Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1985

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

RUMPKE CONSOLIDATED COMPANIES, INC.

10795 HUGHES ROAD
CINCINNATI, OH 45251

2b Employer Identification Number (EIN)
31-1247560

2c Sponsor's telephone number
513-851-0122

2d Business code (see instructions)
562000

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.	04/13/2015	PHILIP WEHRMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/13/2015	PHILIP WEHRMAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1518
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**	1251
b	Retired or separated participants receiving benefits	**6b**	9
c	Other retired or separated participants entitled to future benefits	**6c**	151
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1411
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	1411
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
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:
1A

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 4 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

A Name of plan
THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
RUMPKE CONSOLIDATED COMPANIES, INC.

D Employer Identification Number (EIN)
31-1247560

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

METLIFE INVESTORS 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
54-0696644	61050	9200028413	1	07/01/2013	06/30/2014

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

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	(c) Amount	**(d)** Purpose	

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	649562
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	34752		
	▶ UNREALIZED GAIN				
	(6) Total additions			7c(6)	34752
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	684314
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	684314

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

A Name of plan
THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
RUMPKE CONSOLIDATED COMPANIES, INC.

D Employer Identification Number (EIN)
31-1247560

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

MERLIFE INVESTORS 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
54-0696644	61050	9200035129	1	07/01/2013	06/30/2014

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	1300423
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	69573		
	▶ UNREALIZED GAIN				
	(6) Total additions			7c(6)	69573
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	1369996
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1369996

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

A Name of plan
THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
RUMPKE CONSOLIDATED COMPANIES, INC.

D Employer Identification Number (EIN)
31-1247560

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

JOHN HANCOCK

(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
01-0233346	65838	8115184	1	07/01/2013	06/30/2014

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

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	1242936
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	187707		
	▶ UNREALIZED GAIN				
	(6) Total additions			7c(6)	187707
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	1430643
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1430643

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

A Name of plan
THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
RUMPKE CONSOLIDATED COMPANIES, INC.

D Employer Identification Number (EIN)
31-1247560

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

SUN LIFE ASSURANCE COMPANY OF CANADA (US)

(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
04-2461439	79065	1205-063856	1	07/01/2013	06/30/2014

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

PHILLIP A. SCHWEGMANN
MORGAN STANLEY SMITH BARNEY
7755 MONTGOMERY ROAD, SUITE 200
CINCINNATI, OH 45236

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0		BASE COMMISSIONS	7

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	1592891
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	249892		
	▶ UNREALIZED GAIN				
	(6) Total additions			7c(6)	249892
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	1842783
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1842783

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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
RUMPKE CONSOLIDATED COMPANIES, INC.

D Employer Identification Number (EIN)
31-1247560

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2013

2	Assets:			
	a Market value		**2a**	41347697
	b Actuarial value		**2b**	42117551
3	Funding target/participant count breakdown:		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	8	266594
	b For terminated vested participants	**3b**	148	1672828
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		371272
	(2) Vested benefits	**3c(2)**		41446952
	(3) Total active	**3c(3)**	1362	41818224
	d Total	**3d**	1518	43757646
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		**4a**	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	6.48 %
6	Target normal cost		**6**	3242481

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary — Date: 04/01/2015

JEFFREY A. SCHAPEL, EA, MAAA — Type or print name of actuary

14-07786 — Most recent enrollment number

CBIZ BENEFITS & INSURANCE, INC. — Firm name

216-447-9000 — Telephone number (including area code)

6050 OAK TREE BLVD.
SUITE 500
CLEVELAND, OH 44131

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	394635
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		0
9	Amount remaining (line 7 minus line 8)	0	394635
10	Interest on line 9 using prior year's actual return of 7.91 %		31216
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		549498
	b Interest on (a) using prior year's effective interest rate of 6.81 % except as otherwise provided (see instructions)		37421
	c Total available at beginning of current plan year to add to prefunding balance		586919
	d Portion of (c) to be added to prefunding balance		586919
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1012770

Part III Funding Percentages

14	Funding target attainment percentage	14	93.93 %
15	Adjusted funding target attainment percentage	15	93.93 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	92.27 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/13/2014	1500000				
09/15/2014	1500000				
12/15/2014	1500000				
03/13/2015	1500000				
			Totals ► 18(b)	6000000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	5438769

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.23%	6.51%	7.16 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	61

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	3242481
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	2652865	1066264
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	4308745

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	4308745
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	5438769

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	1130024
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

A Name of plan	**B** Three-digit plan number (PN) ▶	
THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN		002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
RUMPKE CONSOLIDATED COMPANIES, INC.	31-1247560	

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

(b) Enter name and EIN or address of person who provided you disclosure 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

(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)

RUDLER & ASSOCIATES

31-1048275

(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?
10	ACCOUNTANT	8425	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CBIZ BENEFITS & INSURANCE

31-1582098

(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?
11	ACTUARY	63048	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LAZARD ASSET MANAGER

26-4310632

(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?
27 50 72	INVESTMENT MANAGER	23198	Yes [ ] No [X]	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)

RITTENHOUSE ASSET MANAGER

26-4310632

(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?
27 50 72	INVESTMENT MANAGER	23743	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VAN KAMPEN ASSET MANAGER

26-4310632

(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?
27 50 72	INVESTMENT MANAGER	9357	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALLIANCE ASSET MANAGER

26-4310632

(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?
27 50 72	INVESTMENT MANAGER	19246	Yes [ ] No [X]	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)

SCHAFER CULEN ASSET MANAGER

26-4310632

(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?
27 50 72	INVESTMENT MANAGER	50027	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HARDING LOEVNER ASSET MANAGER

26-4310632

(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?
27 50 72	INVESTMENET MANAGER	22371	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MAYER HOFFMAN MCCANN

43-1947695

(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?
27 50 72	AUDITOR	15600	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

A Name of plan
THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
RUMPKE CONSOLIDATED COMPANIES, INC.

