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

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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
PRIVILEGE UNDERWRITERS, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/13/2006

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

44 S. BROADWAY, SUITE 301
WHITE PLAINS, NY 10601

2b Employer Identification Number (EIN)
84-1699173

2c Plan Sponsor's telephone number
914-470-9955

2d Business code (see instructions)
524210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2015	COLIN HAUPT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**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:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	193
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	172
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	264
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	40
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	304
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	304
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	261
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:
2E 2F 2G 2J 2K 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
PRIVILEGE UNDERWRITERS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PRIVILEGE UNDERWRITERS, INC.

D Employer Identification Number (EIN)
84-1699173

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	238	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

PARK AVENUE SECURITIES/PROSPERIAN

ATTN AMBROSE CARR
7 HANOVER SQUARE 22ND FLOOR
NEW YORK, NY 10004

(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?
61	ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	30553	Yes [ ] No [X]

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

NATIONAL FINANCIAL SERVICES LLC

04-3523567

(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?
61	PAYING AGENT	0	Yes [X] No [ ]	Yes [X] No [ ]	71983	Yes [ ] No [X]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
COL MID CAP GRTH R5 - COLUMBIA MGT 04-3156901	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
GS MIDCAP VALUE INST - GOLDMAN, SA 13-5108880	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JANUS BALANCED T - JANUS SERVICES 43-1804048	0.35%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
LD ABT SH DRTN INC I - DST SYSTEMS 43-1581814	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MFS INTL GROWTH R4 - MFS SERVICE C 04-2865649	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PRMTRC EMG MKT IS - BNY MELLON INV P.O. BOX 9793 PROVIDENCE, RI 02940	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
RS GLOBAL NAT RES Y - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP EQUITY INCOME - T. ROWE PRICE 52-2269240	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TRP GROWTH STOCK - T. ROWE PRICE S 52-2269240	0.15%

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
NATIONAL FINANCIAL SERVICES LLC	61	3775

(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.
FA FREEDOM 2020 A - FIDELITY DISTR 04-2270522	---

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	61	6848

(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.
FA FREEDOM 2025 A - FIDELITY DISTR 04-2270522	---

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	61	16209

(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.
FA FREEDOM 2030 A - FIDELITY DISTR 04-2270522	---

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
NATIONAL FINANCIAL SERVICES LLC	61	12521
(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.	
FA FREEDOM 2035 A - FIDELITY DISTR 04-2270522	---	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	61	16869
(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.	
FA FREEDOM 2040 A - FIDELITY DISTR 04-2270522	---	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	61	9003
(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.	
FA FREEDOM 2045 A - FIDELITY DISTR 04-2270522	---	

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
NATIONAL FINANCIAL SERVICES LLC	61	4008

(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.
FA FREEDOM 2050 A - FIDELITY DISTR 04-2270522	---

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	61	1874

(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.
FA FREEDOM 2055 A - FIDELITY DISTR 04-2270522	---

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PARK AVENUE SECURITIES	61	30553

(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.
NATIONAL FINANCIAL SERVICES LLC 04-3523567	---

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

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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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
PRIVILEGE UNDERWRITERS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PRIVILEGE UNDERWRITERS, INC.

D Employer Identification Number (EIN)
84-1699173

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	1057783
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	60863	98
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	236550	358053
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9166664	12820165
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	9464077	14236099
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	9464077	14236099

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)	2643155	
(B) Participants	2a(1)(B)	1801774	
(C) Others (including rollovers)	2a(1)(C)	1201494	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		5646423
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	11502	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		11502
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	703208	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		703208
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-86120
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		6275013
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1427906	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1427906
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	75085	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		75085
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1502991
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4772022
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: EISNERAMPERLLP **(2)** EIN: 13-1639826

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		720938
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		2000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
PRIVILEGE UNDERWRITERS, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PRIVILEGE UNDERWRITERS, INC.

