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 09/01/2013 and ending 08/31/2014

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;
- [X] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
AAA MID-ATLANTIC COMMISSIONED SALESMEN'S PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 09/01/1978

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

AAA MID-ATLANTIC INC
AAA MID-ATLANTIC INC
CORPORATE TAX DIRECTOR
CORPORATE TAX DEPARTMENT
ONE RIVER PLACE
WILMINGTON, DE 19801

CORPORATE TAX DEPARTMENT
ONE RIVER PLACE
WILMINGTON, DE 19801

2b Employer Identification Number (EIN) 23-0758010

2c Sponsor's telephone number 302-299-4356

2d Business code (see instructions) 812990

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.	06/08/2015	DEBRA KING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/04/2015	MICHAEL SUMSKY
	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**	40
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**	
b	Retired or separated participants receiving benefits	**6b**	16
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	16
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	20
f	Total. Add lines **6d** and **6e**.	**6f**	36
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
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)** [ ] 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)** [ ] 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)** [ ] **H** (Financial Information)
- **(2)** [X] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information)
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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 09/01/2013 and ending 08/31/2014

▶ **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
AAA MID-ATLANTIC COMMISSIONED SALESMEN'S 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
AAA MID-ATLANTIC INC

D Employer Identification Number (EIN)
23-0758010

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

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

Part I Basic Information

1 Enter the valuation date: Month 09 Day 01 Year 2013

2 Assets:			
a Market value	**2a**		4535040
b Actuarial value	**2b**		4535040
3 Funding target/participant count breakdown:		**(1)** Number of participants	**(2)** Funding Target
a For retired participants and beneficiaries receiving payment	**3a**	40	4488568
b For terminated vested participants	**3b**		
c For active participants:			
(1) Non-vested benefits	**3c(1)**		
(2) Vested benefits	**3c(2)**		
(3) Total active	**3c(3)**		0
d Total	**3d**	40	4488568
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**		5.87 %
6 Target normal cost	**6**		0

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

05/15/2015
Date

STEPHEN A CATONE, ASA
Type or print name of actuary

14-05357
Most recent enrollment number

HAY GROUP, INC.
Firm name

213-861-2333
Telephone number (including area code)

1650 ARCH STREET
SUITE 2300
PHILADELPHIA, PA 191031910320
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)	601967	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	601967	0
10	Interest on line 9 using prior year's actual return of 3.76 %	22634	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	b Interest on (a) using prior year's effective interest rate of 6.54 % except as otherwise provided (see instructions)		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	624601	0

Part III Funding Percentages

14	Funding target attainment percentage	14	87.11 %
15	Adjusted funding target attainment percentage	15	101.00 %
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	105.60 %
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
05/01/2015	36000				
			Totals ► 18(b)	36000	18(c)

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	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	32735

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ 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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.94%	6.15%	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	65

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**	
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**	0
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	0

	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**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	32735

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

a Total (excess, if any, of line 37 over line 36)	**38a**	32735
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 I (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information—Small Plan

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 09/01/2013 and ending 08/31/2014

A Name of plan
AAA MID-ATLANTIC COMMISSIONED SALESMEN'S PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AAA MID-ATLANTIC INC

D Employer Identification Number (EIN)
23-0758010

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

			(a) Beginning of Year	**(b)** End of Year
1	**Plan Assets and Liabilities:**			
a	Total plan assets	1a	4535040	4040997
b	Total plan liabilities	1b		
c	Net plan assets (subtract line 1b from line 1a)	1c	4535040	4040997
2	**Income, Expenses, and Transfers for this Plan Year:**		**(a)** Amount	**(b)** Total
a	Contributions received or receivable:			
	(1) Employers	2a(1)	36000	
	(2) Participants	2a(2)		
	(3) Others (including rollovers)	2a(3)	236925	
b	Noncash contributions	2b		
c	Other income	2c		
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		272925
e	Benefits paid (including direct rollovers)	2e	766968	
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Administrative service providers (salaries, fees, and commissions)	2h		
i	Other expenses	2i		
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		766968
k	Net income (loss) (subtract line 2j from line 2d)	2k		-494043
l	Transfers to (from) the plan (see instructions)	2l		

3 **Specific Assets:** If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

			Yes	**No**	**Amount**
a	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
c	Real estate (other than employer real property)	3c		X	
d	Employer securities	3d		X	
e	Participant loans	3e		X	

		Yes	No	Amount
3f Loans (other than to participants)	3f		X	
g Tangible personal property	3g		X	

Part II Compliance Questions

4 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 plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X	
e Was the plan covered by a fidelity bond?	4e	X		5000000
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 at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j		X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			