D Employer Identification Number (EIN)
31-1247560

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	12459	188514
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4500000	4500000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2990640	2030314
(2) U.S. Government securities	1c(2)	657704	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1940772	1163818
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	1124000	1957780
(B) Common	1c(4)(B)	18879012	21640650
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	6486877	9441983
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	4785812	5327736
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	41377276	46250795
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	41377276	46250795

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)	6000000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		6000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	135993	
(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)		
(F) Other	2b(1)(F)	57737	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		193730
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	840317	
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		840317
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	19201170	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	19130408	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		70762
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	4134687	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		4134687

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		11239496
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5976496	
(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)		5976496
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)	91157	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	148042	
(4) Other	2i(4)	150282	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		389481
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6365977
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4873519
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) [X] 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 [X] No

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

(1) Name: MAYER HOFFMAN MCCANN **(2)** EIN: 43-1947695

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
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			
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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

A Name of plan
THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
RUMPKE CONSOLIDATED COMPANIES, INC.

D Employer Identification Number (EIN)
31-1247560

Part I Distributions

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

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

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

EIN(s): _____ _____

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** | 107

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 55.0% Investment-Grade Debt: 12.0% High-Yield Debt: 0.0% Real Estate: 0.0% Other: 33.0%

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):

Mayer Hoffman McCann P.C.
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INDEPENDENT AUDITORS' REPORT

To the Pension Committee of

THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN

Report on the Financial Statements

We have audited the accompanying financial statements of The Rumpke Consolidated Companies, Inc. & Affiliates Defined Benefit Pension Plan ("Plan"), which comprise the statements of net assets available for benefits as of June 30, 2014 and 2013, 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 these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the plan as of June 30, 2014 and 2013, and the changes in its financial status for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of June 30, 2014 is presented for the purpose of additional analysis and is not a required part of the financial statements, but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Other Matter

The supplemental schedule of assets (held at end of year) as of June 30, 2014, that accompanies the Plan's financial statements does not disclose the historical cost of certain nonparticipant-directed plan assets held by the Plan's custodians. Disclosure of this information is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Mayer Hoffman McCann P.C.

Akron, Ohio
March 31, 2015

THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2014

Plan No: 002
EIN: 31-1247560

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Interest bearing cash			
*	Morgan Stanley Bank NA	interest bearing cash	1,685,177	$ 1,685,177
	Citibank NA	interest bearing cash	345,137	345,137
				2,030,314
	Mutual funds			
	EV Floating Rate High Income	666,973 units	**	6,409,611
*	Morgan Stanley Liquid Asset Fund	1,045,426 units	**	1,045,426
				7,455,037
	Exchange traded funds			
	Apollo Senior Floating Rate	12,188 shares	**	219,947
	Blackrock Utility	3,084 shares	**	64,584
	Clearbridge Energy	6,483 shares	**	193,531
	Fiduciary Claymore MLP.	4,461 shares	**	128,297
	Ipath S&P 500	187 shares	**	5,348
	Ishares Barclays Treasury	2,500 shares	**	288,399
	Proshares Ultra Real Estate	3,000 shares	**	270,600
	Proshares Ultra Short 20 Years Exchange	4,000 shares	**	242,880
	SPDR Gold Trust	2,000 shares	**	256,080
	Sprott Physical Silver Trust	9,000 shares	**	76,230
	Tortoise Pipeline	2,403 shares	**	85,530
	Wisdom Tree	3,000 shares	**	155,520
				1,986,946
	Common stocks			
	3M Company	1,500 shares	**	214,860
	Abbott Laboratories	2,808 shares	**	114,847
	Accenture Ltd.	916 shares	**	74,049
	ADT Corporation	935 shares	**	32,669
	AIA Group Ltd.	4,713 shares	**	94,920
	Air Liquide	3,713 shares	**	100,362
	Airbus Group	2,744 shares	**	45,935
	Allergan Inc.	754 shares	**	127,592

THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2014

Plan No: 002
EIN: 31-1247560

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	Alliznz SE	6,352 shares	**	106,644
	Altria Group	6,350 shares	**	266,319
	AMC Networks	375 shares	**	23,059
	American Express Co.	1,209 shares	**	114,698
	Amerigas Partners Cmn, UTS.	500 shares	**	22,695
	Amerisourcebergen Corp.	1,066 shares	**	77,456
	Anadarko Petroleum	1,183 shares	**	129,503
	Anheuser Busch	1,742 shares	**	200,226
	ARM Holdings	1,586 shares	**	71,751
	ASSA Abloy	2,635 shares	**	66,929
	Assoc. British Funds PLC	1,140 shares	**	59,896
	Astrazeneca PLC	2,100 shares	**	156,051
	AT&T	5,745 shares	**	203,143
	Atlantia SPA-EUR	3,864 shares	**	54,907
	Atlas Copco	1,976 shares	**	57,442
	Autodesk Inc.	1,486 shares	**	83,781
	Baidu Inc.	158 shares	**	29,516
	Banco Bilbao VIZ.	5,132 shares	**	65,536
	Bayer	796 shares	**	112,451
	Bayerische Motoren Werke	4,272 shares	**	180,705
	BCE Inc.	5,440 shares	**	246,758
	BG Group PLC	5,052 shares	**	107,860
	BHP Billiton Ltd.	901 shares	**	61,673
	Biogen IDEC Inc.	674 shares	**	212,519
	BNP Paribas	2,124 shares	**	72,269
	Boeing	575 shares	**	73,157
	British American Tobacco	839 shares	**	99,908
	Broadcom Corp.	2,320 shares	**	86,118
	Bunge Ltd.	868 shares	**	65,656
	Cablevision Systems	4,035 shares	**	71,218
	Canadian National Railway Co.	1,198 shares	**	77,894

THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2014

Plan No: 002
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	Carlsberg AS.	1,608 shares	**	34,733
	Chevron	2,020 shares	**	263,711
	Cisco Systems Inc.	9,000 shares	**	223,650
	Citrix Systems	990 shares	**	61,925
	Cochlear Ltd.	1,298 shares	**	37,837
	Colgate Palmolive	1,592 shares	**	108,543
	Comcast Corp.	3,194 shares	**	170,336
	Compagnie Fin Rechemontag	5,008 shares	**	52,484
	Conocophillips	3,550 shares	**	304,331
	Corning	4,160 shares	**	91,312
	Costco Wholesale Corp.	351 shares	**	40,421
	Covidien PLC	740 shares	**	66,733
	Cree Inc.	1,549 shares	**	77,373
	CSL Ltd.	1,884 shares	**	59,176
	Daiwa House Industries Ltd.	381 shares	**	79,097
	Dassault Systems	931 shares	**	119,941
	DBS Group Holding	949 shares	**	51,199
	DCP Midstream Partners	2,800 shares	**	159,600
	Diageo PLC	1,420 shares	**	180,723
	Diakin Industries Ltd.	438 shares	**	55,486
	Diamond Offshore Drilling	2,860 shares	**	141,942
	Direct TV	589 shares	**	50,071
	Dolby Labs	599 shares	**	25,877
	E-Bay Inc.	1,323 shares	**	66,229
	El Dupont De Nemours & Co.	3,820 shares	**	249,981
	El Paso Pipeline Partners	3,200 shares	**	115,936
	Eli Lilly & Co.	3,950 shares	**	245,572
	ENI SPA Amer Dep	855 shares	**	46,940
	ENN Energy Holdings	162 shares	**	28,998
	Enterprise Production Partners	2,900 shares	**	227,041
	Estee Lauder Co.	1,570 shares	**	116,588

THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2014

Plan No: 002
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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	EV Energy Partners	4,000 shares	**	158,480
	Experian Group Ltd.	1,218 shares	**	20,487
	Fanuc Ltd. Japan	3,565 shares	**	102,708
	Fluor Cord	1,140 shares	**	87,666
	Forest Laboratories	1,259 shares	**	124,641
	Freeport McMoran Copper	765 shares	**	27,923
	Fresenius Medical	1,353 shares	**	45,312
	Fresenius SE & Co.	2,142 shares	**	40,077
	Fuchs Petrolub	2,690 shares	**	30,532
	General Electric	12,696 shares	**	333,651
	General Motors	3,434 shares	**	124,654
	Genuine Parts Co.	2,080 shares	**	182,624
	Gilead Science	1,820 shares	**	150,896
	Golar Lng. Partners LP.	300 shares	**	18,030
	Google	69 shares	**	39,694
	Google Class A	199 shares	**	116,349
	HCP Inc.	4,490 shares	**	185,796
	Health Care REIT Inc.	3,050 shares	**	191,144
	Hong Kong Exchanges	2,413 shares	**	45,051
	HSBC Holdings PLC.	5,756 shares	**	292,405
	ICICI Bank	1,605 shares	**	80,090
	Immunogen Inc.	2,043 shares	**	24,210
	Imperial Oil	1,583 shares	**	83,313
	Informa PLC	3,428 shares	**	58,276
	Intel Corp.	8,900 shares	**	275,010
	ISIS Pharmaceuticals	919 shares	**	31,660
	ITAU Unibanco	6,846 shares	**	98,445
	JGC Corp.	1,208 shares	**	73,628
	Johnson & Johnson	2,590 shares	**	270,966
	JP Morgan Chase	4,200 shares	**	242,004
	Juniper Networks Inc.	4,003 shares	**	98,234

THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2014

Plan No: 002
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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	KDDI Corp.	4,800 shares	**	73,200
	Kimberly Clark	1,725 shares	**	191,855
	Komatsu Ltd.	1,736 shares	**	40,327
	L3 Communications	823 shares	**	99,377
	Ladbrokes PLC	7,100 shares	**	17,750
	Liberty Interactive	1,990 shares	**	58,426
	Liberty Media/Starz Liberty Capital	375 shares	**	51,255
	Lixil Group Corp.	776 shares	**	41,989
	Lloyds TSB Group	16,660 shares	**	85,632
	Loreal Co.	2,544 shares	**	87,692
	LVMH Moet Hennessy	1,127 shares	**	43,480
	Makita Corp.	1,083 shares	**	67,059
	McKesson Corp.	714 shares	**	132,954
	Mediolanum SPA	2,935 shares	**	45,375
	Merck & Co.	4,970 shares	**	287,515
	Metlife Inc.	4,620 shares	**	256,687
	Microsoft Corp.	6,602 shares	**	275,303
	Mitsubishi	1,810 shares	**	44,779
	Mondelez International	3,824 shares	**	143,821
	Monotaro Co.	622 shares	**	17,229
	Monsanto Co.	1,028 shares	**	128,233
	MTN Group	3,013 shares	**	63,876
	National Oilwell Varco	651 shares	**	53,610
	Nestle	1,759 shares	**	136,622
	Nextera Energy Inc.	2,535 shares	**	259,787
	Nextera Energy Partners LP.	50 shares	**	1,675
	Nike Inc.	611 shares	**	47,383
	Novartis	1,697 shares	**	153,629
	Novo Nordisk	4,338 shares	**	200,372
	Now Inc.	162 shares	**	5,866
	Nuance Communications	1,955 shares	**	36,695

THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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	Nucor Corp.	1,480 shares	**	72,890
	Occidental Petroleum Corp.	1,187 shares	**	121,822
	Pall Corp.	1,000 shares	**	85,390
	Pentair Ltd.	556 shares	**	40,479
	Pepsico Inc.	1,585 shares	**	141,604
	Petroleum Geo Services	2,123 shares	**	22,610
	Pfizer Inc.	5,350 shares	**	158,788
	Philip Morris International Inc.	2,750 shares	**	231,853
	Priceline.com	62 shares	**	74,586
	Procter & Gamble Co.	1,296 shares	**	101,853
	Prudential PLC	3,095 shares	**	141,999
	Qualcomm Inc.	1,472 shares	**	116,582
	Ralph Lauren Corp.	240 shares	**	38,566
	Raytheon Co.	3,030 shares	**	279,518
	Red Electrica Corp.	3,242 shares	**	57,999
	Rexam PLC	1,527 shares	**	71,311
	Roche Holdings	3,127 shares	**	116,637
	Rogers Communications	956 shares	**	38,479
	Rolls Royce Holdings	764 shares	**	70,571
	Royal Dutch Shell	855 shares	**	70,426
	Royal Dutch Shell PLC	3,000 shares	**	261,030
	Ryanair Holdings ADR	916 shares	**	51,113
	Ryohin Keikaku Co.	1,104 shares	**	25,040
	Sampo OYJ - EUR	2,495 shares	**	62,999
	Sandisk Corp.	813 shares	**	84,902
	Sands China Ltd.	1,668 shares	**	126,552
	SAP AG Spons ADR	2,004 shares	**	154,308
	Sasol Ltd.	641 shares	**	37,896
	Schlumberger Ltd.	1,626 shares	**	191,787
	Schneider Elect.	4,818 shares	**	90,578
	Seagate Technology	1,864 shares	**	105,912

THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN

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June 30, 2014

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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Seven & I Holdings Co.	946 shares	**	79,805
	Signet Jewelers Ltd.	498 shares	**	55,074
	Softbank Corp.	1,418 shares	**	53,317
	Sonova Holdings	1,511 shares	**	46,101
	Starbucks Corp.	1,464 shares	**	113,284
	Starz Series	375 shares	**	11,171
	State Street Corp.	543 shares	**	36,522
	Stryker Corp.	463 shares	**	39,040
	Sumitomo Mitsui Financial Group	10,432 shares	**	88,359
	Sumitomo Mitsui TR Holdings	5,803 shares	**	26,172
	Svenska Handelsbanken	1,629 shares	**	39,845
	Swatch Group	2,770 shares	**	83,765
	Swedbank AB	1,914 shares	**	50,874
	Symantec Corp.	5,450 shares	**	124,805
	Symrise AG.	2,696 shares	**	36,693
	Sysmex Corp.	4,394 shares	**	82,519
	Taiwan Semiconductor	6,614 shares	**	141,473
	Targa Res. Partners	4,000 shares	**	287,680
	TE Connectivity Ltd.	1,588 shares	**	98,202
	Tesco PLC	2,420 shares	**	35,453
	Teva Pharmaceutical	1,489 shares	**	78,053
	Thermo Fisher Scientfic	751 shares	**	88,618
	TJX Companies	871 shares	**	46,294
	Travelers Companies Inc.	2,380 shares	**	223,887
	Turkiye Garanti Bankasi	13,800 shares	**	54,510
	TYCO International Ltd.	2,145 shares	**	97,812
	Unicharm Corp.	6,522 shares	**	78,068
	Unilever NV NY	4,600 shares	**	201,296
	Unilever PLC	2,745 shares	**	124,376
	Union Pacific	698 shares	**	69,626
	United Parcel Service	1,344 shares	**	137,975

THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN

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	Unitedhealth Group	1,877 shares	**	153,445
	Valeo Spons ADR	781 shares	**	52,483
	Vanguard Natural Resources LLC.	2,500 shares	**	80,500
	Vertex Pharmaceuticals	885 shares	**	83,792
	Visa Inc.	486 shares	**	102,405
	Vodafone	3,954 shares	**	132,024
	Walgreen Co.	2,026 shares	**	150,187
	Weatherford International	5,590 shares	**	124,370
	Wells Fargo	1,613 shares	**	84,779
	Wolseley PLC Jersey Sponsored	8,697 shares	**	47,573
	WPP PLC	1,060 shares	**	115,529
	WW Grainger	143 shares	**	36,361
	Xinyi Glass Holdings	910 shares	**	10,698
	YUM Brands	857 shares	**	69,588
				21,640,650
	Preferred stocks			
	Aegon NV 6.375%	1,980 shares	**	50,609
	Aegon NV Series 1	646 shares	**	15,498
	Alexandria Real Estate	254 shares	**	6,419
	Allstate Corp.	282 shares	**	7,290
	Allstate Corp. 5.625 A	277 shares	**	6,881
	Allstate Corp. 6.625%	268 shares	**	6,952
	Allstate Corp. Dep (ALL.C)	534 shares	**	14,167
	Arch Capital Group 6.75%	850 shares	**	22,415
	Aspen Insurance Co. 5.95%	417 shares	**	10,383
	Aspen Insurance Co. 7.25%	394 shares	**	10,303
	Axis Holdings 5.5%	531 shares	**	11,878
	Axis Holdings 6.875%	883 shares	**	23,108
	Bank New York Mellon	1,801 shares	**	42,197
	Bank of America 6.375% Non Cum-3	459 shares	**	11,562
	Bank of America 6.625% Series	615 shares	**	15,744

THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN

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	Bank of America Corp. PFD	864 shares	**	21,658
	Barclays Bank PLC 6.625% Ser2	1,007 shares	**	25,538
	Barclays Bank PLC 7.1% Ser3	1,306 shares	**	33,447
	Barclays Bank PLC 7.75%	213 shares	**	5,489
	BB&T Corp. 5.2% F	303 shares	**	6,739
	BB&T Corp. 5.2% G	914 shares	**	20,218
	BB&T Corp. 5.625% SerE	1,833 shares	**	43,515
	BB&T Corp. 5.85%	482 shares	**	11,987
	Capital One 6.25% C	254 shares	**	6,264
	Capital One Financial	2,003 shares	**	48,352
	Charles Schwab	733 shares	**	18,494
	Citigroup Capt 6.875% K	807 shares	**	21,902
	Citigroup Capt 7.125% J	542 shares	**	14,986
	Citigroup Inc. 5.8% Series C	1,188 shares	**	28,987
	City National CP Dep	218 shares	**	4,999
	Deutsche Bank II 6.55%	2,000 shares	**	52,260
	Deutsche Bank VIII 6.375%	221 shares	**	5,658
	Digital Realty Tr 6.625%	247 shares	**	6,064
	Digital Realty Tr Inc. 5.875	278 shares	**	6,127
	Digital Realty Tr Inc. 7%	335 shares	**	8,529
	Digital Realty Tr Inc. 7.375% H	273 shares	**	6,970
	First Niagra Financial	491 shares	**	14,234
	Goldman Sachs Group Inc. 5.50%	1,159 shares	**	28,395
	Goldman Sachs Group Inc. 6.375 K	1,051 shares	**	27,662
	Health Care REIT	492 shares	**	12,487
	Hospitality Properties	668 shares	**	17,021
	HSB Holdings 6.2%	427 shares	**	10,820
	HSB Holdings 8.0%	3,038 shares	**	82,239
	ING Group 6.125%	564 shares	**	14,280
	ING Group 6.2%	350 shares	**	8,883
	ING Group 6.375%	1,274 shares	**	32,411

THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN

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	ING Group 7.05%	979 shares	**	25,111
	ING Group 7.2%	598 shares	**	15,434
	JP Morgan Chase 5.45% P	1,348 shares	**	30,734
	JP Morgan Chase 5.5% O	2,191 shares	**	50,218
	JP Morgan Chase 6.3% W	458 shares	**	11,450
	JP Morgan Chase 6.7% T	922 shares	**	23,852
	Kimco Realty 5.5% Ser J	262 shares	**	5,987
	Kimco Realty 5.625% K	272 shares	**	6,324
	Kimco Realty 6% Ser I	736 shares	**	18,216
	Kimco Realty 6.9% Ser H	534 shares	**	13,953
*	Morgan Stanley 6.625% G	1,180 shares	**	30,137
*	Morgan Stanley 7.125% E	401 shares	**	11,176
*	Morgan Stanley Ser-A	571 shares	**	11,551
	National Retail Properties % E	627 shares	**	15,838
	National Retail Properties 6.625% D	554 shares	**	12,653
	Navios Maritime Holdings	5,000 shares	**	125,000
	Partnere LTD. 5.875% F	574 shares	**	14,040
	Partnere LTD. 6.5% Ser D	813 shares	**	20,528
	Partnere LTD. 7.25 Ser E	252 shares	**	6,741
	PNC Financial P 6.125	2,767 shares	**	75,982
	PS Business Parks 5.75%	159 shares	**	3,659
	PS Business Parks 6.0% Ser T	748 shares	**	18,042
	PS Business Parks 6.45%	467 shares	**	11,736
	Public Storage 5.2% X	160 shares	**	3,562
	Public Storage 5.375% V	260 shares	**	5,920
	Public Storage 5.625% U	248 shares	**	5,907
	Public Storage 5.75% Ser T	828 shares	**	20,112
	Public Storage 5.9%	683 shares	**	16,638
	Public Storage 6.0% Z	452 shares	**	11,219
	Public Storage 6.5% Ser Q	461 shares	**	12,004
	Public Storage Ser 6.375% Y	323 shares	**	8,224

THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2014

Plan No: 002
EIN: 31-1247560

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Public Storage Ser R 6.35%	696 shares	**	17,901
	Realty Income Corp. 6.75% Ser E	159 shares	**	4,117
	Realty Income Corp. F 6.625%	1,003 shares	**	26,228
	Regency Centers 6.625% Ser 6	478 shares	**	12,194
	Regency Centers PFD Ser 7	152 shares	**	3,625
	Regions Financial 6.375%	753 shares	**	19,382
	Renaissancre 6.08% Ser C	105 shares	**	2,626
	Renaissancre Holdings Ser E 5.375%	551 shares	**	12,458
	Royal Bank Scotland 6.35% Ser N	278 shares	**	6,675
	Royal Bank Scotland 6.4% PFD	707 shares	**	17,025
	Royal Bank Scotland ADS 5.75%	2,218 shares	**	51,180
	Royal Bank Scotland GRP PLC 6.60%	442 shares	**	10,851
	State Street Corp. 5.25%	935 shares	**	21,645
	State Street Corp. 5.90%	645 shares	**	16,899
	Suntrust Banks Inc.	252 shares	**	6,023
	TCF Financial Corp.	385 shares	**	10,245
	UBS Pfd Fdg Tr	1,194 shares	**	23,367
	US Bancorp 5.15% H	443 shares	**	10,038
	US Bancorp 6% FLTS	342 shares	**	9,374
	US Bancorp 6.5% FLTS	885 shares	**	25,010
	US Bancorp Pfd B	224 shares	**	4,973
	Vornado Realty 5.7% K	356 shares	**	8,370
	Vornado Realty 6.875% J	314 shares	**	8,183
	Vornado Realty Ser L 5.40%	275 shares	**	6,298
	Weingarten Realty 6.5 Ser F	316 shares	**	7,906
	Wells Fargo & Co 5.85% Q	1,650 shares	**	42,801
	Wells Fargo & Co 6.625% R	613 shares	**	17,146
	Wells Fargo & Co 8% Non Cum Ser J	379 shares	**	11,271
				1,957,780

THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2014

Plan No: 002
EIN: 31-1247560

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Corporate debt instruments			
	Aegon NV	23,450 par 8.0%, due 2/15/2042	**	27,286
	Affiliated Managers Group Inc.	3,825 par 5.25%, due 10/15/2022	**	4,015
	Affiliated Managers Group Inc.	5,025 par 6.375%, due 8/15/2042	**	5,214
	AFLAC Inc.	16,350 par 5.5%, due 9/15/2052	**	16,056
	Allstate Corp.	2,650 par 5.1%, due 1/15/2053	**	2,664
	American Financial Group Inc.	3,800 par 5.75%, due 8/25/2042	**	3,756
	American Financial Group Inc.	6,075 par 6.375%, due 6/12/2042	**	6,267
	Citigroup Capital XIII	20,950 par 7.875%, due 10/30/2040	**	23,213
	Comcast Corp.	10,075 par 5.0%, due 12/15/2061	**	10,152
	Countrywide Capital IV GTD	7,725 par 6.75%, due 4/1/2033	**	7,891
	DTE Energy	3,825 par 5.25%, due 12/1/2062	**	3,661
	DTE Energy	5,525 par 6.5%, due 12/1/2061	**	5,761
	Duke Energy Corp.	10,800 par 5.125%, due 1/15/2073	**	10,329
	Entergy Arkansas, Inc.	6,775 par 5.75%, due 11/1/2040	**	6,894
	Entergy Arkansas, Inc.	4,075 par 4.9%, due 12/1/2052	**	3,819

THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2014

Plan No: 002
EIN: 31-1247560

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Entergy Arkansas, Inc.	4,300 par 4.9%, due 12/1/2052	**	3,911
	Entergy Louisiana, LLC	3,475 par 5.875%, due 6/15/2041	**	3,601
	Entergy Louisiana, LLC	12,025 par 6.0%, due 3/15/2040	**	12,184
	Entergy Mississippi, Inc.	6,925 par 6.0%, due 5/1/2051	**	7,041
	Ford Motor Co. Senior Convertible Note	163,000 par 4.25%, due 11/15/2016	**	326,561
	General Electric Capital Corp.	30,625 par 4.875%, due 10/15/2052	**	30,405
	General Electric Capital Corp.	28,075 par 4.7%, due 5/16/2053	**	26,065
	General Electric Capital Corp.	27,275 par 4.875%, due 1/29/2053	**	26,413
	Goldman Sachs Group, Inc.	40,750 par 6.125%, due 11/1/2060	**	42,282
	Goldman Sachs Group, Inc.	41,550 par 6.5%, due 11/1/2061	**	44,242
	Hartford Financial Services Group	11,925 par 7.875%, due 4/15/2042	**	14,281
	Integrys Energy Group, Inc.	39,450 par 6.0%, due 8/1/2073	**	41,517
	Lloyds Banking	65,225 par 7.75%, due 7/15/2050	**	69,453
	Merrill Lynch Capital Trust	16,025 par 6.45%, due 6/15/2062	**	16,243
	Merrill Lynch Capital Trust	24,175 par 6.45%, due 12/15/2066	**	24,513

THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2014

Plan No: 002
EIN: 31-1247560

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Morgan Stanley Capital Trust III	14,325 par 6.25%, due 3/1/2033	**	14,468
*	Morgan Stanley Capital Trust VIII	6,950 par 6.45%, due 4/15/2067	**	7,008
*	Morgan Stanley Capital Trust VI	11,250 par 6.6%, due 2/1/2046	**	11,538
*	Morgan Stanley Capital Trust IV	11,400 par 6.25%, due 4/1/2033	**	11,473
*	Morgan Stanley Capital Trust V	11,725 par 5.75%, due 7/15/2033	**	11,744
	Nextera Energy Capital Holdings, Inc.	6,000 par 5.7%, due 3/1/2072	**	5,810
	Nextera Energy Capital Holdings, Inc.	6,175 par 5.625%, due 6/15/2072	**	5,918
	Nextera Energy Capital Holdings, Inc.	13,400 par 5.125%, due 11/15/2072	**	11,878
	Nextera Energy Capital Holdings, Inc.	5,400 par 5.0%, due 1/15/2073	**	4,687
	PPL Capital Funding, Inc.	4,100 par 5.9%, due 4/30/2073	**	4,023
	Protective Life Corp.	14,275 par 6.25%, due 5/15/2042	**	14,743
	Prudential Financial, Inc.	13,450 par 5.75%, due 12/15/2052	**	13,396
	Prudential Financial, Inc.	17,650 par 5.7%, due 3/15/2053	**	17,403
	Qwest Corp.	18,875 par 7.375%, due 6/1/2051	**	19,955
	Qwest Corp.	20,000 par 7.5%, due 9/15/2051	**	21,224

THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2014

Plan No: 002
EIN: 31-1247560

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Qwest Corp.	12,325 par 7.0%, due 4/1/2052	**	12,774
	Qwest Corp.	6,150 par 7.0%, due 7/1/2052	**	6,374
	Raymond James Financial	7,200 par 6.9%, due 3/15/2042	**	7,764
	Scana Corp.	2,675 par 7.7%, due 1/30/2065	**	2,811
	Senior Housing Property Trust	13,350 par 5.625%, due 8/1/2042	**	12,282
	Stanley Black and Decker	20,725 par 5.75%, due 7/25/2052	**	20,203
	Telephone and Data Systems	6,775 par 6.875%, due 11/15/2059	**	6,851
	Telephone and Data Systems	11,225 par 7.0%, due 3/15/2060	**	11,562
	Torchmark Corp.	3,975 par 5.875%, due 12/15/2052	**	3,913
	United States Cellular Corp.	5,775 par 6.95%, due 5/15/2060	**	5,888
	Ventas Realty LP/Capital Corp.	9,550 par 5.45%, due 3/15/2043	**	9,134
	Verizon Communications	21,000 par 5.9%, due 2/15/2054	**	21,638
	Vornado Realty LP	26,650 par 7.875%, due 10/1/2039	**	27,204
	WR Berkley Corp.	15,550 par 5.625%, due 4/30/2053	**	14,462
				1,163,818

THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2014

Plan No: 002
EIN: 31-1247560

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
Annuity contracts				
	Metlife Investors USA Ins. Co.	Fixed Annuity	**	1,369,996
	Metlife Investors USA Ins. Co.	Fixed Annuity	**	684,314
	John Hancock Life Ins. Co.	Variable Annuity	**	1,430,643
	Sun Life Assurance Co.	Variable Annuity	**	1,842,783
				$ 5,327,736

* Party-in-interest as defined by ERISA
** Information not available

Schedule SB, Part V –
Summary of Plan Provisions

1.	Plan Year	July 1 to June 30
2.	Eligibility	Enter July 1 or January 1 following age 21 and one year of service. There are no new entrants after 7/1/2009.
3.	Normal Retirement Date	The participant's 62nd birthday
4.	Normal Retirement Benefit	A monthly pension for life equal to the sum of 0.7% of compensation plus 0.5% of excess compensation multiplied by years of service (maximum 35 years). Service credited from July 1, 1985. Plus, The frozen accrued benefit as of June 30, 1985.
5.	Early Retirement Date	Age 55 and 10 years of service
6.	Early Retirement Benefit	Actuarial Equivalent of the monthly retirement income payable under the basic form.
7.	Vesting Schedule	100% after 5 years of service. For those hired before July 1, 2004: Vesting — years of service 20% — 3 40% — 4 100% — 5
9.	Disability Eligibility	The Committee makes a determination after consulting the participant and/or allowed physicians.
10.	Disability Benefit	Temporary Annuity equal to the accrued benefit as of the date of disability.
11.	Death Benefit	Qualified Joint & Survivor benefit.
12.	Pre-85 Benefit	Benefits accrued through June 30, 1985 under the "Old Plan" are payable from the current Plan effective June, 1999.