D Employer Identification Number (EIN)
84-1699173

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): 84-0519832 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Compliance Assistance
- Abandoned Plans
- Correction Programs
- Fiduciary Education
- For Health Plans
- For Retirement Plans
- For Small Employers
- Reporting and Filing
- Webcasts

VFCP Calculator - Final Results

Lost Earnings and interest, if any, ($1,488.71) exceed Restoration of Profits ($0.00). Therefore the amount due to the plan is: **$1,488.71.**

Note: This amount does **not** include any Principal Amount that may also need to be paid to the plan. Check the specific transaction to determine if the Principal Amount must be paid.

Lost Earnings

Principal	Loss Date	Recovery Date	Final Payment Date	Amount Due
$52,136.61	1/28/2013	2/25/2013	10/6/2014	$126.07
$1,184.60	1/28/2013	2/25/2013	10/6/2014	$2.86
$52,109.50	2/13/2013	2/25/2013	10/6/2014	$53.96
$1,259.20	2/13/2013	2/25/2013	10/6/2014	$1.30
$65,589.42	3/28/2013	4/29/2013	10/6/2014	$180.35
$1,259.20	3/28/2013	4/29/2013	10/6/2014	$3.46
$51,280.08	4/11/2013	5/6/2013	10/6/2014	$110.06
$1,228.40	4/11/2013	5/6/2013	10/6/2014	$2.64
$52,707.53	4/26/2013	5/28/2013	10/6/2014	$144.58
$1,368.05	4/26/2013	5/28/2013	10/6/2014	$3.75
$52,271.81	5/13/2013	5/28/2013	10/6/2014	$67.16
$1,438.40	5/13/2013	5/28/2013	10/6/2014	$1.85
$50,943.68	6/27/2013	7/31/2013	10/6/2014	$147.71
$1,494.01	6/27/2013	7/31/2013	10/6/2014	$4.33
$51,288.68	7/11/2013	7/31/2013	10/6/2014	$87.43
$1,590.03	7/11/2013	7/31/2013	10/6/2014	$2.71
$70,125.76	5/28/2014	6/23/2014	10/6/2014	$151.31
$2,580.42	5/28/2014	6/23/2014	10/6/2014	$5.57
$68,217.69	6/12/2014	6/23/2014	10/6/2014	$62.24
$2,580.42	6/12/2014	6/23/2014	10/6/2014	$2.35
$67,306.71	6/26/2014	8/1/2014	10/6/2014	$200.53
$2,580.42	6/26/2014	8/1/2014	10/6/2014	$7.69
$65,996.95	7/11/2014	8/1/2014	10/6/2014	$114.63
$2,402.38	7/11/2014	8/1/2014	10/6/2014	$4.17

Total Lost Earnings: $1,488.71

Restoration of Profits

No Restoration of Profit transactions entered.

Disclaimer and Limitations

The U.S. Department of Labor is not responsible for any loss of calculations and data. The Department does not monitor data you enter online, and you **cannot save calculations online.** You may save your results by printing a copy or copying/pasting a copy into a text document on your computer before terminating your session.

For more information on the collection, use and disclosure of personally-identifying information, see the Department's Privacy and Security Statement.

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EISNERAMPER
ACCOUNTANTS & ADVISORS

PRIVILEGE UNDERWRITERS, INC.
401(k) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2014 and 2013
(with supplemental information)

PRIVILEGE UNDERWRITERS, INC. 401(k) PLAN

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ACCOUNTANTS & ADVISORS

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Privilege Underwriters, Inc. 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Privilege Underwriters, Inc. 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to 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 conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information discussed in Note C, which was certified by TD Ameritrade Trust Company and Fidelity Management Trust Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained a certification from the trustees as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the Plan administrator by the trustees is complete and accurate.

