of America | Mutual Fund | | $249,324 |
| | BlackRock Equity Dividend | Mutual Fund | | $553,778 |
| | Delaware Corporate Bond | Mutual Fund | | $168,284 |
| | Fidelity Advisor Materials | Mutual Fund | | $159,091 |
| | Ivy High Income | Mutual Fund | | $99,817 |
| | Janus Enterprises | Mutual Fund | | $600,507 |
| | Neuberger Berman Real Estate | Mutual Fund | | $288,755 |
| | PIMCO Low Duration | Mutual Fund | | $32,498 |
| | T. Rowe Price Retirement 2015 ADV | Mutual Fund | | $154,767 |
| | T. Rowe Price Retirement 2020 ADV | Mutual Fund | | $14,744 |
| | T. Rowe Price Retirement 2025 ADV | Mutual Fund | | $1,374,575 |
| | T. Rowe Price Retirement 2030 ADV | Mutual Fund | | $33,065 |
| | T. Rowe Price Retirement 2035 ADV | Mutual Fund | | $2,274,397 |
| | T. Rowe Price Retirement 2040 ADV | Mutual Fund | | $108,624 |
| | T. Rowe Price Retirement 2045 ADV | Mutual Fund | | $3,321,147 |
| | T. Rowe Price Retirement 2055 ADV | Mutual Fund | | $526,819 |
| | T. Rowe Price Retirement Income | Mutual Fund | | $1,689 |
| | T. Rowe Price Small Cap Stock | Mutual Fund | | $295,938 |
| | Vanguard 500 Index Signal | Mutual Fund | | $333,750 |
| | Victory Established Value Fund | Mutual Fund | | $182,577 |
| | Virtus Emerging Markets Opportunities | Mutual Fund | | $374,416 |
| | Key Guaranteed Portfolio | Fixed Annuitites | | $1,450,458 |
| | Participant Loans | Loans 4.25% | | $393,640 |
| | | | | $13,958,550 |

# TRANSACTIONS FOR REVIEW (5% REPORTABLE)



## Assured Information Security, Inc. Employees 401(k) Plan
## 01-JAN-13 to 31-DEC-13



| INVESTMENT OPTION | PURCHASE AMOUNT | PURCHASE UNITS/SHARES | PURCHASE COUNT | SALES AMOUNT | SALES UNITS/SHARES | SALES COUNT | COST OF SALES | TRANSACTION DATE |
|---|---|---|---|---|---|---|---|---|
| 2PARBX | 4,804.82 | 235.761531 | 1 | (4,804.82) | (235.761531) | 1 | (4,804.82) | SERIES |
| 2PARIX | 1,586.03 | 106.659718 | 1 | (1,586.03) | (106.659718) | 1 | (1,586.03) | SERIES |
| 2RIDEX | 251,611.56 | 12,449.854527 | 1 | (251,611.56) | (12,449.854527) | 1 | (251,611.56) | SERIES |
| 2AFEP4 | 323,987.08 | 6,864.133051 | 1 | (323,987.08) | (6,864.133051) | 1 | (323,987.08) | SERIES |
| 2AFGF4 | 646,634.08 | 14,999.630712 | 1 | (646,634.08) | (14,999.630712) | 1 | (646,634.08) | SERIES |
| 2PTLAX | 40,774.12 | 3,943.338491 | 2 | (40,774.12) | (3,943.338491) | 1 | (40,774.12) | SERIES |
| 2NYKGPF | 1,539,876.51 | 0.000000 | 1 | (1,539,876.51) | 0.000000 | 3 | (1,539,876.51) | SERIES |
| 3NYKGPF | 225.62 | 0.000000 | 1 | 0.00 | 0.000000 | 0 | 0.00 | SERIES |
| 2DGCRX | 169,560.01 | 28,307.180301 | 1 | (169,560.01) | (28,307.180301) | 1 | (169,560.01) | SERIES |
| 2PASSX | 174,241.41 | 3,943.897918 | 1 | (174,241.41) | (3,943.897918) | 1 | (174,241.41) | SERIES |
| 2GETGX | 209,563.84 | 6,124.016365 | 1 | (209,563.84) | (6,124.016365) | 1 | (209,563.84) | SERIES |
| 2VIFSX | 89,559.13 | 672.719372 | 1 | (89,559.13) | (672.719372) | 1 | (89,559.13) | SERIES |
| 2MDDVX | 527,947.18 | 22,954.225217 | 2 | (527,947.18) | (22,954.225217) | 1 | (527,947.18) | SERIES |
| 2AGDAX | 123,832.78 | 13,007.644958 | 1 | (123,832.78) | (13,007.644958) | 1 | (123,832.78) | SERIES |
| 2JGRTX1 | 556,693.15 | 6,869.362660 | 3 | (556,693.15) | (6,869.362660) | 1 | (556,693.15) | SERIES |
| 2WHIAX | 178,894.61 | 20,421.759132 | 1 | (178,894.61) | (20,421.759132) | 1 | (178,894.61) | SERIES |