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

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

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

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

Part III 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 09/01/2013 and ending 08/31/2014

A Name of plan
AAA MID-ATLANTIC COMMISSIONED SALESMEN'S PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AAA MID-ATLANTIC INC

D Employer Identification Number (EIN)
23-0758010

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** 0

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

JOHNSON LAMBERT LLP

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

AAA Mid-Atlantic
Commissioned Salesmen's Pension Plan
Years Ended August 31, 2014 and 2013
With Report of Independent Auditors

AAA Mid-Atlantic
Commissioned Salesmen's Pension Plan

Financial Statements and Supplemental Schedules

Years Ended August 31, 2014 and 2013

Contents

Report of Independent Auditors..... 1 - 2

Audited Financial Statements

Statements of Net Assets Available for Benefits.....3
Statements of Changes in Net Assets Available for Benefits.....4
Notes to Financial Statements..... 5 - 12

Supplemental Schedules

Schedule H, Line 4i – Schedule of Assets (Held at End of Year).....13
Schedule H, Line 4j – Schedule of Reportable Transactions.....14

JOHNSON LAMBERT LLP

Report of Independent Auditors

Board of Directors
AAA Mid-Atlantic, Inc.

We have audited the accompanying financial statements of the AAA Mid-Atlantic Commissioned Salesmen's Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of August 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility
Our responsibility is to express an opinion on these financial statements based on 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 entity'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 entity'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 Plan's net assets available for benefits as of August 31, 2014 and changes therein for the year then ended and its financial status as of August 31, 2013 and changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of August 31, 2014, and reportable transactions for the year then ended, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary 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.

Falls Church, Virginia
March 25, 2015

AAA Mid-Atlantic
Commissioned Salesmen's Pension Plan

Statements of Net Assets Available for Benefits

	August 31, 2014	August 31, 2013
Assets		
Investments:		
US government securities	**$ 217,621**	$ 217,981
Corporate bonds	**2,211,091**	2,071,602
Short-term money market funds	**1,558,311**	2,230,767
	3,987,023	4,520,350
Receivables:		
Contributions receivable	**36,000**	-
Due from employer	**-**	647
Accrued income	**17,974**	14,043
	53,974	14,690
Net assets available for benefits	**$ 4,040,997**	$ 4,535,040

See accompanying notes.

AAA Mid-Atlantic
Commissioned Salesmen's Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended August 31, 2014	2013
Additions		
Interest and dividend income	**$ 97,797**	$ 88,412
Net appreciation in the fair value of investments	**139,128**	89,920
Contributions	**36,000**	-
Total additions	**272,925**	178,332
Deductions		
Benefits paid	**766,968**	803,774
Total deductions	**766,968**	803,774
Net decrease	**(494,043)**	(625,442)
Net assets available for benefits:		
Beginning of year	**4,535,040**	5,160,482
End of year	**$ 4,040,997**	$ 4,535,040

See accompanying notes.

AAA Mid-Atlantic
Commissioned Salesmen's Pension Plan

Notes to Financial Statements

August 31, 2014 and 2013

1. Description of Plan

The AAA Mid-Atlantic Commissioned Salesmen's Pension Plan (the Plan) is a defined benefit plan covering certain fully commissioned salesmen of AAA Mid-Atlantic Inc., (the Company) and Keystone Insurance Company. The Plan was originally established under a collective bargaining agreement dated November 21, 1978, as amended. The Company has the right to modify any provisions of the Plan; however, such modifications are subject to the terms of any collective bargaining agreements. All participants in the Plan are fully vested.

The Company has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to participants. Contributions to the Plan are based upon the actuarial determination of normal cost subject to a "full funding limitation" as defined by the Employee Retirement Income Security Act of 1974, as amended (ERISA). Benefits are calculated based upon earned commissions as defined in the Plan document. The Plan is in compliance with the minimum funding requirements of ERISA.

In the event of termination of the Plan, all benefits accrued to the date of termination, to the extent then funded, will be nonforfeitable. Any remaining assets will be allocated in accordance with priorities as set forth in the Plan document. The Pension Benefit Guaranty Corporation (PBGC) guarantees the payment of nonforfeitable basic benefits subject to certain limitations prescribed by ERISA.

Administrative expenses of the Plan are paid by the Company.

Information about the Plan document, the vesting and benefit provisions, and the PBGC's benefit guarantee is contained in the Plan document and Summary Plan Description (SPD). Copies of the Plan Document and SPD pamphlet are available from the Pension Committee. Participants should refer to the Plan Document and SPD agreement for more complete information.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Payment of Benefits

Benefits are recorded when paid.

2. Summary of Significant Accounting Policies (continued)

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 4 for further discussion and disclosures related to fair value measurements.