Disclaimer of Opinion

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

EISNERAMPER
ACCOUNTANTS & ADVISORS

Other Matter

The supplemental schedules of assets (held at end of year) as of December 31, 2014, and of delinquent participant contributions for the year then ended, which are the responsibility of Plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements, but are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, it is inappropriate to, and we do not, express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustees have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

EisnerAmper LLP

Iselin, New Jersey
October 13, 2015

EISNERAMPER LLP

PRIVILEGE UNDERWRITERS, INC. 401(k) PLAN

Statements of Net Assets Available for Benefits

	December 31,	
	2014	**2013**
ASSETS		
Investments, at fair value:		
Mutual funds	**$ 12,726,529**	$ 9,166,663
Money market mutual fund	**93,636**	60,863
Cash, interest bearing	**98**	-
Total investments	**12,820,263**	9,227,526
Notes receivable from participants	**358,053**	236,550
Contributions receivable:		
Employer contributions	**1,057,783**	792,098
Participant contributions	**-**	98,178
Total receivables	**1,057,783**	890,276
Net assets available for benefits	**$ 14,236,099**	$ 10,354,352

See notes to financial statements

PRIVILEGE UNDERWRITERS, INC. 401(k) PLAN

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2014

Additions:	
Investment income:	
Interest and dividend income	**$ 714,710**
Net realized and unrealized depreciation in fair value of investments	**(86,120)**
	628,590
Contributions:	
Participants	**1,703,596**
Employer	**1,058,959**
Rollover	**1,201,495**
	3,964,050
Total additions	**4,592,640**
Deductions:	
Benefits paid to participants	**635,808**
Administrative expenses	**75,085**
Total deductions	**710,893**
Net increase in net assets available for benefits	**3,881,747**
Net assets available for benefits - beginning of year	**10,354,352**
Net assets available for benefits - end of year	**$ 14,236,099**

See notes to financial statements

NOTE A - DESCRIPTION OF THE PLAN

The following description of the Privilege Underwriters, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

[1] General:

The Privilege Underwriters, Inc. 401(k) Plan (the "Plan") is a defined contribution retirement plan covering substantially all employees of Privilege Underwriters, Inc. (the "Company" or "Employer") who are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Prior to November 5, 2014, the trustee of the Plan was TD Ameritrade Trust Company and the recordkeeper of the Plan was Professional Capital Services, Inc. Effective November 1, 2014, the Company entered into a service agreement and appointed Fidelity Management Trust Company ("Fidelity") as the Plan's trustee and Fidelity Workplace Services LLC as the recordkeeper of the Plan. On November 5, 2014, Fidelity received a wire in the amount of $12,221,399 representing the investment assets of the Plan from TD Ameritrade Trust Company. Assets of $303,822 were transferred in kind representing balances on notes receivable from participants.

[2] Contributions:

Participants in the Plan may elect to make pre-tax and after-tax contributions of up to 85% of their compensation, as defined by the Plan for each Plan year. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. In no event may participant pre-tax and after-tax contributions exceed any statutory limitations. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

The Company matches the participants' pre-tax and after tax contributions at a rate of 75% up to 8% of the participants' compensation, as defined by the Plan. Additional discretionary contributions may be made at the option of the Company. Participants must be employed on the last day of the Plan year to be eligible to receive a matching contribution. To be eligible for the discretionary contribution a participant must work 1,000 hours in the given Plan year and be employed on the last day of the Plan year. There was no discretionary contribution during the year ended December 31, 2014.

All funds invested in the Plan are participant-directed.

[3] Participant accounts:

Each eligible participant's account is credited with the participant's contributions and (a) the Company's contributions and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE A - DESCRIPTION OF THE PLAN (CONTINUED)

[4] Vesting:

Plan participants are immediately vested in their contributions, plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts, plus actual earnings thereon, is as follows:

Years of Service	Matching Contributions	Discretionary Contributions
Less than 1	0%	0%
1 but less than 2	25%	20%
2 but less than 3	50%	40%
3 but less than 4	100%	60%
4 but less than 5	100%	80%
5 or more	100%	100%

Employer additional discretionary contributions plus actual earnings thereon received by participants prior to January 1, 2010 are 100% vested through November 1, 2014. Effective November 1, 2014, in conjunction with the service agreement with Fidelity, employees hired prior to January 1, 2010 are 100% vested in the discretionary contribution portion of their account plus actual earnings thereon. In addition, effective November 1, 2014, participants are 100% vested in prior contributions resulting from safe harbor matching contributions and earnings thereon.