| 2FMFAX | 159,015.90 | 1,924.433015 | 1 | (159,015.90) | (1,924.433015) | 1 | (159,015.90) | SERIES |
| 2NREAX | 389,280.28 | 27,608.530496 | 1 | (389,280.28) | (27,608.530496) | 1 | (389,280.28) | SERIES |
| 2HEMZX | 469,529.87 | 48,405.141237 | 1 | (469,529.87) | (48,405.141237) | 1 | (469,529.87) | SERIES |
| 2PARHX | 118,856.84 | 8,236.787249 | 1 | (118,856.84) | (8,236.787249) | 1 | (118,856.84) | SERIES |
| 2PARJX | 1,287,243.03 | 84,464.765748 | 1 | (1,287,243.03) | (84,464.765748) | 2 | (1,287,243.03) | SERIES |
| 2PARKX | 2,145,843.27 | 134,115.204375 | 1 | (2,145,843.27) | (134,115.204375) | 2 | (2,145,843.27) | SERIES |
| 2PARLX | 3,146,024.61 | 205,891.662958 | 1 | (3,146,024.61) | (205,891.662958) | 2 | (3,146,024.61) | SERIES |
| 2PAROX | 322,723.57 | 25,471.473560 | 1 | (322,723.57) | (25,471.473560) | 1 | (322,723.57) | SERIES |
| 1PARIX | 1,697.68 | 114.192468 | 26 | 0.00 | 0.000000 | 0 | 0.00 | SERIES |
| 1PARHX | 156,460.40 | 10,845.626190 | 163 | 0.00 | 0.000000 | 0 | 0.00 | SERIES |
| 1PARBX | 14,849.56 | 727.401798 | 66 | 0.00 | 0.000000 | 0 | 0.00 | SERIES |
| 1PARJX | 1,378,529.25 | 90,456.360771 | 576 | (10,284.27) | (673.507044) | 12 | (10,300.75) | SERIES |
| 1PARCX | 33,238.73 | 1,473.471872 | 16 | 0.00 | 0.000000 | 0 | 0.00 | SERIES |
| 1PARKX | 2,267,498.42 | 141,693.130991 | 1196 | (23,709.48) | (1,471.380921) | 9 | (23,542.10) | SERIES |
| 1PARDX | 106,681.21 | 4,671.984564 | 63 | 0.00 | 0.000000 | 0 | 0.00 | SERIES |
| 1PARLX | 3,306,526.69 | 216,351.418342 | 1658 | (38,761.77) | (2,497.789383) | 10 | (38,167.06) | SERIES |
| 1PAROX | 537,368.77 | 42,335.429182 | 828 | (18,262.27) | (1,433.355087) | 14 | (18,160.76) | SERIES |
| 1AFEP4 | 377,220.14 | 8,006.239030 | 1340 | (12,234.11) | (262.982435) | 15 | (12,410.82) | SERIES |
| 1HEMZX | 494,711.81 | 51,106.367802 | 1738 | (99,323.98) | (10,672.694617) | 54 | (103,488.72) | SERIES |
| 1FMFAX | 170,268.40 | 2,060.448862 | 1123 | (15,012.71) | (179.722187) | 13 | (14,849.53) | SERIES |
| 1NREAX | 417,761.61 | 29,841.801279 | 936 | (93,472.39) | (6,961.051851) | 46 | (98,129.40) | SERIES |
| 1PASSX | 324,305.71 | 7,352.162857 | 1193 | (29,252.53) | (652.192920) | 16 | (28,820.51) | SERIES |
| 1JGRTX1 | 658,577.22 | 8,143.682343 | 1640 | (56,661.92) | (695.990803) | 77 | (56,393.30) | SERIES |
| 1GETGX | 230,931.14 | 6,744.673292 | 1123 | (48,586.99) | (1,393.637608) | 89 | (47,697.49) | SERIES |
| 1AFGF4 | 734,699.20 | 17,066.800421 | 1593 | (183,312.19) | (4,230.731663) | 90 | (182,387.47) | SERIES |
| 1MDDVX | 569,442.34 | 24,720.619813 | 1605 | (44,789.48) | (1,912.613462) | 60 | (44,004.16) | SERIES |
| 1VIFSX | 319,474.37 | 2,371.975619 | 455 | (33.55) | (0.248114) | 6 | (33.46) | SERIES |
| 1RIDEX | 278,120.02 | 13,754.950793 | 556 | (33,807.05) | (1,663.577132) | 77 | (33,620.96) | SERIES |
| 1AGDAX | 136,099.77 | 14,302.441268 | 461 | (90,723.26) | (9,562.250131) | 31 | (91,032.05) | SERIES |
| 1DGCRX | 179,961.71 | 30,077.587114 | 929 | (7,448.72) | (1,261.838271) | 12 | (7,553.74) | SERIES |
| 1WHIAX | 192,336.90 | 21,961.462782 | 566 | (91,075.03) | (10,408.574700) | 40 | (91,179.45) | SERIES |
| 1PTLAX | 42,740.16 | 4,133.040221 | 263 | (10,235.81) | (987.060229) | 6 | (10,206.24) | SERIES |
| 1NYKGPF | 1,564,450.29 | 0.000000 | 345 | (117,587.54) | 0.000000 | 33 | (117,587.54) | SERIES |