In accordance with Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, assets and liabilities measured at fair value are categorized into a hierarchy as described further in Note 4.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Accumulated plan benefits (see Note 3) represent the actuarial present value of estimated future periodic payments that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries. Benefits are based on the cash balance accounts or the transition benefits for certain employees. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee services rendered to the valuation date.

Contributions Receivable

Contributions receivable represent contributions authorized by the Plan sponsor but not disbursed prior to year-end.

Subsequent Events

Management evaluated subsequent events for the Plan through March 25, 2015, the date the financial statements were available to be issued.

3. Accumulated Plan Benefits

The Plan's actuary estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the fully commissioned salesmen to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death or withdrawal) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits is estimated as of the beginning of the plan year. The accumulated plan benefit as of September 1, 2013, applicable to the audit of the plan year ended September 1, 2014, is as follows:

Actuarial present value of accumulated plan benefits, all of which are vested:	
Participants currently receiving benefits	$ 4,634,890
Total actuarial present value of accumulated plan benefits	$ 4,634,890

The change in accumulated plan benefits is as follows:

Actuarial present value of accumulated plan benefits as of September 1, 2012	$ 5,195,948
Increase (decrease) during the year attributed to:	
Passage of time	243,716
Benefits paid	(803,774)
Net decrease	(561,058)
Actuarial present value of accumulated plan benefits as of September 1, 2013	$ 4,634,890

The discount rate remained constant at 3.0% in 2012 and 2013, which had no effect on the present value of accumulated plan benefits as of September 1, 2013.

3. Accumulated Plan Benefits (continued)

Significant assumptions underlying the actuarial valuation are as follows:

Discount rate	3.0%
Mortality basis	1971 Group Annuity Mortality Table

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

4. Fair Value Measurements

Fair value is defined under ASC 820 as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., an exit price). To measure fair value, a hierarchy has been established that requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs. As such, the hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy in ASC 820 are described below:

- Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

- Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

  – Quoted prices for similar assets and liabilities in active markets

  – Quoted prices for identical or similar assets or liabilities in markets that are not active

  – Observable inputs other than quoted prices that are used in the valuation of the asset or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)

  – Inputs that are derived principally from or corroborated by observable market data by correlation or other means

4. Fair Value Measurements (continued)

- Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measure in entirety.

Following is a description of the valuation techniques and inputs used for each major class of assets measured at fair value.

The Plan determined the fair values of financial assets through recognized third-party pricing services. The Plan performs a monthly analysis on the prices and credit spreads received from third parties to ensure that the prices represent a reasonable estimate of fair value. In accordance with ASC 820, the Plan has evaluated the various types of securities in its investment portfolio to determine an appropriate ASC 820 fair value hierarchy level of Level 1, Level 2 or Level 3. All prices provided by third-party pricing services are classified into Level 2 because the inputs used in pricing the securities are market observable. Money market funds are valued at the closing price reported in the active market in which the individual security is traded and are classified into Level 1.

The Plan recognizes transfers between levels of the fair value hierarchy at the end of the period in which events occur impacting the availability of inputs to the fair value methodology. There were no transfers between levels of the fair value hierarchy during the years ending August 31, 2014 and 2013. The following table sets forth by level, within the fair value hierarchy, the Plan's assets carried at fair value.

	Assets at Fair Value as of August 31, 2014			
Description	**(Level 1)**	**(Level 2)**	**(Level 3)**	**Total**
U.S. government securities	$ -	$ 217,621	$ -	$ 217,621
Corporate bonds:				
A credit rating	-	233,947	-	233,947
AA credit rating	-	506,519	-	506,519
Baa credit rating	-	1,470,625	-	1,470,625
Total corporate bonds	-	2,211,091	-	2,211,091
Short-term money market funds	1,558,311	-	-	1,558,311
Total assets at fair value	$ 1,558,311	$ 2,428,712	$ -	$ 3,987,023

4. Fair Value Measurements (continued)

Description	Assets at Fair Value as of August 31, 2013 (Level 1)	(Level 2)	(Level 3)	Total
U.S. government securities	$ -	$ 217,981	$ -	$ 217,981
Corporate bonds:				
A credit rating	-	237,168	-	237,168
AA credit rating	-	481,934	-	481,934
Baa credit rating	-	1,352,500	-	1,352,500
Total corporate bonds	-	2,071,602	-	2,071,602
Short-term money market funds	2,230,767	-	-	2,230,767
Total assets at fair value	$ 2,230,767	$ 2,289,583	$ -	$ 4,520,350

The Plan did not have any assets or liabilities measured at fair value on a nonrecurring basis as of August 31, 2014 or 2013.

