

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2013</div> <div style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information	
1a Name of plan <u>ZURICH SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶	<u>003</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>ZURICH AMERICAN INSURANCE COMPANY</u> <u>HUMAN RESOURCES</u> <u>1400 AMERICAN LANE</u> <u>SCHAUMBURG, IL 60196-1056</u>		1c Effective date of plan <u>01/01/1972</u> 2b Employer Identification Number (EIN) <u>36-4233459</u> 2c Sponsor's telephone number <u>847-605-6213</u> 2d Business code (see instructions) <u>524290</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2014	SARAH STAGGS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	11944
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	7718
b Retired or separated participants receiving benefits		6b	147
c Other retired or separated participants entitled to future benefits		6c	3787
d Subtotal. Add lines 6a , 6b , and 6c		6d	11652
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	48
f Total. Add lines 6d and 6e		6f	11700
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	11512
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 3H			
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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan ZURICH SAVINGS PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 ZURICH AMERICAN INSURANCE COMPANY		
		D Employer Identification Number (EIN) 36-4233459

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.
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1 Coverage Information:

(a) Name of insurance carrier
NEW YORK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	GAC 34373		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
0	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

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

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

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

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

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

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

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

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

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

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

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

(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	5005356
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. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	5005346
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	42511	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		

(6) Total additions

7c(6) 42511

d Total of balance and additions (add lines 7b and 7c(6))	7d	5047857
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)	42501	

▶ OTHER ACTIVITY

(5) Total deductions

7e(5) 42501

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	5005356
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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
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan ZURICH SAVINGS PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 ZURICH AMERICAN INSURANCE COMPANY		
D Employer Identification Number (EIN) 36-4233459		

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.
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1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	GAC 32063		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
0	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

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

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

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

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

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

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

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

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

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

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

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

(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	5687249
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. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	5601545
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	85704	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		

(6) Total additions

7c(6) 85704

d Total of balance and additions (add lines 7b and 7c(6))	7d	5687249
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e Deductions:

- (1) Disbursed from fund to pay benefits or purchase annuities during year
(2) Administration charge made by carrier

7e(1)
7e(2)
7e(3)
7e(4)

(3) Transferred to separate account

(4) Other (specify below)

▶

(5) Total deductions

7e(5) 0

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	5687249
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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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 <u>ZURICH SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ZURICH AMERICAN INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>36-4233459</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VANGUARD GROUP, INC.

23-1945930

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

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

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

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

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

VANGUARD GROUP, INC.

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 26 27 37 50	TRUSTEE	283976	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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

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

A Name of plan <u>ZURICH SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ZURICH AMERICAN INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>36-4233459</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VFTC INTERMEDIATE-TERM BOND TRUST</u>			
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>			
c EIN-PN <u>23-3061590-009</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>157917698</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VFTC SHORT-TERM BOND TRUST</u>			
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>			
c EIN-PN <u>20-2148111-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>76710228</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NEW YORK LIFE COLLECT INVEST TRUST</u>			
b Name of sponsor of entity listed in (a): <u>NEW YORK LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>13-3808042-210</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13582894</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRUDENTIAL CORE CONSERV BOND TRUST</u>			
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>23-6994310-179</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9300921</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET. 2010 TRUST II</u>			
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>			
c EIN-PN <u>90-6083954-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5665562</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET. 2015 TRUST II</u>			
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>			
c EIN-PN <u>90-6083984-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>72709172</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET. 2020 TRUST II</u>			
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>			
c EIN-PN <u>90-6083982-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>37945051</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD TARGET RET. 2025 TRUST II](#)**b** Name of sponsor of entity listed in (a): [VANGUARD FIDUCIARY TRUST COMPANY](#)

c EIN-PN 90-6083980-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 104028869
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD TARGET RET. 2030 TRUST II](#)**b** Name of sponsor of entity listed in (a): [VANGUARD FIDUCIARY TRUST COMPANY](#)

c EIN-PN 90-6083978-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35423185
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD TARGET RET. 2035 TRUST II](#)**b** Name of sponsor of entity listed in (a): [VANGUARD FIDUCIARY TRUST COMPANY](#)

c EIN-PN 90-6083976-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55617615
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD TARGET RET. 2040 TRUST II](#)**b** Name of sponsor of entity listed in (a): [VANGUARD FIDUCIARY TRUST COMPANY](#)

c EIN-PN 90-6083974-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14967391
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD TARGET RET. 2045 TRUST II](#)**b** Name of sponsor of entity listed in (a): [VANGUARD FIDUCIARY TRUST COMPANY](#)

c EIN-PN 90-6083972-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24673690
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD TARGET RET. 2050 TRUST II](#)**b** Name of sponsor of entity listed in (a): [VANGUARD FIDUCIARY TRUST COMPANY](#)

c EIN-PN 90-6083970-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8138773
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD TARGET RET. 2055 TRUST II](#)**b** Name of sponsor of entity listed in (a): [VANGUARD FIDUCIARY TRUST COMPANY](#)