**5% TRANSACTIONS**

# TRANSACTIONS FOR REVIEW (5% REPORTABLE)



## Assured Information Security, Inc. Employees 401(k) Plan
## 01-JAN-13 to 31-DEC-13



| INVESTMENT OPTION | PURCHASE AMOUNT | PURCHASE UNITS/SHARES | PURCHASE COUNT | SALES AMOUNT | SALES UNITS/SHARES | SALES COUNT | COST OF SALES | TRANSACTION DATE |
|---|---|---|---|---|---|---|---|---|
| 3NYKGPF | 225.62 | 0.000000 | 1 | 0.00 | 0.000000 | 0 | 0.00 | 23-OCT-13 |
| 1PARIX | 1,586.03 | 106.659718 | 2 | 0.00 | 0.000000 | 0 | 0.00 | 23-OCT-13 |
| 1PARHX | 118,856.84 | 8,236.787248 | 18 | 0.00 | 0.000000 | 0 | 0.00 | 23-OCT-13 |
| 1PARBX | 4,804.82 | 235.761531 | 3 | 0.00 | 0.000000 | 0 | 0.00 | 23-OCT-13 |
| 1PARJX | 1,287,243.03 | 84,464.765752 | 67 | 0.00 | 0.000000 | 0 | 0.00 | 23-OCT-13 |
| 1PARKX | 2,145,843.27 | 134,115.204375 | 129 | 0.00 | 0.000000 | 0 | 0.00 | 23-OCT-13 |
| 1PARLX | 3,146,024.61 | 205,891.662954 | 203 | 0.00 | 0.000000 | 0 | 0.00 | 23-OCT-13 |
| 1PAROX | 322,723.57 | 25,471.473560 | 81 | 0.00 | 0.000000 | 0 | 0.00 | 23-OCT-13 |
| 1AFEP4 | 323,987.08 | 6,864.133049 | 187 | 0.00 | 0.000000 | 0 | 0.00 | 23-OCT-13 |
| 1HEMZX | 469,529.87 | 48,405.141231 | 241 | 0.00 | 0.000000 | 0 | 0.00 | 23-OCT-13 |
| 1FMFAX | 159,015.90 | 1,924.433018 | 134 | 0.00 | 0.000000 | 0 | 0.00 | 23-OCT-13 |
| 1NREAX | 389,280.28 | 27,608.530491 | 114 | 0.00 | 0.000000 | 0 | 0.00 | 23-OCT-13 |
| 1PASSX | 174,241.41 | 3,943.897919 | 139 | 0.00 | 0.000000 | 0 | 0.00 | 23-OCT-13 |
| 1JGRTX1 | 556,693.15 | 6,869.362660 | 322 | 0.00 | 0.000000 | 0 | 0.00 | 23-OCT-13 |
| 1GETGX | 209,563.84 | 6,124.016362 | 137 | 0.00 | 0.000000 | 0 | 0.00 | 23-OCT-13 |
| 1AFGF4 | 646,634.08 | 14,999.630716 | 201 | 0.00 | 0.000000 | 0 | 0.00 | 23-OCT-13 |
| 1MDDVX | 527,947.18 | 22,954.225210 | 222 | 0.00 | 0.000000 | 0 | 0.00 | 23-OCT-13 |
| 1VIFSX | 89,559.13 | 672.719372 | 42 | 0.00 | 0.000000 | 0 | 0.00 | 23-OCT-13 |
| 1RIDEX | 251,611.56 | 12,449.854528 | 84 | 0.00 | 0.000000 | 0 | 0.00 | 23-OCT-13 |
| 1AGDAX | 123,832.78 | 13,007.644958 | 42 | 0.00 | 0.000000 | 0 | 0.00 | 23-OCT-13 |
| 1DGCRX | 169,560.01 | 28,307.180299 | 97 | 0.00 | 0.000000 | 0 | 0.00 | 23-OCT-13 |
| 1WHIAX | 178,894.61 | 20,421.759130 | 49 | 0.00 | 0.000000 | 0 | 0.00 | 23-OCT-13 |
| 1PTLAX | 40,774.12 | 3,943.338491 | 34 | 0.00 | 0.000000 | 0 | 0.00 | 23-OCT-13 |
| 1NYKGPF | 1,539,650.89 | 0.000000 | 62 | 0.00 | 0.000000 | 0 | 0.00 | 23-OCT-13 |
| 1WHIAX | 91.16 | 10.406395 | 49 | 0.00 | 0.000000 | 0 | 0.00 | 25-OCT-13 |
| 1PARIX | 0.23 | 0.015457 | 2 | 0.00 | 0.000000 | 0 | 0.00 | 31-OCT-13 |
| 1AGDAX | 142.76 | 14.980065 | 42 | 0.00 | 0.000000 | 0 | 0.00 | 31-OCT-13 |
| 1PTLAX | 10.46 | 1.011604 | 32 | 0.00 | 0.000000 | 0 | 0.00 | 31-OCT-13 |
| 1PARIX | 15.18 | 1.021534 | 6 | 0.00 | 0.000000 | 0 | 0.00 | 01-NOV-13 |
| 1PARHX | 3,889.40 | 269.535690 | 26 | 0.00 | 0.000000 | 0 | 0.00 | 01-NOV-13 |
| 1PARJX | 8,383.67 | 549.748849 | 117 | 0.00 | 0.000000 | 0 | 0.00 | 01-NOV-13 |
| 1PARKX | 13,153.32 | 821.056181 | 240 | 0.00 | 0.000000 | 0 | 0.00 | 01-NOV-13 |
| 1PARLX | 16,599.98 | 1,084.966017 | 309 | 0.00 | 0.000000 | 0 | 0.00 | 01-NOV-13 |
| 1PAROX | 6,357.88 | 501.410091 | 152 | 0.00 | 0.000000 | 0 | 0.00 | 01-NOV-13 |
| 1AFEP4 | 2,590.46 | 55.613141 | 295 | 0.00 | 0.000000 | 0 | 0.00 | 01-NOV-13 |
| 1HEMZX | 4,270.41 | 442.988602 | 380 | 0.00 | 0.000000 | 0 | 0.00 | 01-NOV-13 |
| 1FMFAX | 1,004.00 | 12.258854 | 211 | 0.00 | 0.000000 | 0 | 0.00 | 01-NOV-13 |
| 1NREAX | 1,745.67 | 125.950213 | 180 | 0.00 | 0.000000 | 0 | 0.00 | 01-NOV-13 |
| 1PASSX | 736.79 | 16.752844 | 210 | 0.00 | 0.000000 | 0 | 0.00 | 01-NOV-13 |
| 1JGRTX1 | 5,118.42 | 63.527611 | 366 | 0.00 | 0.000000 | 0 | 0.00 | 01-NOV-13 |
| 1GETGX | 1,033.30 | 29.846911 | 205 | 0.00 | 0.000000 | 0 | 0.00 | 01-NOV-13 |
| 1AFGF4 | 4,142.97 | 95.570254 | 344 | 0.00 | 0.000000 | 0 | 0.00 | 01-NOV-13 |
| 1MDDVX | 4,839.96 | 208.618965 | 350 | 0.00 | 0.000000 | 0 | 0.00 | 01-NOV-13 |
| 1VIFSX | 649.65 | 4.836584 | 67 | 0.00 | 0.000000 | 0 | 0.00 | 01-NOV-13 |
| 1RIDEX | 1,569.49 | 77.352878 | 139 | 0.00 | 0.000000 | 0 | 0.00 | 01-NOV-13 |
| 1AGDAX | 1,081.95 | 113.530955 | 64 | 0.00 | 0.000000 | 0 | 0.00 | 01-NOV-13 |
| 1DGCRX | 1,169.76 | 195.939694 | 154 | 0.00 | 0.000000 | 0 | 0.00 | 01-NOV-13 |
| 1WHIAX | 986.89 | 112.402052 | 94 | 0.00 | 0.000000 | 0 | 0.00 | 01-NOV-13 |
| 1PTLAX | 372.30 | 36.005803 | 40 | 0.00 | 0.000000 | 0 | 0.00 | 01-NOV-13 |
| 1NYKGPF | 3,504.79 | 0.000000 | 87 | 0.00 | 0.000000 | 0 | 0.00 | 01-NOV-13 |
| 1PARJX | 10,627.44 | 694.150229 | 3 | 0.00 | 0.000000 | 0 | 0.00 | 04-NOV-13 |