The fair value of individual investments that represent 5% or more of the Plan's net assets available for benefits is as follows:

	August 31 2014	2013
AXA SA	**$ 530,625**	$ 497,500
Discover Money Market	**1,548,472**	2,221,028
Kimberly Clark Corp.	**233,947**	237,168
GNMA REMIC Trust	**217,621**	N/A
New York Housing Development Corp.	**258,528**	240,590
PNC Preferred Funding	**480,000**	430,000
Pricoa Global Funding	**247,991**	241,344
USB Realty Corp.	**460,000**	425,000

4. Fair Value Measurements (continued)

During the years ended August 31, 2014 and 2013, the Plan's investments (including investments bought, sold, as well as held during the year) appreciated (depreciated) in fair value as follows:

	Year Ended August 31	
	2014	**2013**
US government securities	**$ (360)**	$ 7,981
Corporate bonds	**139,488**	81,939
	$ 139,128	$ 89,920

5. Concentrations of Credit Risk

As of August 31, 2014 and 2013, the Discover Bank Money Market Fund with a fair value of $1,548,472 and $2,221,028 represents 39% and 49% of net assets available for benefits, respectively. The Plan has not required collateral or entered into a master netting arrangement to mitigate the credit risk of this financial instrument.

6. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated October 5, 2011, stating that the Plan is qualified under Section 401 (a) of the Internal Revenue Code (Code) and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended and restated. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore believes that the Plan, as amended and restated, is qualified and the related trust is tax-exempt.

Generally accepted accounting principles (GAAP) requires plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of August 31, 2014, there are no uncertain positions taken or expected to be taken. The Plan has no recognized no interest or penalties related to uncertain tax positions. The plan is subject to routine audits taken by taxing jurisdictions; however there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities could occur in the near term and that those changes could affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could affect the amounts reported and disclosed in the financial statements.

8. Party-in-Interest Transactions

Certain of the Plan's assets are invested in funds managed by the custodians of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA. Fees for these services are paid for by the Company.

Supplemental Schedules

AAA Mid-Atlantic
Commissioned Salesmen's Pension Plan

EIN: 23-0758010 Plan No. 002

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

August 31, 2014

(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
X	Black Rock Liquidity Funds	9,739	Short-term money market fund	$ 9,839	$ 9,839
X	Discover Bank Money Market Fund	2,221,028	Short-term money market fund	1,548,472	1,548,472
	Total short-term money market funds			1,558,311	1,558,311
	GNMA REMIC Trust	200,000	5.250%, due 08-16-43	210,000	217,621
	Total U.S. Government bonds			210,000	217,621
	AXA SA	500,000	Variable, due 12-14-49	495,760	530,625
	Kimberly-Clark Corporation	200,000	6.250%, due 07-15-18	193,040	233,947
	New York Housing Development Corp	250,000	2.500%, due 11-01-20	244,235	258,528
X	PNC Preferred Funding	500,000	Variable, due 12-29-49	500,000	480,000
	Pricoa Global Funding	250,000	1.6000%, due 05-29-18	244,050	247,991
	USB Realty Corp	500,000	Variable, due 12-15-49	498,725	460,000
	Total corporate bonds			2,175,810	2,211,091
	Total investments			$ 3,944,121	$ 3,987,023

(X) Denotes a party-in-interest

AAA Mid-Atlantic
Commissioned Salesmen's Pension Plan

EIN: 23-0758010 Plan: 002

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended August 31, 2014

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category (iii) – A series of transactions in excess of 5% of plan assets						
Discover Bank Money Market	Money market fund	$ -	$ 805,968	$ 805,968	$ 805,968	$ -

There were no category (i), (ii), or (iv) reportable transactions during 2014.

Columns for "Lease Rental" and "Expense Incurred with Transaction" are not applicable.

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 09/01/2013 and ending 08/31/2014

▶ **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

AAA MID-ATLANTIC COMMISSIONED SALESMEN'S 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

AAA MID-ATLANTIC INC.