c EIN-PN 36-6071399-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1541862
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD TARGET RET. 2060 TRUST II](#)**b** Name of sponsor of entity listed in (a): [VANGUARD FIDUCIARY TRUST COMPANY](#)

c EIN-PN 45-3799419-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 383457
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD TARGET RET. INCOME II](#)**b** Name of sponsor of entity listed in (a): [VANGUARD FIDUCIARY TRUST COMPANY](#)

c EIN-PN 90-6083967-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12532680
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a Name of MTIA, CCT, PSA, or 103-12 IE: [ALEX BROWN EQUITY FUND](#)**b** Name of sponsor of entity listed in (a): [ALEX BROWN](#)

c EIN-PN 26-4560299-038	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46533111
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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
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>ZURICH SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ZURICH AMERICAN INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>36-4233459</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	273315	290989
	(2) Participant contributions	1b(2)	3460	2012
	(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)	22638553	22875505
	(9) Value of interest in common/collective trusts	1c(9)	253407649	677672159
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1185942470	1042725621
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	10606891	10760824
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1472872338	1754327110

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1472872338	1754327110
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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)	40015266	
(B) Participants	2a(1)(B)	66302100	
(C) Others (including rollovers)	2a(1)(C)	9824389	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		116141755
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)	958896	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		958896
(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)	41741208	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		41741208
(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)		49292842
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		196043016
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		404177717

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	122438969	
(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)		122438969
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)	283976	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		283976
j Total expenses. Add all expense amounts in column (b) and enter total	2j		122722945

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		281454772
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: PRICEWATERHOUSECOOPERS

(2) EIN: 13-4008324

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	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		9500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

A Name of plan <u>ZURICH SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ZURICH AMERICAN INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>36-4233459</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>23-2926795</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>946</u>

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

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

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

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

Zurich Savings Plan

**Financial Statements and Supplemental Schedule
December 31, 2013 and 2012**

Zurich Savings Plan
Index
December 31, 2013 and 2012

	Page(s)
Independent Auditor's Report	1-2
Financial Statements	
Statements of Net Assets Available for Benefits at December 31, 2013 and 2012.....	3
Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2013 and 2012	4
Notes to Financial Statements.....	5-15
Supplemental Schedule	
Schedule I: Schedule of Assets (Held at End of Year) at December 31, 2013 per Schedule H, Line 4i of Form 5500.....	16-17
 Note: All other schedules of additional information required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted as they are not applicable.	



Independent Auditor's Report

To the Participants and Administrator of Zurich Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Zurich Savings Plan (the "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

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2013 and 2012 and for the years then ended, that the information provided to the plan administrator by the trustee 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 the financial statements.



Other Matter

The supplemental schedule of Schedule H, Line 4i of Form 5500: Schedule of Assets (Held at End of Year) at December 31, 2013 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

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

PricewaterhouseCoopers LLP

Chicago, Illinois
October 15, 2014

Zurich Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Assets		
Investments, at fair value:		
Investments in mutual funds	\$ 1,033,142,973	\$ 1,136,422,791
Investments in common/collective trusts	420,160,419	34,841,836
Investments in stable value fund		
Investments in mutual funds	9,582,648	14,677,844
Investments in guaranteed investment contracts	10,760,824	10,730,880
Investments in synthetic guaranteed investment contracts		
Investment in common/collective trusts	257,482,650	266,021,833
Wrapper contract	29,090	76,899
Total investments, at fair value	<u>1,731,158,604</u>	<u>1,462,772,083</u>
Employee contributions receivable	2,012	3,460
Employer contributions receivable	290,989	273,315
Notes receivable from participants	22,875,505	22,638,553
Net assets available for benefits, at fair value	<u>1,754,327,110</u>	<u>1,485,687,411</u>
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>(5,417,378)</u>	<u>(12,815,073)</u>
Net assets available for benefits	<u><u>\$ 1,748,909,732</u></u>	<u><u>\$ 1,472,872,338</u></u>

The accompanying notes are an integral part of the financial statements

Zurich Savings Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Additions		
Contributions:		
Participants	\$ 66,302,100	\$ 65,655,698
Employer	40,015,266	39,873,393
Rollovers	9,824,389	8,961,021
Net appreciation (depreciation) in fair value of investments	234,527,455	112,451,760
Investment income	47,132,233	40,399,032
Interest income on notes receivable from participants	958,896	996,449
Total additions (reductions)	<u>398,760,339</u>	<u>268,337,353</u>
Deductions		
Termination and withdrawal benefits paid to participants	122,438,969	120,686,971
Administrative expenses	<u>283,976</u>	<u>59,758</u>
Total deductions	<u>122,722,945</u>	<u>120,746,729</u>
Net increase (decrease) in net assets available for benefits	276,037,394	147,590,624
Net assets available for benefits		
Beginning of year	<u>1,472,872,338</u>	<u>1,325,281,714</u>
End of year	<u>\$ 1,748,909,732</u>	<u>\$ 1,472,872,338</u>

The accompanying notes are an integral part of the financial statements

Zurich Savings Plan

Notes to Financial Statements

December 31, 2013 and 2012

1. Plan Description and Benefits

The following is a brief description of the Zurich Savings Plan (the "Plan"). The Plan document should be referred to for a more complete description. The Plan is a contributory, defined contribution savings plan. The Plan is for the benefit of the employees of the following participating companies (collectively referred to as the "Company"):

ZGA Group Companies
Zurich Alternative Asset Management
Zurich American Insurance Company
Zurich Benefits Finance LLC
Zurich Capital Markets, Inc.
Zurich Holding Company of America
Zurich Latin America Corporation
Zurich Services Corporation
ZNA Services, LLC

Eligibility

All full-time and part-time employees of the Company become eligible to participate in the Plan on their date of hire.