# TRANSACTIONS FOR REVIEW (5% REPORTABLE)



## Assured Information Security, Inc. Employees 401(k) Plan
## 01-JAN-13 to 31-DEC-13



| INVESTMENT OPTION | PURCHASE AMOUNT | PURCHASE UNITS/SHARES | PURCHASE COUNT | SALES AMOUNT | SALES UNITS/SHARES | SALES COUNT | COST OF SALES | TRANSACTION DATE |
|---|---|---|---|---|---|---|---|---|
| 1PAROX | 0.00 | 0.000000 | 0 | (13,262.27) | (1,041.812408) | 11 | (13,200.15) | 04-NOV-13 |
| 1AFEP4 | 3,978.68 | 85.324469 | 11 | 0.00 | 0.000000 | 0 | 0.00 | 04-NOV-13 |
| 1HEMZX | 0.00 | 0.000000 | 0 | (1,985.66) | (205.768042) | 3 | (1,995.95) | 04-NOV-13 |
| 1AFGF4 | 1,985.66 | 45.720930 | 3 | 0.00 | 0.000000 | 0 | 0.00 | 04-NOV-13 |
| 1VIFSX | 7,957.35 | 59.030786 | 11 | 0.00 | 0.000000 | 0 | 0.00 | 04-NOV-13 |
| 1AGDAX | 1,326.24 | 139.164742 | 11 | 0.00 | 0.000000 | 0 | 0.00 | 04-NOV-13 |
| 1NYKGPF | 0.00 | 0.000000 | 0 | (10,627.44) | 0.000000 | 3 | (10,627.44) | 04-NOV-13 |
| 1PARBX | 4,004.95 | 196.321078 | 18 | 0.00 | 0.000000 | 0 | 0.00 | 06-NOV-13 |
| 1PARJX | 0.00 | 0.000000 | 0 | (284.27) | (18.628197) | 9 | (284.08) | 06-NOV-13 |
| 1AFEP4 | 14,807.73 | 317.558009 | 33 | 0.00 | 0.000000 | 0 | 0.00 | 06-NOV-13 |
| 1PASSX | 14,807.73 | 334.637966 | 33 | 0.00 | 0.000000 | 0 | 0.00 | 06-NOV-13 |
| 1JGRTX1 | 29,633.76 | 368.670814 | 33 | 0.00 | 0.000000 | 0 | 0.00 | 06-NOV-13 |
| 1GETGX | 0.00 | 0.000000 | 0 | (30,556.49) | (880.590714) | 44 | (30,134.12) | 06-NOV-13 |
| 1AFGF4 | 0.00 | 0.000000 | 0 | (152,525.34) | (3,529.045501) | 44 | (152,137.84) | 06-NOV-13 |
| 1VIFSX | 148,132.26 | 1,096.626146 | 33 | 0.00 | 0.000000 | 0 | 0.00 | 06-NOV-13 |
| 1RIDEX | 0.00 | 0.000000 | 0 | (24,299.65) | (1,192.913599) | 44 | (24,108.85) | 06-NOV-13 |
| 1NYKGPF | 0.00 | 0.000000 | 0 | (3,720.68) | 0.000000 | 9 | (3,720.68) | 06-NOV-13 |
| 1HEMZX | 0.00 | 0.000000 | 0 | (4,464.13) | (471.895667) | 14 | (4,570.03) | 07-NOV-13 |
| 1JGRTX1 | 0.00 | 0.000000 | 0 | (4,445.12) | (55.871251) | 14 | (4,520.91) | 07-NOV-13 |
| 1MDDVX | 0.00 | 0.000000 | 0 | (9,886.18) | (426.679999) | 9 | (9,813.64) | 07-NOV-13 |
| 1VIFSX | 28,302.83 | 212.260613 | 46 | 0.00 | 0.000000 | 0 | 0.00 | 07-NOV-13 |
| 1RIDEX | 0.00 | 0.000000 | 0 | (9,507.40) | (470.663533) | 9 | (9,512.11) | 07-NOV-13 |
| 1PARIX | 15.18 | 1.023601 | 2 | 0.00 | 0.000000 | 0 | 0.00 | 08-NOV-13 |
| 1PARHX | 1,732.28 | 120.464534 | 10 | 0.00 | 0.000000 | 0 | 0.00 | 08-NOV-13 |
| 1PARBX | 142.05 | 6.994091 | 6 | 0.00 | 0.000000 | 0 | 0.00 | 08-NOV-13 |
| 1PARJX | 9,029.94 | 594.075000 | 50 | 0.00 | 0.000000 | 0 | 0.00 | 08-NOV-13 |
| 1PARKX | 13,271.87 | 831.570803 | 112 | 0.00 | 0.000000 | 0 | 0.00 | 08-NOV-13 |
| 1PARDX | 103,265.43 | 4,523.233901 | 42 | 0.00 | 0.000000 | 0 | 0.00 | 08-NOV-13 |
| 1PARLX | 16,663.82 | 1,093.426513 | 137 | 0.00 | 0.000000 | 0 | 0.00 | 08-NOV-13 |
| 1PAROX | 5,873.16 | 464.648738 | 63 | 0.00 | 0.000000 | 0 | 0.00 | 08-NOV-13 |
| 1AFEP4 | 2,963.86 | 64.152817 | 172 | 0.00 | 0.000000 | 0 | 0.00 | 08-NOV-13 |
| 1HEMZX | 4,319.55 | 459.038253 | 171 | 0.00 | 0.000000 | 0 | 0.00 | 08-NOV-13 |
| 1FMFAX | 950.72 | 11.526672 | 100 | 0.00 | 0.000000 | 0 | 0.00 | 08-NOV-13 |
| 1NREAX | 1,653.17 | 123.187035 | 81 | (65,888.08) | (4,909.692994) | 28 | (69,214.66) | 08-NOV-13 |
| 1PASSX | 117,154.72 | 2,648.162749 | 177 | 0.00 | 0.000000 | 0 | 0.00 | 08-NOV-13 |
| 1JGRTX1 | 5,149.49 | 63.984712 | 164 | (9,719.45) | (120.768368) | 42 | (9,785.57) | 08-NOV-13 |
| 1GETGX | 1,008.04 | 29.008350 | 97 | 0.00 | 0.000000 | 0 | 0.00 | 08-NOV-13 |
| 1AFGF4 | 17,490.65 | 406.098205 | 188 | 0.00 | 0.000000 | 0 | 0.00 | 08-NOV-13 |
| 1MDDVX | 4,478.46 | 191.060579 | 159 | (15,952.92) | (680.585183) | 42 | (15,657.17) | 08-NOV-13 |
| 1VIFSX | 1,206.80 | 8.930659 | 36 | 0.00 | 0.000000 | 0 | 0.00 | 08-NOV-13 |
| 1RIDEX | 1,502.96 | 74.037440 | 62 | 0.00 | 0.000000 | 0 | 0.00 | 08-NOV-13 |
| 1AGDAX | 1,141.16 | 120.248686 | 31 | (69,386.50) | (7,311.537814) | 28 | (69,605.56) | 08-NOV-13 |
| 1DGCRX | 1,336.24 | 225.335582 | 74 | 0.00 | 0.000000 | 0 | 0.00 | 08-NOV-13 |
| 1WHIAX | 994.62 | 113.670857 | 42 | (71,256.28) | (8,143.574640) | 28 | (71,337.93) | 08-NOV-13 |
| 1PTLAX | 372.08 | 35.915058 | 16 | 0.00 | 0.000000 | 0 | 0.00 | 08-NOV-13 |
| 1NYKGPF | 3,365.32 | 0.000000 | 49 | 0.00 | 0.000000 | 0 | 0.00 | 08-NOV-13 |
| 1AFEP4 | 27.98 | 0.604973 | 3 | 0.00 | 0.000000 | 0 | 0.00 | 11-NOV-13 |
| 1VIFSX | 0.00 | 0.000000 | 0 | (33.55) | (0.248114) | 6 | (33.46) | 11-NOV-13 |
| 1AGDAX | 5.57 | 0.587553 | 3 | 0.00 | 0.000000 | 0 | 0.00 | 11-NOV-13 |
| 1PAROX | 77,352.58 | 6,095.553983 | 27 | 0.00 | 0.000000 | 0 | 0.00 | 13-NOV-13 |
| 1AFEP4 | 16,512.86 | 357.266551 | 3 | (7,247.48) | (156.803874) | 3 | (7,399.53) | 13-NOV-13 |