D Employer Identification Number (EIN)

23-0758010

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

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

Part I Basic Information

1	Enter the valuation date:	Month 9 Day 1 Year 2013		
2	Assets:			
	a Market value		2a	4,535,040
	b Actuarial value		2b	4,535,040
3	Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	40	4,488,568
	b For terminated vested participants	3b	0	0
	c For active participants:			
	(1) Non-vested benefits	3c(1)		0
	(2) Vested benefits	3c(2)		0
	(3) Total active	3c(3)	0	0
	d Total	3d	40	4,488,568
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	5.87 %
6	Target normal cost		6	0

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

Stephen A. Catone — Signature of actuary

5/15/15 — Date

STEPHEN A. CATONE, ASA — Type or print name of actuary

14-05357 — Most recent enrollment number

HAY GROUP, INC. — Firm name

(215) 861-2333 — Telephone number (including area code)

1650 Arch Street, Suite 2300

PHILADELPHIA PA 19103-2029 — 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)	601,967	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	601,967	0
10	Interest on line 9 using prior year's actual return of 3.76 %	22,634	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b Interest on (a) using prior year's effective interest rate of 6.54 % except as otherwise provided (see instructions)		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
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)	624,601	0

Part III Funding Percentages

14	Funding target attainment percentage	14	87.11 %
15	Adjusted funding target attainment percentage	15	101.00 %
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	105.60 %
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
05/01/2015	36,000				
			Totals ▶ 18(b)	36,000	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	32,735

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ 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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.94 %	6.15 %	6.76 %	

b Applicable month (enter code)	21b	0
22 Weighted average retirement age	22	65

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	0
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	0

	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	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	32,735
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	32,735
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	

I. Summary of Plan Provisions

The following is a summary of the principal provisions of the plan in effect as of September 1, 2013. There were no material changes in the plan since the last valuation.

Effective Date

September 1, 1978.

Eligibility Requirements

Fully commissioned salesmen commence participation as of September 1, 1978.

Employee Contributions

None.

Normal Retirement Date

First day of the month coincident with or next following the 65th birthday.

Normal Retirement Pension (straight life annuity basis)

55% of the Member's Final Average automobile Commissions plus 32% of the Member's Final Average fire and homeowner's Commissions. Final Average Commissions shall mean a Member's Average Annual Commissions generated during the first 60 of the last 61 months of employment, provided however that said annual income can never be less than the highest annual income, reduced for early retirement, calculated for any five (5) year period determined at or subsequent to Member's becoming eligible to retire. Should commissions exceed $200,000 (indexed) after August 31, 1989, $150,000 (indexed) after August 31, 1994 and $200,000 (indexed) after August 31, 2002, such excess commissions will not be considered for pension purposes.

Early Retirement Pension

To be eligible, the sum of the Member's age plus his period of service must equal or exceed 80. The benefit is equal to the accrued Normal Retirement Pension, reduced by 1/6% for each month that benefits commence before Normal Retirement Date.

Late Retirement Pension

Late retirement is permitted. Benefit is based on Final Average Commissions at late retirement date.

Disability Retirement Pension

If eligible, Member may elect to receive Early or Normal Retirement Pensions. If Member does not elect such benefits and remains disabled for 18 months following disability date, Member must retire as of the end of the 18 month period. Benefit is based on Final Average Commissions at time the last full commission was received.

Death Benefit Prior to Retirement

No benefit is payable if death occurs prior to becoming vested or if Member is unmarried at the time of death. If a Member is married and dies after becoming vested, the surviving spouse will receive a benefit for life commencing from the earliest date the Member could have retired, equal to the amount which would have been payable if the Member had terminated on the day prior to death, survived to the earliest possible retirement date and retired under a qualified joint and 50% survivor option. If a married Member dies after retirement date and before electing a form of payment, the same surviving spouse's benefit is payable.

Death Benefit After Retirement

Depends on form of benefit payment selected at retirement.

Vesting

After 5 years of service, a Vested Benefit is payable commencing on Normal Retirement Date equal to 100% of the accrued Normal Retirement Pension. A reduced Early Retirement Pension may be elected to commence at any time following the early retirement eligibility provisions.

Normal Form of Pension

Married Member - joint and 50% to spouse (actuarial equivalent to straight life formula amount). Unmarried Member - straight life.

II. Changes in Plan Provisions Since Prior Valuation

There were no changes in plan provisions since the previous valuation.

Actuarial Assumptions and Methods

The following summarizes the actuarial assumptions and cost methods used for the valuation.

I. Actuarial Assumptions

Calculation of Funding Contributions:

Interest

(a) Funding: Funding Segment Rates under MAP-21 of 4.94%, 6.15%, 6.76%
(b) ASC 715-30/FAS 87 Discount rate: 5.00% per annum, compounded annually. (4.02% in prior year)
(c) Long term rate of return (for ASC 715-30/FAS 87): 7.75% per annum, compounded annually (7.75% in prior year).
(d) PBGC-Segment Rates 1.37%, 4.05%, 5.06%.

Mortality

(a) 1971 GAM Table for ASC 715 and ASC 960 (formerly FAS 87 and FAS 35) purposes.
(b) RP 2013 SP for PPA (funding) purposes and PBGC variable premium.