Contributions

Participants can contribute between 1% and 50% of eligible base pay (including eligible commissions) to their Zurich Savings Plan account. Contributions can be made on a pre-tax and/or eligible Roth 401(k) after-tax basis. Pre-tax contributions to this account are not subject to federal or state income tax in most states. The Company matching contribution is 100% of the participant contribution, up to 6% of the employee's eligible base pay (including eligible commissions). With respect to the Company's matching contributions as well as participant contributions and related earnings, participants are fully vested in all contributions made to the Plan.

The sum of a participant's pre-tax contributions and Roth after-tax contributions may not exceed 50% of such participant's compensation in any Plan year. The participants may invest their accounts among various investment options in 1% increments.

All employees who are eligible to make contributions under the Plan and who have attained the age of fifty before the close of the Plan year will be eligible to make catch-up contributions in accordance with Section 414(v) of the Internal Revenue Code (the "Code").

Beginning in 2010, certain participants who are eligible to participate in the Zurich Short Term Incentive Plan (STIP) are eligible to contribute a portion of their award into their respective Plan account. These participants are eligible to elect 1% to 85% of their STIP award on a pre-tax or Roth 401(k) after-tax basis through a separate 401(k) deferral election with Vanguard Fiduciary Trust Company ("Vanguard"), trustee and record keeper of the Plan. Participants are fully vested in all STIP contributions made to the Plan, must be employed on the date STIP awards are to be paid and will not be able to contribute from their STIP award if their 401(k) contributions have been suspended because an employee has already reached the IRS contribution limit or made a hardship withdrawal within six months of the STIP award payout date. Participants who were also eligible to contribute to the Zurich Executive Savings Plan during the plan year or either of the prior two plan years were not eligible to defer a portion of their STIP award to the Zurich Savings Plan.

Zurich Savings Plan

Notes to Financial Statements

December 31, 2013 and 2012

Profit Sharing Contributions

Discretionary employer contributions to the Plan occurred for plan years beginning before January 1, 2007. There were no profit sharing contributions made during 2013 or 2012.

Distribution of a participant's profit sharing contribution account shall not commence prior to his death, total and permanent disability, or termination of employment except upon a participant's reaching age fifty-nine and one-half (59 1/2) or a showing of hardship pursuant to Section 7.04 of the Code.

Notes Receivable from Participants

The Plan contains a provision that allows participants to obtain loans from their accounts, including the vested portions of their Company contribution accounts, under certain conditions described in the Plan document. The loans cannot exceed the lesser of \$50,000 reduced by the highest outstanding loan balance during the twelve months immediately preceding the loan or 50% of the participant's vested account and as indicated in the Plan document, an employee may not have more than two loans outstanding at any time.

Available loan terms are no more than five years, except a loan used to acquire the participant's principal residence, which may extend for up to fifteen years. The interest rate on the loans will equal the Prime interest rate as reported or published by Reuters plus 1%.

Benefits

Participants' benefits are paid in a lump sum or by payment in a series of monthly, quarterly, semi-annual or annual installments or a combination of a lump sum payment and installment payments upon retirement or termination of employment, permanent disability or death of the participant. Participants may also initiate a direct rollover to an IRA or another qualified plan.

Plan Termination

While the Company has not expressed any intent to discontinue its contributions or to terminate the Plan, it is free to do so at any time. The Plan provides that if the Company terminates the Plan, all accounts shall be fully vested and non-forfeitable, and participants shall receive a distribution of their accounts.

2. Summary of Significant Accounting Policies

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting.

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 net assets available for benefits and disclosures of contingent assets and liabilities at the date of the financial statements and changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Investments

The Plan presents in the statements of changes in net assets available for benefits, net appreciation or depreciation in the fair value of its investments, which consists of realized gains or losses and unrealized appreciation or depreciation of those investments.

Zurich Savings Plan

Notes to Financial Statements

December 31, 2013 and 2012

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded when earned.

The shares of mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission (SEC). 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.

Common collective trusts are valued based on the net asset value from the information reported by the investment trustee using financial statements of the collective trust at year-end.