# TRANSACTIONS FOR REVIEW (5% REPORTABLE)



## Assured Information Security, Inc. Employees 401(k) Plan
## 01-JAN-13 to 31-DEC-13



| INVESTMENT OPTION | PURCHASE AMOUNT | PURCHASE UNITS/SHARES | PURCHASE COUNT | SALES AMOUNT | SALES UNITS/SHARES | SALES COUNT | COST OF SALES | TRANSACTION DATE |
|---|---|---|---|---|---|---|---|---|
| 1HEMZX | 0.00 | 0.000000 | 0 | (6,652.80) | (718.445273) | 3 | (6,967.21) | 13-NOV-13 |
| 1NREAX | 0.00 | 0.000000 | 0 | (2,046.17) | (151.905031) | 3 | (2,140.92) | 13-NOV-13 |
| 1PASSX | 0.00 | 0.000000 | 0 | (5,688.26) | (127.111885) | 3 | (5,615.70) | 13-NOV-13 |
| 1JGRTX1 | 4,128.21 | 50.821248 | 3 | (10,882.76) | (133.974670) | 3 | (10,856.54) | 13-NOV-13 |
| 1GETGX | 4,128.21 | 117.679875 | 3 | (10,041.14) | (286.235419) | 3 | (9,796.46) | 13-NOV-13 |
| 1AFGF4 | 16,512.86 | 380.656062 | 3 | (12,388.59) | (285.582953) | 3 | (12,311.80) | 13-NOV-13 |
| 1MDDVX | 16,512.86 | 702.674893 | 3 | (16,231.75) | (690.712719) | 3 | (15,888.92) | 13-NOV-13 |
| 1RIDEX | 16,512.86 | 813.441380 | 3 | 0.00 | 0.000000 | 0 | 0.00 | 13-NOV-13 |
| 1AGDAX | 4,128.21 | 436.385835 | 3 | 0.00 | 0.000000 | 0 | 0.00 | 13-NOV-13 |
| 1DGCRX | 0.00 | 0.000000 | 0 | (6,173.63) | (1,042.843331) | 3 | (6,246.01) | 13-NOV-13 |
| 1WHIAX | 4,128.20 | 472.334096 | 3 | 0.00 | 0.000000 | 0 | 0.00 | 13-NOV-13 |
| 1NYKGPF | 0.00 | 0.000000 | 0 | (82,564.27) | 0.000000 | 3 | (82,564.27) | 13-NOV-13 |
| 1PAROX | 74,875.74 | 5,868.004704 | 15 | 0.00 | 0.000000 | 0 | 0.00 | 14-NOV-13 |
| 1HEMZX | 0.00 | 0.000000 | 0 | (11,958.46) | (1,280.349028) | 12 | (12,416.74) | 14-NOV-13 |
| 1FMFAX | 0.00 | 0.000000 | 0 | (10,827.81) | (129.970168) | 3 | (10,738.71) | 14-NOV-13 |
| 1NREAX | 4,193.75 | 308.590877 | 12 | (12,431.16) | (914.728594) | 3 | (12,892.86) | 14-NOV-13 |
| 1JGRTX1 | 0.00 | 0.000000 | 0 | (6,422.36) | (78.918189) | 9 | (6,395.52) | 14-NOV-13 |
| 1GETGX | 0.00 | 0.000000 | 0 | (2,072.59) | (58.846963) | 9 | (2,013.77) | 14-NOV-13 |
| 1MDDVX | 0.00 | 0.000000 | 0 | (2,429.38) | (102.722175) | 3 | (2,362.61) | 14-NOV-13 |
| 1VIFSX | 4,193.75 | 30.671763 | 12 | 0.00 | 0.000000 | 0 | 0.00 | 14-NOV-13 |
| 1AGDAX | 1,604.65 | 169.266877 | 12 | (21,336.76) | (2,250.712317) | 3 | (21,426.49) | 14-NOV-13 |
| 1WHIAX | 0.00 | 0.000000 | 0 | (19,818.75) | (2,265.000060) | 12 | (19,841.52) | 14-NOV-13 |
| 1PARBX | 5,000.00 | 244.021475 | 3 | 0.00 | 0.000000 | 0 | 0.00 | 19-NOV-13 |
| 1PAROX | 0.00 | 0.000000 | 0 | (5,000.00) | (391.542679) | 3 | (4,960.61) | 19-NOV-13 |
| 1NYKGPF | 0.00 | 0.000000 | 0 | (6,293.75) | 0.000000 | 6 | (6,293.75) | 19-NOV-13 |
| 1PAROX | 16,619.51 | 1,307.593234 | 1 | 0.00 | 0.000000 | 0 | 0.00 | 20-NOV-13 |
| 1HEMZX | 1,107.97 | 117.994675 | 1 | 0.00 | 0.000000 | 0 | 0.00 | 20-NOV-13 |
| 1FMFAX | 1,107.96 | 13.441223 | 1 | 0.00 | 0.000000 | 0 | 0.00 | 20-NOV-13 |
| 1JGRTX1 | 1,107.97 | 13.649994 | 1 | 0.00 | 0.000000 | 0 | 0.00 | 20-NOV-13 |
| 1WHIAX | 2,215.94 | 252.961187 | 1 | 0.00 | 0.000000 | 0 | 0.00 | 20-NOV-13 |
| 1PARIX | 15.18 | 1.017426 | 2 | 0.00 | 0.000000 | 0 | 0.00 | 21-NOV-13 |
| 1PARHX | 1,732.28 | 119.385252 | 10 | 0.00 | 0.000000 | 0 | 0.00 | 21-NOV-13 |
| 1PARBX | 142.05 | 6.925890 | 6 | 0.00 | 0.000000 | 0 | 0.00 | 21-NOV-13 |
| 1PARJX | 10,594.90 | 689.323361 | 50 | 0.00 | 0.000000 | 0 | 0.00 | 21-NOV-13 |
| 1PARKX | 14,170.39 | 876.880568 | 112 | 0.00 | 0.000000 | 0 | 0.00 | 21-NOV-13 |
| 1PARDX | 272.47 | 11.779939 | 3 | 0.00 | 0.000000 | 0 | 0.00 | 21-NOV-13 |
| 1PARLX | 16,614.13 | 1,076.044690 | 137 | 0.00 | 0.000000 | 0 | 0.00 | 21-NOV-13 |
| 1PAROX | 6,522.08 | 509.537498 | 69 | 0.00 | 0.000000 | 0 | 0.00 | 21-NOV-13 |
| 1AFEP4 | 2,795.79 | 59.637159 | 144 | 0.00 | 0.000000 | 0 | 0.00 | 21-NOV-13 |
| 1HEMZX | 4,221.23 | 454.873925 | 168 | (10,560.26) | (1,137.958762) | 3 | (11,038.20) | 21-NOV-13 |
| 1FMFAX | 881.27 | 10.606208 | 97 | 0.00 | 0.000000 | 0 | 0.00 | 21-NOV-13 |
| 1NREAX | 1,399.95 | 104.395969 | 78 | (1,840.38) | (137.239715) | 3 | (1,935.08) | 21-NOV-13 |
| 1PASSX | 1,324.04 | 29.429647 | 110 | 0.00 | 0.000000 | 0 | 0.00 | 21-NOV-13 |
| 1JGRTX1 | 5,299.88 | 64.695808 | 167 | 0.00 | 0.000000 | 0 | 0.00 | 21-NOV-13 |
| 1GETGX | 991.94 | 28.076418 | 100 | (3,547.93) | (100.422852) | 3 | (3,436.47) | 21-NOV-13 |
| 1AFGF4 | 4,474.21 | 102.150911 | 160 | 0.00 | 0.000000 | 0 | 0.00 | 21-NOV-13 |
| 1MDDVX | 4,297.92 | 180.660788 | 159 | 0.00 | 0.000000 | 0 | 0.00 | 21-NOV-13 |
| 1VIFSX | 17,161.40 | 125.110444 | 45 | 0.00 | 0.000000 | 0 | 0.00 | 21-NOV-13 |
| 1RIDEX | 1,584.34 | 77.701813 | 62 | 0.00 | 0.000000 | 0 | 0.00 | 21-NOV-13 |
| 1AGDAX | 568.15 | 59.931435 | 25 | 0.00 | 0.000000 | 0 | 0.00 | 21-NOV-13 |
| 1DGCRX | 1,346.98 | 227.146711 | 74 | 0.00 | 0.000000 | 0 | 0.00 | 21-NOV-13 |