II. Actuarial Cost Methods

For funding purposes, the Unit Credit Actuarial Cost Method was used to determine the actuarial present value of accumulated plan benefits (both vested and nonvested) as of the valuation date.

The Projected Unit Credit Actuarial Cost Method was used to determine liabilities and costs for pension expense purposes as prescribed by ASC 715-30/FASB Statement 87. Under this method, the projected benefits of each participant were allocated to specific time periods on a pro rata basis. The actuarial present value of benefits allocated to all periods prior to a valuation year is called the projected benefit obligation.

The Unit Credit Actuarial Cost Method was used to determine the actuarial present value of accumulated plan benefits (all of which were vested) as of September 1, 2013.

III. Changes in Actuarial Assumptions and Methods

The discount rate for calculating the 2014 pension expense was increased from 4.02% to 5.00%.

As of September 1, 2013, changes required by law included the changes in the interest rates and mortality tables for valuing Funding Target and for calculating PBGC premiums.

There were no changes in actuarial methods since the prior valuation.

Shortfall Amortization Charges for 2013/2014

Schedule E shows development of the Shortfall Amortization Charge (SAC), which is the Funding Shortfall (FS) amortized over a period of seven years.

To determine the Plan Funding Percentage for the Shortfall Amortization Base Exemption, plan assets are reduced by the Prefunding Balance, as shown below.

- (Assets – Prefunding Balance)/Funding Target

  =

  (4,535,040 – 0) / (4,488,568) = 101.0%

Since the funding percentage of 101.0% is greater than (or equal to) 100% for plan year 2013/2014, no SAC is needed for 2013/2014.

Amortization Schedule

		Date Established	*Original Amount*	*Amortization Payment*
a)	Funding Shortfall as of 9/1/2013	September 1, 2013	N/A	N/A
	Totals		N/A	N/A

Line 19 – Discounted Employer Contributions

Minimum Funding Contribution assuming paid on 9/1/2013	Effective Interest Rate	Actual Payment (w/Date made)
$ 32,735	5.87%	$ 36,000
$ 32,735		$ 36,000

No contributions were made for the 2013/14 plan year.

Actuarial Assumptions and Methods

The following summarizes the actuarial assumptions and cost methods used for the valuation.

I. Actuarial Assumptions

Calculation of Funding Contributions:

Interest

(a) Funding: Funding Segment Rates under MAP-21 of 4.94%, 6.15%, 6.76%
(b) ASC 715-30/FAS 87 Discount rate: 5.00% per annum, compounded annually. (4.02% in prior year)
(c) Long term rate of return (for ASC 715-30/FAS 87): 7.75% per annum, compounded annually (7.75% in prior year).
(d) PBGC-Segment Rates 1.37%, 4.05%, 5.06%.

Mortality

(a) 1971 GAM Table for ASC 715 and ASC 960 (formerly FAS 87 and FAS 35) purposes.
(b) RP 2013 SP for PPA (funding) purposes and PBGC variable premium.

II. Actuarial Cost Methods

For funding purposes, the Unit Credit Actuarial Cost Method was used to determine the actuarial present value of accumulated plan benefits (both vested and nonvested) as of the valuation date.

The Projected Unit Credit Actuarial Cost Method was used to determine liabilities and costs for pension expense purposes as prescribed by ASC 715-30/FASB Statement 87. Under this method, the projected benefits of each participant were allocated to specific time periods on a pro rata basis. The actuarial present value of benefits allocated to all periods prior to a valuation year is called the projected benefit obligation.

The Unit Credit Actuarial Cost Method was used to determine the actuarial present value of accumulated plan benefits (all of which were vested) as of September 1, 2013.

III. Changes in Actuarial Assumptions and Methods

The discount rate for calculating the 2014 pension expense was increased from 4.02% to 5.00%.

As of September 1, 2013, changes required by law included the changes in the interest rates and mortality tables for valuing Funding Target and for calculating PBGC premiums.

There were no changes in actuarial methods since the prior valuation.

I. Summary of Plan Provisions

The following is a summary of the principal provisions of the plan in effect as of September 1, 2013. There were no material changes in the plan since the last valuation.

Effective Date

September 1, 1978.

Eligibility Requirements

Fully commissioned salesmen commence participation as of September 1, 1978.

Employee Contributions

None.

Normal Retirement Date

First day of the month coincident with or next following the 65th birthday.