During 2013, the Plan offered the following new common collective trusts including Vanguard Target Retirement Income Trust II, Vanguard Target Retirement 2010 Trust II, Vanguard Target Retirement 2015 Trust II, Vanguard Target Retirement 2020 Trust II, Vanguard Target Retirement 2025 Trust II, Vanguard Target Retirement 2030 Trust II, Vanguard Target Retirement 2035 Trust II, Vanguard Target Retirement 2040 Trust II, Vanguard Target Retirement 2045 Trust II, Vanguard Target Retirement 2050 Trust II, Vanguard Target Retirement 2055 Trust II, Vanguard Target Retirement 2060 Trust II. During 2013 and 2012 the Plan also offered the Alex Brown Equity Fund, a common collective trust. The Vanguard Target Retirement Income Trust II invests in Vanguard mutual funds according to an asset allocation strategy designed for investors currently in retirement. The Vanguard Target Retirement 2010 – 2060 Trusts invest in Vanguard mutual funds using an asset allocation strategy designed for investors planning to retire and leave the workforce in or within a few years of the applicable target year with asset allocation strategies becoming more conservative over time. The Alex Brown Equity Fund invests in a portfolio of large- and mid-capitalization stocks with a “bottom-up,” or stock-picking, approach in selecting securities for this fund. During the preparation of the December 31, 2013 financial statements, management determined that the Alex Brown Equity Fund should be classified as a common collective trust rather than a mutual fund. As such, a reclassification was made to the comparative December 31, 2012 reported amounts. The following table provides additional details of the applicable common collective trusts as of December 31, 2013 and December 31, 2012:

December 31, 2013	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Alex Brown Equity Fund	N/A	Daily	Participant is Daily
Vanguard Target Retirement 2010 Trust II	N/A	Daily	Participant is Daily
Vanguard Target Retirement 2015 Trust II	N/A	Daily	Participant is Daily
Vanguard Target Retirement 2020 Trust II	N/A	Daily	Participant is Daily
Vanguard Target Retirement 2025 Trust II	N/A	Daily	Participant is Daily
Vanguard Target Retirement 2030 Trust II	N/A	Daily	Participant is Daily
Vanguard Target Retirement 2035 Trust II	N/A	Daily	Participant is Daily
Vanguard Target Retirement 2040 Trust II	N/A	Daily	Participant is Daily
Vanguard Target Retirement 2045 Trust II	N/A	Daily	Participant is Daily
Vanguard Target Retirement 2050 Trust II	N/A	Daily	Participant is Daily
Vanguard Target Retirement 2055 Trust II	N/A	Daily	Participant is Daily
Vanguard Target Retirement 2060 Trust II	N/A	Daily	Participant is Daily
Vanguard Target Retirement Income II	N/A	Daily	Participant is Daily

Zurich Savings Plan
Notes to Financial Statements
December 31, 2013 and 2012

December 31, 2012	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Alex Brown Equity Fund	N/A	Daily	Participant is Daily

Traditional and synthetic guaranteed investment contracts ("GIC") with insurance companies and financial institutions are exclusively held in the Zurich Stable Value Fund. Traditional GICs issued by insurance companies and banks are nontransferable, but provide for benefit-responsive withdrawals by plan participants at contract value. A Synthetic GIC is an investment contract that simulates the performance of a traditional GIC through the use of financial instruments. The Zurich Stable Value Fund owns the assets underlying the Synthetic GIC. To enable the Plan to realize a specific known value for the assets if it needs to liquidate them to make benefit payments, synthetic GICs utilize a benefit responsive wrapper contract issued by a third party that provides market and cash flow risk protection to the Plan. As described in Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 962-325-35, investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by ASC 962, the statements of net assets available for benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statements of changes in net assets available for benefits are prepared on a contract value basis.

As of December 31, 2013 and 2012, the Zurich Stable Value Fund held two fully benefit-responsive traditional GIC's issued by Metlife and New York Life. The traditional GIC's do not permit the insurance company or contract issuer to terminate the agreement prior to the scheduled maturity date. The GIC issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed by the Plan. At December 31, 2013, the fair value is determined by discounting the related cash flows using the forward swap discount rates for three months through seven years with a range of 0.230% to 2.465% plus/minus the weighted average Ryan Guaranteed Investment Contract Yield Spread Adjustment of 0.3659%. At December 31, 2012, the fair value is determined by discounting the related cash flows using the forward swap discount rates for three months through seven years with a range of 0.330% to 1.295% plus/minus the weighted average Ryan Guaranteed Investment Contract Yield Spread Adjustment of 1.3863%. Contract value represents contributions made plus interest accrued at the contract rate, less withdrawals. The average yields earned by the guaranteed investment contract are as follows:

Metlife	2013	2012
Average yield based on actual earnings	1.52%	2.63%
Average yield based on interest rate credited to participants	1.53%	1.53%
New York Life		
Average yield based on actual earnings	0.85%	0.21%
Average yield based on interest rate credited to participants	0.85%	0.85%

As of December 31, 2013 and 2012, the Zurich Stable Value Fund held nine and eight, respectively, fully benefit-responsive synthetic GICs. Fair value of the synthetic GIC's contracts comprises the aggregate market values of the underlying investments in common collective trusts, and the value of the wrap contract, if any. The difference between valuation at contract value and fair value is