# TRANSACTIONS FOR REVIEW (5% REPORTABLE)



## Assured Information Security, Inc. Employees 401(k) Plan
## 01-JAN-13 to 31-DEC-13



| INVESTMENT OPTION | PURCHASE AMOUNT | PURCHASE UNITS/SHARES | PURCHASE COUNT | SALES AMOUNT | SALES UNITS/SHARES | SALES COUNT | COST OF SALES | TRANSACTION DATE |
|---|---|---|---|---|---|---|---|---|
| 1WHIAX | 761.66 | 87.046857 | 39 | 0.00 | 0.000000 | 0 | 0.00 | 21-NOV-13 |
| 1PTLAX | 373.92 | 35.953845 | 16 | 0.00 | 0.000000 | 0 | 0.00 | 21-NOV-13 |
| 1NYKGPF | 2,925.01 | 0.000000 | 48 | 0.00 | 0.000000 | 0 | 0.00 | 21-NOV-13 |
| 1PARCX | 32,336.13 | 1,432.704031 | 4 | 0.00 | 0.000000 | 0 | 0.00 | 22-NOV-13 |
| 1HEMZX | 0.00 | 0.000000 | 0 | (32,336.13) | (3,480.746892) | 4 | (33,745.76) | 22-NOV-13 |
| 1DGCRX | 3,287.43 | 562.916090 | 287 | 0.00 | 0.000000 | 0 | 0.00 | 22-NOV-13 |
| 1PARLX | 0.00 | 0.000000 | 0 | (11,196.82) | (722.841623) | 3 | (11,045.02) | 25-NOV-13 |
| 1HEMZX | 0.00 | 0.000000 | 0 | (18,480.04) | (1,980.710309) | 3 | (19,212.89) | 25-NOV-13 |
| 1NREAX | 0.00 | 0.000000 | 0 | (10,044.41) | (755.219149) | 3 | (10,648.59) | 25-NOV-13 |
| 1PASSX | 0.00 | 0.000000 | 0 | (15,365.55) | (341.380941) | 3 | (15,082.21) | 25-NOV-13 |
| 1JGRTX1 | 0.00 | 0.000000 | 0 | (16,269.21) | (197.874014) | 3 | (16,035.71) | 25-NOV-13 |
| 1WHIAX | 827.43 | 94.347777 | 53 | 0.00 | 0.000000 | 0 | 0.00 | 27-NOV-13 |
| 1PARIX | 1.00 | 0.066890 | 2 | 0.00 | 0.000000 | 0 | 0.00 | 29-NOV-13 |
| 1AGDAX | 391.27 | 41.143007 | 45 | 0.00 | 0.000000 | 0 | 0.00 | 29-NOV-13 |
| 1PTLAX | 39.34 | 3.789983 | 32 | 0.00 | 0.000000 | 0 | 0.00 | 29-NOV-13 |
| 1FMFAX | 2,034.73 | 24.414807 | 3 | 0.00 | 0.000000 | 0 | 0.00 | 02-DEC-13 |
| 1AFGF4 | 0.00 | 0.000000 | 0 | (2,034.73) | (45.930643) | 3 | (1,980.07) | 02-DEC-13 |
| 1PARHX | 21,434.61 | 1,482.338172 | 21 | 0.00 | 0.000000 | 0 | 0.00 | 04-DEC-13 |
| 1PARKX | 0.00 | 0.000000 | 0 | (8,912.38) | (552.877171) | 6 | (8,846.04) | 04-DEC-13 |
| 1AFEP4 | 0.00 | 0.000000 | 0 | (2,981.04) | (63.548094) | 6 | (2,999.47) | 04-DEC-13 |
| 1HEMZX | 0.00 | 0.000000 | 0 | (6,115.93) | (663.331959) | 6 | (6,434.32) | 04-DEC-13 |
| 1JGRTX1 | 10,501.58 | 127.601214 | 21 | 0.00 | 0.000000 | 0 | 0.00 | 04-DEC-13 |
| 1AFGF4 | 0.00 | 0.000000 | 0 | (735.46) | (16.711204) | 6 | (720.42) | 04-DEC-13 |
| 1DGCRX | 0.00 | 0.000000 | 0 | (1,117.92) | (192.081537) | 6 | (1,150.00) | 04-DEC-13 |
| 1PTLAX | 0.00 | 0.000000 | 0 | (10,235.81) | (987.060229) | 6 | (10,206.24) | 04-DEC-13 |
| 1NYKGPF | 0.00 | 0.000000 | 0 | (1,837.65) | 0.000000 | 6 | (1,837.65) | 04-DEC-13 |
| 1PARIX | 15.18 | 1.022911 | 2 | 0.00 | 0.000000 | 0 | 0.00 | 05-DEC-13 |
| 1PARHX | 1,887.77 | 130.731996 | 12 | 0.00 | 0.000000 | 0 | 0.00 | 05-DEC-13 |
| 1PARBX | 142.05 | 6.953011 | 6 | 0.00 | 0.000000 | 0 | 0.00 | 05-DEC-13 |
| 1PARJX | 7,830.72 | 511.477468 | 44 | 0.00 | 0.000000 | 0 | 0.00 | 05-DEC-13 |
| 1PARKX | 12,925.47 | 802.824231 | 108 | 0.00 | 0.000000 | 0 | 0.00 | 05-DEC-13 |
| 1PARDX | 272.47 | 11.820824 | 3 | 0.00 | 0.000000 | 0 | 0.00 | 05-DEC-13 |
| 1PARLX | 16,071.42 | 1,044.276805 | 137 | 0.00 | 0.000000 | 0 | 0.00 | 05-DEC-13 |
| 1PAROX | 6,657.21 | 521.724925 | 69 | 0.00 | 0.000000 | 0 | 0.00 | 05-DEC-13 |
| 1AFEP4 | 2,799.40 | 59.612443 | 143 | (1,860.52) | (39.619280) | 3 | (1,870.03) | 05-DEC-13 |
| 1HEMZX | 4,201.54 | 455.204765 | 167 | (6,628.64) | (718.161856) | 3 | (6,966.17) | 05-DEC-13 |
| 1FMFAX | 879.36 | 10.635702 | 97 | (1,022.65) | (12.368752) | 3 | (1,022.03) | 05-DEC-13 |
| 1NREAX | 1,411.85 | 106.394121 | 78 | (1,179.75) | (88.903545) | 3 | (1,253.54) | 05-DEC-13 |
| 1PASSX | 1,331.37 | 29.777903 | 109 | (4,619.93) | (103.331145) | 3 | (4,565.17) | 05-DEC-13 |
| 1JGRTX1 | 5,175.77 | 62.957914 | 165 | (8,734.40) | (106.244941) | 3 | (8,610.09) | 05-DEC-13 |
| 1GETGX | 998.27 | 28.400286 | 99 | (2,194.88) | (62.443016) | 3 | (2,136.80) | 05-DEC-13 |
| 1AFGF4 | 4,453.13 | 101.299588 | 159 | (1,215.95) | (27.660171) | 3 | (1,192.43) | 05-DEC-13 |
| 1MDDVX | 4,037.52 | 172.249149 | 155 | 0.00 | 0.000000 | 0 | 0.00 | 05-DEC-13 |
| 1VIFSX | 1,208.64 | 8.856456 | 36 | 0.00 | 0.000000 | 0 | 0.00 | 05-DEC-13 |
| 1RIDEX | 1,569.23 | 77.723126 | 62 | 0.00 | 0.000000 | 0 | 0.00 | 05-DEC-13 |
| 1AGDAX | 549.23 | 57.874606 | 24 | 0.00 | 0.000000 | 0 | 0.00 | 05-DEC-13 |
| 1DGCRX | 1,349.28 | 231.835054 | 74 | 0.00 | 0.000000 | 0 | 0.00 | 05-DEC-13 |
| 1WHIAX | 754.27 | 86.103879 | 39 | 0.00 | 0.000000 | 0 | 0.00 | 05-DEC-13 |
| 1PTLAX | 379.44 | 36.590164 | 16 | 0.00 | 0.000000 | 0 | 0.00 | 05-DEC-13 |
| 1NYKGPF | 2,502.62 | 0.000000 | 48 | 0.00 | 0.000000 | 0 | 0.00 | 05-DEC-13 |
| 1AGDAX | 555.61 | 59.296693 | 90 | 0.00 | 0.000000 | 0 | 0.00 | 06-DEC-13 |