Normal Retirement Pension (straight life annuity basis)

55% of the Member's Final Average automobile Commissions plus 32% of the Member's Final Average fire and homeowner's Commissions. Final Average Commissions shall mean a Member's Average Annual Commissions generated during the first 60 of the last 61 months of employment, provided however that said annual income can never be less than the highest annual income, reduced for early retirement, calculated for any five (5) year period determined at or subsequent to Member's becoming eligible to retire. Should commissions exceed $200,000 (indexed) after August 31, 1989, $150,000 (indexed) after August 31, 1994 and $200,000 (indexed) after August 31, 2002, such excess commissions will not be considered for pension purposes.

Early Retirement Pension

To be eligible, the sum of the Member's age plus his period of service must equal or exceed 80. The benefit is equal to the accrued Normal Retirement Pension, reduced by 1/6% for each month that benefits commence before Normal Retirement Date.

Late Retirement Pension

Late retirement is permitted. Benefit is based on Final Average Commissions at late retirement date.

Disability Retirement Pension

If eligible, Member may elect to receive Early or Normal Retirement Pensions. If Member does not elect such benefits and remains disabled for 18 months following disability date, Member must retire as of the end of the 18 month period. Benefit is based on Final Average Commissions at time the last full commission was received.

Death Benefit Prior to Retirement

No benefit is payable if death occurs prior to becoming vested or if Member is unmarried at the time of death. If a Member is married and dies after becoming vested, the surviving spouse will receive a benefit for life commencing from the earliest date the Member could have retired, equal to the amount which would have been payable if the Member had terminated on the day prior to death, survived to the earliest possible retirement date and retired under a qualified joint and 50% survivor option. If a married Member dies after retirement date and before electing a form of payment, the same surviving spouse's benefit is payable.

Death Benefit After Retirement

Depends on form of benefit payment selected at retirement.

Vesting

After 5 years of service, a Vested Benefit is payable commencing on Normal Retirement Date equal to 100% of the accrued Normal Retirement Pension. A reduced Early Retirement Pension may be elected to commence at any time following the early retirement eligibility provisions.

Normal Form of Pension

Married Member - joint and 50% to spouse (actuarial equivalent to straight life formula amount). Unmarried Member - straight life.

II. Changes in Plan Provisions Since Prior Valuation

There were no changes in plan provisions since the previous valuation.

Mid-Atlantic

Barry R. McGuire, CPA
Director, Corporate Taxation
One River Place
Wilmington, Delaware 19801
302-299-4356
FAX: 302-230-2634
bmcguire@aaamidatlantic.com

June 2, 2015

Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0073

Re: AAA Mid-Atlantic Commissioned Salesmen Pension Plan
EIN 23-0758010 Plan 002; Plan year Ended August 31, 2014
Denial of Form 5558 Extension Request

Dear Internal Revenue Service Representative:

We are in receipt of your letter of May 25, 2015 (copy attached) in which the Internal Revenue service has denied our application for a timely filed automatic 2 ½ month extension request (Form 5558) for the AAA Mid-Atlantic Commissioned Salesmen's Pension Plan Form 5500 for the Plan Year ended August 31, 2014. Since the plan has an August 31st year-end, the extension request must be submitted by March 31, 2015 (7 months after plan year ending date). The automatic extension request was mailed certified mail on March 30th, 2015.

To correct this matter we are enclosing a copy of our certified receipt card as well as the postage log stamped by the United States Postal Service evidencing mailing on March 30, 2015. In addition, we are enclosing a copy of the United States Postal Service Tracking log evidencing submission of the extension request on March 30th 2015 and receipt and delivered to the IRS on April 2nd 2015.

It would be greatly appreciated if you could update your records showing that a timely extension was filed for the subject plan and send the standard Extension approval letter evidencing approval of the subject extension request.

In the event I can be of any further assistance in resolving this matter, please do hesitate to contact me at my phone number provided above.

Sincerely,

Barry R. McGuire
Corporate Tax Director

HF 74 201412 201518 5142 2 0477 216

29055-115-10310-5 TE 230758010

Department of the Treasury
Internal Revenue Service
OGDEN, UT 84201-0073

Date of this notice: MAY 25, 2015
Taxpayer Identifying Number:
23-0758010
Form: 5500/8955-SSA
Tax Period: DEC. 31, 2014
Plan Number: 002

For assistance you may call us at:

1-877-829-5500

Or you may write to us at the address shown at the left.

000798.404636.471497.14812 1 MB 0.435 373

AAA MID-ATLANTIC
%CORPORATE TAX DIRECTOR
1 RIVER PL
WILMINGTON DE 19801-5125

100798

APPLICATION FOR EXTENSION OF TIME TO FILE CERTAIN EMPLOYEE PLAN RETURN - DENIED

We received your Form 5558, Application for Extension of Time to File Certain Employee Plan Returns, for the return (form), plan number, and tax period identified above. However, we could not grant your request because it was not filed timely.