Zurich Savings Plan

Notes to Financial Statements

December 31, 2013 and 2012

reflected over time through the crediting rate formula provided for in the fund's synthetic contracts. The crediting rate of the contract resets every quarter based on the performance of the underlying investment portfolio. To the extent that the Plan has unrealized gains and losses, the interest crediting rate may differ from then-current market rates. A participant currently redeeming fund units may forgo a benefit, or avoid a loss, related to a future crediting rate different from then-current market rates. The synthetic GIC's utilize four common collective trusts including New York Life Collective Investment Trust, Prudential Core Conservative Bond Trust, Vanguard FTC Intermediate-Term Bond Trust, and Vanguard FTC Short-Term Bond Trust. Fair value of benefit responsive wrapper contracts is determined based on the replacement cost of such contracts.

The New York Life Collective Investment Trust seeks to provide investors with a low-risk, stable value option that offers competitive yields and limited volatility by investing in a group annuity contract issued by New York Life Insurance Company. The Prudential Core Conservative Bond Trust seeks to construct a highly diversified, benchmark-focused fund and implement risk exposures in areas where Prudential has demonstrable expertise, such as research-based subsector and security selection, while constraining top-down exposures such as duration, yield curve, and sector allocation closely to the benchmark. The Vanguard FTC Intermediate-Term Bond Trust is intended to provide investors with a high level of current income consistent with the maintenance of principal and liquidity by investing in a diversified portfolio of investment grade fixed-income securities. The Vanguard FTC Short-Term Bond Trust seeks the highest level of current income consistent with the maintenance of principal and liquidity by investing in a diversified portfolio of investment-grade fixed-income securities in such proportions as Vanguard deems advisable. The following table provides additional details of the applicable common collective trusts as of December 31, 2013 and December 31, 2012:

December 31, 2013	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
NYL Collective Investment Trust	N/A	Daily	Participant is Daily
Prudential Core Conservative Bond Trust	N/A	Daily	Participant is Daily
VFTC Intermediate-Term Bond Trust	N/A	Daily	Participant is Daily
VFTC Short-term Bond Trust	N/A	Daily	Participant is Daily

December 31, 2012	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
NYL Collective Investment Trust	N/A	Daily	Participant is Daily
Prudential Core Conservative Bond Trust	N/A	Daily	Participant is Daily
VFTC Intermediate-Term Bond Trust	N/A	Daily	Participant is Daily
VFTC Short-term Bond Trust	N/A	Daily	Participant is Daily

There are no reserves against the contract value for credit risk of the contract issuer or otherwise.

Certain events may limit the ability of the Plan to transact at contract value with the issuer. Such events may include but not limited to (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes in the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transactions under ERISA. The Plan administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are not probable of occurring.

Zurich Savings Plan

Notes to Financial Statements

December 31, 2013 and 2012

Notes Receivable from Participants

Notes receivable from participants are valued at their outstanding principal balances plus any accrued but unpaid interest.

Accounting Pronouncement Issued and Adopted

In May 2011, FASB issued Accounting Standards Update ("ASU") 2011-04, Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. generally accepted accounting principles ("GAAP") and International Financial Reporting Standards ("IFRS"), to converge U.S. GAAP and IFRS on fair value measurements and disclosures. The amended guidance changes several aspects of the fair value measurement guidance in FASB Accounting Standards Codification ("ASC") 820, Fair Value Measurement, including information about valuation techniques and unobservable inputs used in level 3 fair value measurements and a narrative description of the sensitivity of level 3 measurements to changes in unobservable inputs. The Plan adopted ASU 2011-04 for the December 31, 2012 financial statements. The adoption of this guidance did not have a material impact on the Plan's financial statements.

There were no material accounting pronouncements issued or adopted during 2013.

Risks and Uncertainties

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

Contributions

Employer and employee contributions are recorded in the period in which payroll deductions are made.

Benefits

Benefits are recorded when paid.

Administrative and Operating Expenses

It is the policy of the Company to provide personnel, office space, and office equipment to the Plan at no charge. Additionally, the Company paid legal, accounting and other service expenses on behalf of the Plan during the years ended December 31, 2013 and December 31, 2012. Trustee and administrative fees are paid from the Plan assets. Beginning August 2013, an administration fee will be deducted each calendar quarter from participants' accounts (\$48 per year), previously these expenses were included in the expense ratios of the investments in the Plan. Charging a quarterly administration fee allows the Plan to offer lower-cost investment options.

3. Information Certified by the Trustee

The following is a summary of the information certified by the Plan's trustee Vanguard Fiduciary Trust Company ("Vanguard") as complete and accurate in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"). Such information includes investments at fair value, notes receivable from participants, interest income from notes receivable from participants, investment income and net appreciation (depreciation) in the fair value of investments as shown in

Zurich Savings Plan
Notes to Financial Statements
December 31, 2013 and 2012

the accompanying statements of net assets available for benefits, statements of changes in net assets available for benefits and accompanying supplemental schedule.