# TRANSACTIONS FOR REVIEW (5% REPORTABLE)



## Assured Information Security, Inc. Employees 401(k) Plan
## 01-JAN-13 to 31-DEC-13



| INVESTMENT OPTION | PURCHASE AMOUNT | PURCHASE UNITS/SHARES | PURCHASE COUNT | SALES AMOUNT | SALES UNITS/SHARES | SALES COUNT | COST OF SALES | TRANSACTION DATE |
|---|---|---|---|---|---|---|---|---|
| 1NYKGPF | 0.00 | 0.000000 | 0 | (12,543.75) | 0.000000 | 6 | (12,543.75) | 09-DEC-13 |
| 1PASSX | 0.00 | 0.000000 | 0 | (3,477.22) | (78.069562) | 4 | (3,456.13) | 10-DEC-13 |
| 1AFGF4 | 0.00 | 0.000000 | 0 | (14,194.10) | (320.697867) | 4 | (13,825.10) | 10-DEC-13 |
| 1VIFSX | 17,671.32 | 128.210985 | 8 | 0.00 | 0.000000 | 0 | 0.00 | 10-DEC-13 |
| 1PTLAX | 20.46 | 1.974906 | 29 | 0.00 | 0.000000 | 0 | 0.00 | 11-DEC-13 |
| 1WHIAX | 1,492.46 | 172.738422 | 106 | 0.00 | 0.000000 | 0 | 0.00 | 12-DEC-13 |
| 1PASSX | 13,150.23 | 313.026173 | 287 | 0.00 | 0.000000 | 0 | 0.00 | 13-DEC-13 |
| 1MDDVX | 2,742.17 | 117.942783 | 402 | 0.00 | 0.000000 | 0 | 0.00 | 13-DEC-13 |
| 1NREAX | 16,700.75 | 1,354.480937 | 315 | 0.00 | 0.000000 | 0 | 0.00 | 16-DEC-13 |
| 1PARKX | 0.00 | 0.000000 | 0 | (14,797.10) | (918.503750) | 3 | (14,696.06) | 17-DEC-13 |
| 1JGRTX1 | 30,345.63 | 389.445969 | 215 | 0.00 | 0.000000 | 0 | 0.00 | 17-DEC-13 |
| 1AFGF4 | 34,304.51 | 823.044862 | 378 | 0.00 | 0.000000 | 0 | 0.00 | 18-DEC-13 |
| 1PARIX | 19.74 | 1.328399 | 2 | 0.00 | 0.000000 | 0 | 0.00 | 19-DEC-13 |
| 1PARHX | 1,892.33 | 130.057045 | 12 | 0.00 | 0.000000 | 0 | 0.00 | 19-DEC-13 |
| 1PARBX | 142.05 | 6.892286 | 6 | 0.00 | 0.000000 | 0 | 0.00 | 19-DEC-13 |
| 1PARJX | 7,862.32 | 508.558865 | 44 | 0.00 | 0.000000 | 0 | 0.00 | 19-DEC-13 |
| 1PARKX | 13,414.20 | 823.462241 | 108 | 0.00 | 0.000000 | 0 | 0.00 | 19-DEC-13 |
| 1PARDX | 272.47 | 11.683962 | 3 | 0.00 | 0.000000 | 0 | 0.00 | 19-DEC-13 |
| 1PARLX | 16,653.97 | 1,069.619139 | 136 | 0.00 | 0.000000 | 0 | 0.00 | 19-DEC-13 |
| 1PAROX | 6,974.89 | 540.270328 | 69 | 0.00 | 0.000000 | 0 | 0.00 | 19-DEC-13 |
| 1AFEP4 | 3,243.91 | 68.422486 | 144 | 0.00 | 0.000000 | 0 | 0.00 | 19-DEC-13 |
| 1HEMZX | 4,370.82 | 476.124180 | 168 | 0.00 | 0.000000 | 0 | 0.00 | 19-DEC-13 |
| 1FMFAX | 914.60 | 10.901069 | 97 | 0.00 | 0.000000 | 0 | 0.00 | 19-DEC-13 |
| 1NREAX | 1,376.19 | 110.271636 | 78 | 0.00 | 0.000000 | 0 | 0.00 | 19-DEC-13 |
| 1PASSX | 1,559.42 | 36.477656 | 110 | 0.00 | 0.000000 | 0 | 0.00 | 19-DEC-13 |
| 1JGRTX1 | 5,423.36 | 68.964399 | 165 | 0.00 | 0.000000 | 0 | 0.00 | 19-DEC-13 |
| 1GETGX | 1,287.47 | 36.124302 | 100 | 0.00 | 0.000000 | 0 | 0.00 | 19-DEC-13 |
| 1AFGF4 | 4,701.13 | 112.628893 | 157 | 0.00 | 0.000000 | 0 | 0.00 | 19-DEC-13 |
| 1MDDVX | 4,586.27 | 193.187446 | 155 | 0.00 | 0.000000 | 0 | 0.00 | 19-DEC-13 |
| 1VIFSX | 1,638.58 | 11.835178 | 39 | 0.00 | 0.000000 | 0 | 0.00 | 19-DEC-13 |
| 1RIDEX | 1,838.14 | 89.928567 | 63 | 0.00 | 0.000000 | 0 | 0.00 | 19-DEC-13 |
| 1AGDAX | 552.19 | 58.931696 | 24 | 0.00 | 0.000000 | 0 | 0.00 | 19-DEC-13 |
| 1DGCRX | 1,347.32 | 230.705479 | 74 | 0.00 | 0.000000 | 0 | 0.00 | 19-DEC-13 |
| 1WHIAX | 629.23 | 72.827544 | 38 | 0.00 | 0.000000 | 0 | 0.00 | 19-DEC-13 |
| 1PTLAX | 385.24 | 37.221257 | 16 | 0.00 | 0.000000 | 0 | 0.00 | 19-DEC-13 |
| 1NYKGPF | 2,501.66 | 0.000000 | 48 | 0.00 | 0.000000 | 0 | 0.00 | 19-DEC-13 |
| 1PARIX | 23.55 | 1.603131 | 4 | 0.00 | 0.000000 | 0 | 0.00 | 20-DEC-13 |
| 1PARHX | 5,034.89 | 356.326253 | 54 | 0.00 | 0.000000 | 0 | 0.00 | 20-DEC-13 |
| 1PARBX | 471.59 | 23.532436 | 18 | 0.00 | 0.000000 | 0 | 0.00 | 20-DEC-13 |
| 1PARJX | 36,957.23 | 2,444.261247 | 201 | 0.00 | 0.000000 | 0 | 0.00 | 20-DEC-13 |
| 1PARCX | 902.60 | 40.767841 | 12 | 0.00 | 0.000000 | 0 | 0.00 | 20-DEC-13 |
| 1PARKX | 54,719.90 | 3,422.132592 | 387 | 0.00 | 0.000000 | 0 | 0.00 | 20-DEC-13 |
| 1PARDX | 2,598.37 | 113.465938 | 12 | 0.00 | 0.000000 | 0 | 0.00 | 20-DEC-13 |
| 1PARLX | 77,898.76 | 5,091.422224 | 599 | 0.00 | 0.000000 | 0 | 0.00 | 20-DEC-13 |
| 1PAROX | 11,954.12 | 942.011032 | 255 | 0.00 | 0.000000 | 0 | 0.00 | 20-DEC-13 |
| 1HEMZX | 2,690.42 | 295.002171 | 442 | 0.00 | 0.000000 | 0 | 0.00 | 20-DEC-13 |
| 1FMFAX | 3,479.86 | 42.231309 | 383 | 0.00 | 0.000000 | 0 | 0.00 | 20-DEC-13 |
| 1RIDEX | 1,931.44 | 94.911061 | 81 | 0.00 | 0.000000 | 0 | 0.00 | 20-DEC-13 |
| 1DGCRX | 564.69 | 96.528205 | 95 | 0.00 | 0.000000 | 0 | 0.00 | 20-DEC-13 |
| 1VIFSX | 1,792.66 | 12.886633 | 62 | 0.00 | 0.000000 | 0 | 0.00 | 23-DEC-13 |
| 1AFEP4 | 3,512.39 | 73.913933 | 187 | 0.00 | 0.000000 | 0 | 0.00 | 26-DEC-13 |