[5] Notes receivables from participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Under the terms of the Plan, participants may borrow funds, pursuant to Internal Revenue Service guidelines, from the vested portion of their account balances at a minimum of $1,000 and up to a maximum of the lesser of $50,000 reduced by the excess, if any, of the highest outstanding balance of any previous loan balance as of the date of the new loan or half of the participant's vested interest in the Plan. Loan terms range from one to five years for installment loans and up to fifteen years for a principal residence and are secured by the balance in the participant's account and bear interest at prime plus 1%. Interest rates on outstanding loan balances range from 4.25% to 5.25% as of December 31, 2014. Principal and interest is paid ratably through payroll deductions. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

[6] Forfeitures:

Forfeited non-vested accounts are used to reduce future Company contributions and pay Plan expenses. During the year ended December 31, 2014, forfeitures of $38,370 were used to reduce employer contributions and pay Plan expenses. There were no forfeited non-vested accounts available as of December 31, 2014 and 2013.

[7] Benefits:

In the event of a participant's retirement, death, disability or termination, the participant's vested account balance will be distributed in the form of a lump-sum payment to either the participant or the participant's beneficiary. Participant's benefits are determined by the value of their accounts as of the most recent valuation date.

At the age of 59 ½, a participant is entitled to receive a distribution of all or any portion of vested account balances. In addition, upon written request to the Plan administrator, participants may request a financial hardship withdrawal from the participant's pre-tax elective deferrals.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

[1] Basis of accounting:

The financial statements are prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

[2] Subsequent events:

The Plan has evaluated subsequent events through October 13, 2015, the date the financial statements were available to be issued and no additional disclosures were required.

[3] Investment valuation and income recognition:

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net realized/unrealized appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

[4] Payment of benefits:

Benefits are recorded when paid.

[5] Plan expenses:

Expenses, to the extent not paid by the Plan, are paid by the Company. Participants are charged fees incurred in connection with transactions related to notes receivable from participants, hardship distribution requests, and qualified domestic relation orders.

[6] Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and when applicable, disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

[7] Reclassification:

Certain amounts in the 2013 financial statements and disclosures have been reclassified to conform to the current year presentation in the 2014 financial statements.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

[8] New accounting pronouncements:

In July 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update No. 2015-12 ("ASU 2015-12"), *(Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, and (Part III) Measurement Date Practical Expedient*, amendments to Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965). ASU 2015-12 (i) designates contract value as the only required measure for fully benefit-responsive investment contracts, (ii) simplifies investment disclosure requirements, and (iii) allows an employee benefit plan with a fiscal year end that does not coincide with the end of a calendar month to measure its investments using the month end closest to its fiscal year end. The amendments are effective for fiscal years beginning after December 15, 2015. Earlier application is permitted.

The Plan elected to adopt ASU 2015-12 as of and for the year ended December 31, 2014. The applicable amendments of ASU 2015-12 have been applied retrospectively to all periods presented.

NOTE C - INVESTMENT CERTIFICATION

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, TD Ameritrade Trust Company, the trustee of the Plan, has certified to the completeness and accuracy of all investments and related investment activity and notes receivable from participants and related activity as of December 31, 2013 and through November 5, 2014 in the accompanying statements of net assets available for benefits and the statement of changes in net assets available for benefits. Fidelity Management Trust Company, the trustee of the Plan, has certified to the completeness and accuracy of all investments and related investment activity and notes receivable from participants and related activity as of December 31, 2014 and for the period of November 5, 2014 through December 31, 2014 in the accompanying statements of net assets available for benefits, statement of changes in net assets available for benefits, and the accompanying supplemental schedule of assets (held at end of year) as of December 31, 2014.

NOTE D - FAIR VALUE MEASUREMENTS

FASB's Accounting Standards Codification, ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements), and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2 – Inputs to the valuation methodology include: (1) quoted prices for similar assets or liabilities in active markets; (2) quoted prices for identical or similar assets or liabilities in inactive markets; (3) inputs other than quoted prices that are observable for the asset or liability; or (4) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

NOTE D - FAIR VALUE MEASUREMENTS (CONTINUED)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for investment assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2014 and 2013.