As of December 31,	2013	2012
Investments at fair value	\$ 1,731,158,604	\$ 1,462,772,083
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(5,417,379)	(12,815,073)
Notes receivable from participants	22,875,505	22,638,553
Total	\$ 1,748,616,730	\$ 1,472,595,563

For the years ended December 31,	2013	2012
Net appreciation (depreciation) in fair value of investments	\$ 234,527,455	\$ 112,451,760
Investment income	47,132,233	40,399,032
Interest income on notes receivable from participants	958,896	996,449
Total	\$ 282,618,584	\$ 153,847,241

Investments held by the Plan that totaled 5% or more of the Plan's net assets at December 31, 2013 and 2012 are summarized below.

	2013	2012
VFTC Intermediate-Term Bond Trust	\$ 157,888,607	\$ 169,312,197
Vanguard PRIMECAP Fund Admiral Shares	151,683,469	107,907,251
Vanguard Total Stock Market Index: Institutional Shares	201,941,409	144,578,473
Vanguard Windsor II Fund Admiral Shares	133,325,605	107,013,818
Vanguard Morgan Growth Fund Admiral Shares	120,406,039	96,393,340
PIMCO Total Return Fund: Institutional Class	99,539,909	117,820,545
Vanguard Target Retirement 2025 Trust II	104,028,869	85,103,157

For the years ended December 31, 2013 and 2012, the appreciation/depreciation in value (including gains and losses on investments bought, sold and held during the year) of the Plan's investments, and investment income is as follows:

	2013	2012
Common/collective trusts	\$ 38,484,440	\$ 5,833,013
Mutual funds	196,043,015	106,618,747
Net appreciation (depreciation) in fair value of investments	\$ 234,527,455	\$ 112,451,760

Additionally, for the years ended December 31, 2013 and 2012, the Plan's investment income is as follows:

Zurich Savings Plan
Notes to Financial Statements
December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Interest income, stable value fund	\$ 5,391,021	\$ 6,802,546
Interest income, common/collective trusts	3	-
Dividend income, mutual funds	<u>41,741,209</u>	<u>33,596,486</u>
Total investment income	\$ 47,132,233	\$ 40,399,032

4. Federal Income Tax Status

The Internal Revenue Service (IRS) determined and informed the Company by a letter dated June 14, 2012, that the Plan was designed in accordance with applicable sections of the Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's internal tax advisor are unaware of any reason that the Plan is not, as currently designed and operated, in compliance with the applicable requirements of the Code. Therefore, the Plan administrator believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that on a more likely than not basis would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013 and December 31, 2012, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by the IRS, and in December 2013 the IRS begun an examination of the Plan's taxable year ending December 31, 2011, which is scheduled to be completed by the end of January 2015. No material issues have been identified as of the date these financial statements were available to be issued. The Plan administrator believes the Plan is no longer subject to any IRS tax examinations for years prior to 2010.

5. Fair Value Measurements

The FASB (ASC) 820, Fair Value Measurement, defines fair value as the price that would be received upon selling an investment in a timely transaction to an independent buyer in the principal or most advantageous market of the investment. The Plan's financial assets carried at fair value have been classified, for disclosure purposes, based on a hierarchy defined by FASB ASC 820 which prioritizes the inputs to valuation techniques used to measure fair value. A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The three levels of the fair value hierarchy are summarized below:

- Level 1 – Quoted market prices in active markets that the Plan has the ability to access for identical assets
- Level 2 – Quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuations in which all significant inputs are observable in the market; and
- Level 3 – Valuations using significant inputs that are unobservable in the market and include the use of judgment by the Plan's management about the assumptions market participants would use in pricing the assets.

Zurich Savings Plan

Notes to Financial Statements

December 31, 2013 and 2012

There have been no changes in the valuation methodologies used at December 31, 2013 and 2012. The methods described in Note 2 and above 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.

During 2013 and 2012, there were no material transfers between level 1 and level 2 of the fair value hierarchy. The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of change of circumstances that caused the transfer. There was no material transfers between levels of the fair value hierarchy during 2013 and 2012.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013 and 2012:

Basis of Fair Value Measurement				
Fair Value Hierarchy	Balance at December 31, 2013	Level 1	Level 2	Level 3
Mutual funds				
Equity	\$ 874,423,860	\$ 874,423,860	\$ -	\$ -
Fixed income	158,719,113	158,719,113	-	-
Common/collective trusts	420,160,419	-	420,160,419	-
Zurich Stable Value fund				
Mutual fund - fixed income	9,582,648	9,582,648	-	-
Guaranteed investment contracts	10,760,824	-	-	10,760,824
Synthetic guaranteed investment contracts				
Common/collective trusts	257,482,650	-	257,482,650	-
Wrapper contract	29,090	-	-	29,090
Total investments	<u>\$ 1,731,158,604</u>	<u>\$ 1,042,725,621</u>	<u>\$ 677,643,069</u>	<u>\$ 10,789,914</u>
Fair Value Hierarchy	Balance at December 31, 2012	Level 1	Level 2	Level 3
Mutual funds				
Balanced	\$ 295,158,519	\$ 295,158,519	\$ -	\$ -
Equity	652,222,884	652,222,884	-	-
Fixed income	189,041,388	189,041,388	-	-
Common/collective trusts	34,841,836	-	34,841,836	-
Zurich Stable Value fund				
Mutual fund - fixed income	14,677,844	14,677,844	-	-
Guaranteed investment contracts	10,730,880	-	-	10,730,880
Synthetic guaranteed investment contracts				
Common/collective trusts	266,021,833	-	266,021,833	-
Wrapper contract	76,899	-	-	76,899
Total investments	<u>\$ 1,462,772,083</u>	<u>\$ 1,151,100,635</u>	<u>\$ 300,863,669</u>	<u>\$ 10,807,779</u>