Schedule SB, line 22 –
Description of Weighted Average Retirement Age

Age	Qr	Paa	Qr x Paa	Qr x Paa x Age
55	0.10		0.1000	5.5000
		1.0000		
56	0.10		0.0900	5.0400
		0.9000		
57	0.10		0.0810	4.6170
		0.8100		
58	0.10		0.0729	4.2282
		0.7290		
59	0.10		0.0656	3.8710
		0.6561		
60	0.10		0.0590	3.5429
		0.5905		
61	0.10		0.0531	3.2418
		0.5314		
62	0.25		0.1196	7.4136
		0.4783		
63	0.10		0.0359	2.2600
		0.3587		
64	0.10		0.0323	2.0662
		0.3229		
65	0.10		0.0291	1.8887
		0.2906		
66	0.10		0.0262	1.7260
		0.2615		
67	0.10		0.0235	1.5769
		0.2354		
68	1.00		0.2118	14.4039
		0.2118		
			1.00	**61.38**
				avg ret age

Schedule SB, Part V –
Statement of Actuarial Assumptions/Methods

5. Retirement rates — all active participants are assumed to retire at the following rates:

Age	Rate of Retirement
55 - 61	10.0%
62	25.0%
63 - 67	10.0%
68	100.0%

6. Salary Scale — 3.0% per year.

7. Asset Valuation Method — The Actuarial Value of Assets (AVA) must be within 10% of the Market Value of Assets on the valuation date and no more than 24 months of past experience can be recognized in the smoothing process.

8. Expenses — $200,000 Assumed

9. Marriage — 80% of actives are assumed to be married. Females are assumed to be 3 years younger than their male spouses.

10. Form of Payment — 100% will elect a Lump sum.

11. Changes to Assumptions — The interest rates and mortality table were updated to comply with PPA ’06.

Schedule SB, line 19 –
Discounted Employer Contributions

Contribution Summary

Date Paid	Contribution Amount	Contribution Due Date	Discounted to 07/01/2013
6/13/2014	$1,500,000	10/15/2013	$1,376,553
9/15/2014	$1,500,000	1/15/2014	$1,360,397
12/15/2014	$1,500,000	4/15/2014	$1,353,561
3/13/2015	$1,500,000	7/15/2014	$1,348,258
Total	6,000,000		5,438,769

Schedule SB, line 32 –
Schedule of Amortization Bases

Type of Base	Date Established	Balance at Valuation Date	Payment	Years Remaining At Valuation Date
Shortfall	7/1/2008	$1,220,805	625,958	2
	7/1/2009	(241,238)	(84,545)	3
	7/1/2010	1,814,071	488,763	4
	7/1/2011	2,380,694	525,878	5
	7/1/2012	(2,982,744)	(567,426)	6
	7/1/2013	461,277	77,636	7
Total		**$ 2,652,865**	**$ 1,066,264**	

Schedule SB, Part V –
Statement of Actuarial Assumptions/Methods

1. Employees Excluded from Cost — Participation is frozen as of 7/1/09.

2. Interest Rate — 5.23% 1st Segment Rate
6.51% 2nd Segment Rate
7.16% 3rd Segment Rate

3. Mortality rates — 2013 Static Mortality table was utilized with the following summary of rates (pre-/post-commencement):

	Pre-		Post-	
AGE	Male	Female	Male	Female
25	.03%	.01%	.03%	.01%
35	.07%	.03%	.07%	.03%
45	.10%	.07%	.16%	.07%
55	.18%	.20%	.40%	.30%
65	.51%	.51%	1.01%	.94%

4. Turnover rates — T-8 of the Actuary's Pension Handbook which assumes terminations to occur at the following rates:

Age	Rate of Termination
25	11.6%
30	11.2%
35	10.6%
40	9.4%
45	7.5%
50	4.8%
55	1.7%
60	0.2%

Schedule SB, Part V –
Statement of Actuarial Assumptions/Methods

5. Retirement rates — all active participants are assumed to retire at the following rates:

Age	Rate of Retirement
55 - 61	10.0%
62	25.0%
63 - 67	10.0%
68	100.0%

6. Salary Scale — 3.0% per year.

7. Asset Valuation Method — The Actuarial Value of Assets (AVA) must be within 10% of the Market Value of Assets on the valuation date and no more than 24 months of past experience can be recognized in the smoothing process.

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9. Marriage — 80% of actives are assumed to be married. Females are assumed to be 3 years younger than their male spouses.

10. Form of Payment — 100% will elect a Lump sum.

11. Changes to Assumptions — The interest rates and mortality table were updated to comply with PPA ’06.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan

The Rumpke Consolidated Companies, Inc. & Affiliates Defined Benefit

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

Rumpke Consolidated Companies, Inc.

D Employer Identification Number (EIN)

31-1247560

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 7 Day 1 Year 2013

2	Assets:			
	a Market value		**2a**	41,347,697
	b Actuarial value		**2b**	42,117,551
3	Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	8	266,594
	b For terminated vested participants	**3b**	148	1,672,828
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		371,272
	(2) Vested benefits	**3c(2)**		41,446,952
	(3) Total active	**3c(3)**	1,362	41,818,224
	d Total	**3d**	1,518	43,757,646
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		**4a**	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	6.48 %
6	Target normal cost		**6**	3,242,481

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

4/1/2015
Date

Jeffrey A. Schapel, EA, MAAA
Type or print name of actuary

14-07786
Most recent enrollment number

CBIZ Benefits & Insurance, Inc.
Firm name

(216) 447-9000
Telephone number (including area code)

6050 Oak Tree Blvd.
Suite 500
Cleveland OH 44131
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]