An extension of time to file your return is automatically granted if it is filed on or before the due date of your return. Your Form 5558 was not filed on or before the return due date and therefore your request could not be granted. You should keep a copy of this notice for your records.

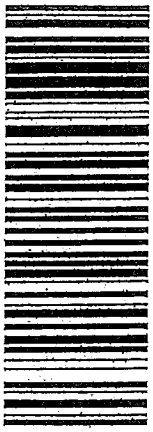
You should file your return as soon as possible to minimize any penalty and interest charges for late filing. If you believe you have reasonable cause for filing late, attach an explanation to your return when you file.

Additional Information

- If a tax practitioner or someone else prepared your form, you may want to give them a copy of this notice. (A copy was automatically sent to representatives authorized with a Power-of-Attorney for this form.)
- For tax forms, call 1-800-TAX-FORM (1-800-829-3676).
- For general information, tax forms, and publications, visitwww.irs.gov. Employee Plan information is on the "Retirement Plans Community" tab.
- If you have questions about employee plans, call TEGE Customer Account Services at 1-877-829-5500.

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™



7013 2250 0001 1627 8799

7013 2250 0001 1627 8799

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To

Street, Apt. No.; or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006 — See Reverse for Instructions

2014 Form 5500 & T 5558 for Commission Plan & Main Plan of AAA

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Department of the Treasury
Internal Revenue Service
Ogden, UT 84201 -0045

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7013 2250 0001 1627 8799

PS Form 3811, July 2013 Domestic Return Receipt

Name and ss of Sender
AAA Mid-Atlantic

Check type of mail or service:
- ☐ Adult Signature Required
- ☑ Certified Mail
- ☐ COD
- ☐ Delivery Confirmation
- ☐ Express Mail
- ☐ Insured
- ☐ Adult Signature Restricted Delivery
- ☐ Recorded Delivery (International)
- ☐ Registered
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation

Affix Stamp Here
(If issued as a certificate of mailing or for additional copies of this bill)
Postmark and Date of Receipt

	Article Number	Addressee (Name, Street, City, State, & ZIP Code™)	Postage	Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	ASR Fee	ASRD Fee	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	7013 2250 0001 1627 8799	Dept of the Treasury Internal Revenue Services Ogden, UT 84201-0045	.48	3.30											2.70
2.	7013 2250 0001 1627 7839	Delaware Division of Revenue P.O. Box 2044 Wilmington, DE 19899-2044													
3.	7013 2250 0001 1627 8805	Delaware Division of Revenue P.O. Box 8751 Wilmington, DE 19899-8751													
4.	7013 2250 0001 1627 7822	State of New Jersey Division of Revenue P.O. Box 252 Trenton, NJ 08646-0252													
5.															
6.															
7.															
8.															

WILMINGTON DE 19801
MAR 30 2015
RODNEY SQUARE STATION USPS

Total Number of Pieces Listed by Sender	Total Number of Pieces Received at Post Office	Postmaster, Per (Name of receiving employee)
4	4	MSS

PS Form **3877**, June 2011 *(Page 1 of 2)*

Complete by Typewriter, Ink, or Ball Point Pen

See Privacy Act Statement on Reverse

USPS.COM

USPS Tracking™

Customer Service ›
Have questions? We're here to help.

Get Easy Tracking Updates ›
Sign up for My USPS.com.

Tracking Number: 701322500001 16278799

Updated Delivery Day: Thursday, April 2, 2015

Product & Tracking Information

Available Actions

Postal Product: Features: Certified Mail™

DATE & TIME	STATUS OF ITEM	LOCATION
April 2, 2015 ; 8:55 am	Delivered	OGDEN, UT 84201
Your item was delivered at 8:55 am on April 2, 2015 in OGDEN, UT 84201.		
April 2, 2015 , 6:29 am	Out for Delivery	SALT LAKE CITY, UT 84199
April 2, 2015 , 6:19 am	Sorting Complete	SALT LAKE CITY, UT 84199
April 1, 2015 , 6:51 pm	Departed USPS Facility	SALT LAKE CITY, UT 84199
April 1, 2015 , 2:03 pm	Arrived at Unit	SALT LAKE CITY, UT 84199
April 1, 2015 , 2:03 pm	Arrived at USPS Facility	SALT LAKE CITY, UT 84199
March 31, 2015 , 5:30 am	Departed USPS Facility	WILMINGTON, DE 19850
March 30, 2015 , 8:32 pm	Arrived at USPS Facility	WILMINGTON, DE 19850

Track Another Package

Tracking (or receipt) number

Track It

Manage Incoming Packages

Track all your packages from a dashboard. No tracking numbers necessary.

Sign up for My USPS.com ›