Zurich Savings Plan
Notes to Financial Statements
December 31, 2013 and 2012

The following table sets forth a summary of changes in the fair value of the Plan's level 3 financial instruments as of December 31, 2013 and 2012:

2013										
	Balance as of 1/1/13	Transfer into level 3	Transfer out of level 3	Total Gains/(Losses) included in Net Income	Total Gains/(Losses) included in Capital and Surplus	Purchases	Issuances	Sales	Settlements	Balance as of 12/31/13
Traditional GICs	10,730,880	-	-	(98,270)	-	128,214	-	-	-	10,760,824
GIC Wrappers	76,899	-	-	(47,809)	-	-	-	-	-	29,090
2012										
	Balance as of 1/1/12	Transfer into level 3	Transfer out of level 3	Total Gains/(Losses) included in Net Income	Total Gains/(Losses) included in Capital and Surplus	Purchases	Issuances	Sales	Settlements	Balance as of 12/31/12
Traditional GICs	5,493,139	-	-	86,948	-	5,150,793	-	-	-	10,730,880
GIC Wrappers	156,513	-	-	(79,614)	-	-	-	-	-	76,899

6. Party-in-Interest Transactions

Transactions involving mutual funds and common collective trust funds managed by an affiliate of Vanguard, the trustee and record keeper, and notes receivable from participants are considered party-in-interest transactions. These transactions are not, however, considered prohibited transactions under 29 CFR 408(b) of the ERISA regulations.

7. Subsequent Events

Management has evaluated the events and transactions that have occurred through October 15, 2014, the date the financial statements were available to be issued, and noted no items requiring adjustment of the financial statements or additional disclosures.

8. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2013 and 2012, to Form 5500:

	2013	2012
Net assets available for benefits per financial statements	\$ 1,748,909,732	\$ 1,472,872,338
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	5,417,378	-
Net assets available for benefits per Form 5500	<u>\$ 1,754,327,110</u>	<u>\$ 1,472,872,338</u>

The following is a reconciliation of the net appreciation (depreciation) in fair value of investments and investment income per the financial statements for the year ended December 31, 2013, to Form 5500:

Zurich Savings Plan
Notes to Financial Statements
December 31, 2013 and 2012

Net appreciation (depreciation) in fair value of investments and investment income per the financial statements	\$	281,659,688
		<u>5,417,378</u>
Net appreciation (depreciation) in fair value of investments and investment income per Form 5500	\$	<u>287,077,066</u>

SUPPLEMENTAL SCHEDULE

Zurich Savings Plan

Schedule I

Schedule of Assets (Held at End of Year), per Schedule H, line 4i of Form 5500 December 31, 2013

(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	Maturity Date	(e) Fair Value
Zurich Stable Value Fund				
	Metlife GAC-032063	Guaranteed Investment Contract, 1.53%	7/13/2015	5,753,341
	New York Life GAC 34373	Guaranteed Investment Contract, 0.85%	11/16/2015	5,007,483
*	Vanguard Prime Money Market	Mutual Fund, 0.01%	12/31/2049	9,582,648
	Monumental Life Insurance Company	Synthetic Guaranteed Investment Contract, 2.46%	1/1/2050	
*	VFTC Intermediate-Term Bond Trust	Common/Collective Trust		59,558,931
	Wrapper contracts at fair value	Wrapper contract		29,090
	JP Morgan Chase Bank	Synthetic Guaranteed Investment Contract, 2.11%	1/1/2050	
*	VFTC Short-term Bond Trust	Common/Collective Trust		24,316,098
*	VFTC Intermediate-Term Bond Trust	Common/Collective Trust		39,174,103
	Wrapper contracts at fair value	Wrapper contract		-
	New York Life GA-29507	Synthetic Guaranteed Investment Contract, 2.16%		
	NYL Collective Investment Trust	Common/Collective Trust		13,582,894
	Wrapper contracts at fair value	Wrapper contract		-
	Prudential GA-62374-ZUR	Synthetic Guaranteed Investment Contract, 1.77%		
	Prudential Core Conservative Bond Trust	Common/Collective Trust		9,300,921
	Wrapper contracts at fair value	Wrapper contract		-
	Prudential GA-62375-ZUR	Synthetic Guaranteed Investment Contract, 1.09%		
*	VFTC Short-term Bond Trust	Common/Collective Trust		9,287,671
	Wrapper contracts at fair value	Wrapper contract		-
	State Street Bank 131001	Synthetic Guaranteed Investment Contract, 2.56%		
*	VFTC Short-term Bond Trust	Common/Collective Trust		8,396,143
*	VFTC Intermediate-Term Bond Trust	Common/Collective Trust		30,195,582
	Wrapper contracts at fair value	Wrapper contract		-
	United of Omaha	Synthetic Guaranteed Investment Contract, 1.80%		
*	VFTC Short-term Bond Trust	Common/Collective Trust		12,104,718
*	VFTC Intermediate-Term Bond Trust	Common/Collective Trust		12,006,951
	Wrapper contracts at fair value	Wrapper contract		-
	Bank of Toyko BTMUZUR1	Synthetic Guaranteed Investment Contract, 2.32%		
*	VFTC Short-term Bond Trust	Common/Collective Trust		11,303,783
*	VFTC Intermediate-Term Bond Trust	Common/Collective Trust		8,483,106
	Wrapper contracts at fair value	Wrapper contract		-
	American Gen AG1644139	Synthetic Guaranteed Investment Contract, 2.32%		
*	VFTC Short-term Bond Trust	Common/Collective Trust		11,301,815
*	VFTC Intermediate-Term Bond Trust	Common/Collective Trust		8,469,934
	Wrapper contracts at fair value	Wrapper contract		-
Total Zurich Stable Value Fund				277,855,212