# TRANSACTIONS FOR REVIEW (5% REPORTABLE)



## Assured Information Security, Inc. Employees 401(k) Plan
## 01-JAN-13 to 31-DEC-13



| INVESTMENT OPTION | PURCHASE AMOUNT | PURCHASE UNITS/SHARES | PURCHASE COUNT | SALES AMOUNT | SALES UNITS/SHARES | SALES COUNT | COST OF SALES | TRANSACTION DATE |
|---|---|---|---|---|---|---|---|---|
| 1GETGX | 11,920.07 | 351.520788 | 382 | 0.00 | 0.000000 | 0 | 0.00 | 26-DEC-13 |
| 1PARJX | 0.00 | 0.000000 | 0 | (10,000.00) | (654.878847) | 3 | (10,016.67) | 30-DEC-13 |
| 1NYKGPF | 10,000.00 | 0.000000 | 3 | 0.00 | 0.000000 | 0 | 0.00 | 30-DEC-13 |
| 1PARIX | 6.41 | 0.433401 | 2 | 0.00 | 0.000000 | 0 | 0.00 | 31-DEC-13 |
| 1PARLX | 0.00 | 0.000000 | 0 | (27,564.95) | (1,774.947760) | 7 | (27,122.04) | 31-DEC-13 |
| 1PAROX | 1,458.03 | 113.201089 | 27 | 0.00 | 0.000000 | 0 | 0.00 | 31-DEC-13 |
| 1AFEP4 | 0.00 | 0.000000 | 0 | (145.07) | (3.011187) | 3 | (141.79) | 31-DEC-13 |
| 1HEMZX | 0.00 | 0.000000 | 0 | (141.93) | (15.326829) | 3 | (141.45) | 31-DEC-13 |
| 1FMFAX | 0.00 | 0.000000 | 0 | (3,162.25) | (37.383267) | 7 | (3,088.79) | 31-DEC-13 |
| 1NREAX | 0.00 | 0.000000 | 0 | (42.44) | (3.362823) | 3 | (43.75) | 31-DEC-13 |
| 1PASSX | 0.00 | 0.000000 | 0 | (101.57) | (2.299387) | 3 | (101.30) | 31-DEC-13 |
| 1JGRTX1 | 0.00 | 0.000000 | 0 | (188.62) | (2.339370) | 3 | (188.96) | 31-DEC-13 |
| 1GETGX | 0.00 | 0.000000 | 0 | (173.96) | (5.098644) | 3 | (179.87) | 31-DEC-13 |
| 1AFGF4 | 0.00 | 0.000000 | 0 | (218.02) | (5.103324) | 3 | (219.81) | 31-DEC-13 |
| 1MDDVX | 0.00 | 0.000000 | 0 | (289.25) | (11.913386) | 3 | (281.82) | 31-DEC-13 |
| 1AGDAX | 220.00 | 23.454160 | 45 | 0.00 | 0.000000 | 0 | 0.00 | 31-DEC-13 |
| 1DGCRX | 0.00 | 0.000000 | 0 | (157.17) | (26.913403) | 3 | (157.73) | 31-DEC-13 |
| 1WHIAX | 560.43 | 64.864586 | 53 | 0.00 | 0.000000 | 0 | 0.00 | 31-DEC-13 |
| 1PTLAX | 12.80 | 1.239110 | 32 | 0.00 | 0.000000 | 0 | 0.00 | 31-DEC-13 |

LEGEND

INVESTMENT OPTION:

| | |
|---|---|
| 2PARBX | T. Rowe Price Retirement 2020 Adv |
| 2RIDEX | American Funds Inc Fund of Amer R4 |
| 2AFGF4 | American Funds Growth Fund of Amer R4 |
| 2NYKGPF | Key Guaranteed Portfolio Fund |
| 2DGCRX | Delaware Corporate Bond R |
| 2GETGX | Victory Established Value Fund - R |
| 2MDDVX | BlackRock Equity Dividend A |
| 2JGRTX1 | Janus Enterprise S |
| 2FMFAX | Fidelity Advisor Materials A |
| 2HEMZX | Virtus Emerging Markets Opportunities A |
| 2PARJX | T. Rowe Price Retirement 2025 Adv |
| 2PARLX | T. Rowe Price Retirement 2045 Adv |
| 1PARIX | T. Rowe Price Retirement Income Adv |
| 1PARBX | T. Rowe Price Retirement 2020 Adv |
| 1PARCX | T. Rowe Price Retirement 2030 Adv |
| 1PARDX | T. Rowe Price Retirement 2040 Adv |
| 1PAROX | T. Rowe Price Retirement 2055 Adv |
| 1HEMZX | Virtus Emerging Markets Opportunities A |
| 1NREAX | Neuberger Berman Real Estate A |
| 1JGRTX1 | Janus Enterprise S |
| 1AFGF4 | American Funds Growth Fund of Amer R4 |
| 1VIFSX | Vanguard 500 Index Signal |
| 1AGDAX | AllianceBern High Income A |
| 1WHIAX | Ivy High Income A |
| 1NYKGPF | Key Guaranteed Portfolio Fund |
| 2PARIX | T. Rowe Price Retirement Income Adv |
| 2AFEP4 | American Funds EuroPacific Gr R4 |
| 2PTLAX | PIMCO Low Duration A |
| 3NYKGPF | Key Guaranteed Portfolio Fund |
| 2PASSX | T. Rowe Price Small Cap Stock - Adv |
| 2VIFSX | Vanguard 500 Index Signal |
| 2AGDAX | AllianceBern High Income A |
| 2WHIAX | Ivy High Income A |
| 2NREAX | Neuberger Berman Real Estate A |
| 2PARHX | T. Rowe Price Retirement 2015 Adv |
| 2PARKX | T. Rowe Price Retirement 2035 Adv |
| 2PAROX | T. Rowe Price Retirement 2055 Adv |
| 1PARHX | T. Rowe Price Retirement 2015 Adv |
| 1PARJX | T. Rowe Price Retirement 2025 Adv |
| 1PARKX | T. Rowe Price Retirement 2035 Adv |
| 1PARLX | T. Rowe Price Retirement 2045 Adv |
| 1AFEP4 | American Funds EuroPacific Gr R4 |
| 1FMFAX | Fidelity Advisor Materials A |
| 1PASSX | T. Rowe Price Small Cap Stock - Adv |
| 1GETGX | Victory Established Value Fund - R |
| 1MDDVX | BlackRock Equity Dividend A |
| 1RIDEX | American Funds Inc Fund of Amer R4 |
| 1DGCRX | Delaware Corporate Bond R |
| 1PTLAX | PIMCO Low Duration A |