This schedule has been derived from information certified as complete and accurate by Vanguard Fiduciary Trust Company, Trustee of the Plan

Zurich Savings Plan

Schedule I

Schedule of Assets (Held at End of Year), per Schedule H, line 4i of Form 5500 December 31, 2013

(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	Maturity Date	(e) Fair Value
	Alex Brown Equity Fund	Common/Collective Trust		46,533,111
	American Funds EuroPacific Growth Fund; Class R-6	Mutual Fund		68,313,514
	Frontegra Netols Small Cap Value Fund; Institutional Shares	Mutual Fund		21,726,528
	Franklin Small-Mid Cap Growth Fund; R6 Class	Mutual Fund		54,419,569
	PIMCO Total Return Fund; Institutional Class	Mutual Fund		99,539,909
	Templeton World Fund; R6 Class	Mutual Fund		26,571,168
	Vanguard Inflation-Protected Securities Fund; Institutional Shares	Mutual Fund		21,442,869
*	Vanguard Morgan Growth Fund Admiral Shares	Mutual Fund		120,406,039
*	Vanguard PRIMECAP Fund Admiral Shares	Mutual Fund		151,683,469
*	Vanguard Small-Cap Index Fund Institutional Shares	Mutual Fund		49,676,500
*	Vanguard Target Retirement 2010 Trust II	Common/Collective Trust		5,665,562
*	Vanguard Target Retirement 2015 Trust II	Common/Collective Trust		72,709,172
*	Vanguard Target Retirement 2020 Trust II	Common/Collective Trust		37,945,051
*	Vanguard Target Retirement 2025 Trust II	Common/Collective Trust		104,028,869
*	Vanguard Target Retirement 2030 Trust II	Common/Collective Trust		35,423,185
*	Vanguard Target Retirement 2035 Trust II	Common/Collective Trust		55,617,615
*	Vanguard Target Retirement 2040 Trust II	Common/Collective Trust		14,967,391
*	Vanguard Target Retirement 2045 Trust II	Common/Collective Trust		24,673,690
*	Vanguard Target Retirement 2050 Trust II	Common/Collective Trust		8,138,773
*	Vanguard Target Retirement 2055 Trust II	Common/Collective Trust		1,541,862
*	Vanguard Target Retirement 2060 Trust II	Common/Collective Trust		383,458
*	Vanguard Target Retirement Income II	Common/Collective Trust		12,532,680
	Vanguard Total Bond Market Index Fund: Institutional Shares	Mutual Fund		37,736,336
*	Vanguard Total International Stock Index Fund: Institutional Shares	Mutual Fund		46,360,058
	Vanguard Total Stock Market Index Fund: Institutional Shares	Mutual Fund		201,941,409
*	Vanguard Windsor II Fund Admiral Shares	Mutual Fund		133,325,605
	Total investments			1,731,158,604
*	Notes receivable from participants (Participant Loans)	4.25%-10.5%		22,875,505
				1,754,034,109

* Represents a permitted party-in-interest

Column (d), cost information, has been omitted as all investment transactions are participant directed.

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Zurich Savings Plan

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*	VFTC Intermediate-Term Bond Trust	Common/Collective Trust		59,558,931
	Wrapper contracts at fair value	Wrapper contract		29,090
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*	VFTC Short-term Bond Trust	Common/Collective Trust		24,316,098
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Zurich Savings Plan

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	Templeton World Fund; R6 Class	Mutual Fund		26,571,168
	Vanguard Inflation-Protected Securities Fund; Institutional Shares	Mutual Fund		21,442,869
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* Represents a permitted party-in-interest

Column (d), cost information, has been omitted as all investment transactions are participant directed.

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