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

The following tables set forth, by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2014 and 2013:

	Investment Assets at Fair Value as of December 31, 2014			
	Level 1	**Level 2**	**Level 3**	**Total**
Investments:				
Mutual funds	**$ 12,726,529**	**$ -**	**$ -**	**$ 12,726,529**
Money market mutual fund	**93,636**	**-**	**-**	**93,636**
Total investment assets at fair value	**$ 12,820,165**	**$ -**	**$ -**	**$ 12,820,165**

	Investment Assets at Fair Value as of December 31, 2013			
	Level 1	**Level 2**	**Level 3**	**Total**
Investments:				
Mutual funds	$ 9,166,663	$ -	$ -	$ 9,166,663
Money market mutual fund	60,863	-	-	60,863
Total investment assets at fair value	$ 9,227,526	$ -	$ -	$ 9,227,526

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

For the year ended December 31, 2014, there were no transfers into or out of levels 1, 2 or 3.

NOTE E - TAX STATUS

Prior to November 5, 2014, the Plan had adopted a Volume Submitter Standardized Plan sponsored by Professional Capital Services, LLC. On March 31, 2008, the Internal Revenue Service ("IRS") stated in an opinion letter that the Prototype-Plan adopted by the Plan, as then designed, was in compliance with applicable requirements of the Internal Revenue Code ("IRC") and therefore, the related trust is exempt from taxation. The Plan was amended subsequent to receiving the letter. However, the Plan administrator believes that the Plan was designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believes that the Plan was qualified and the related trust was tax-exempt.

Effective November 5, 2014, the Plan adopted a Volume Submitter Standardized Plan sponsored by Fidelity Management Trust Company. On March 31, 2014, the Internal Revenue Service stated in an opinion letter that the Prototype-Plan adopted by the Plan, as then designed, was in compliance with applicable requirements of the Internal Revenue Code and therefore, the related trust is exempt from taxation.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress.

NOTE F - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

TD Ameritrade Trust Company and Fidelity Management Trust Company are the Plan's trustees. Transactions related to investments managed by TD Ameritrade Trust Company and Fidelity Management Trust Company qualify as party-in-interest transactions. Total fees paid by the Plan were $75,085 for the year ended December 31, 2014.

NOTE G - RISKS AND UNCERTAINTIES

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

Users of these financial statements should be aware that the financial markets' volatility may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments at December 31, 2014 may not necessarily be indicative of amounts that could be realized in a current market exchange.

NOTE H - MUTUAL FUND FEES

Investments in mutual funds are subject to sales charges in the form of front-end loads, back-end loads or 12b-1 fees. 12b-1 fees are ongoing fees allowable under Section 12b-1 of the Investment Company Act of 1940. These annual fees are used to pay for marketing and distribution costs of the funds. These fees are deducted prior to the allocation of the Plan's investment earnings activity, and thus not separately identifiable as an expense.

NOTE I - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their Company contributions.

NOTE J - RECONCILIATION OF FORM 5500 TO FINANCIAL STATEMENTS

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2014 and 2013 to Form 5500:

	2014	2013
Net assets available for benefits per the financial statements	**$ 14,236,099**	$ 10,354,352
Contributions Receivable;		
Employer	**-**	(792,098)
Employee	**-**	(98,177)
Net assets available for benefits per Form 5500	**$ 14,236,099**	$ 9,464,077

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements at December 31, 2014 to Form 5500:

Net increase per financial statements	$ 3,881,747
Plus decrease in employer contribution receivable	792,098
Plus decrease in employee contribution receivable	98,177
Net increase per Form 5500	$ 4,772,022

PRIVILEGE UNDERWRITERS, INC. 401(k) PLAN

Employer Identification No. 84-1699173, Plan No. 001
Schedule H, Line 4(i) of Form 5500
Schedule of Assets (Held at End of Year)
December 31, 2014

(a)	(b) Identity of Issuer	(c) Description of Investment	(e) Current Value
	Mutual Funds:		
	Janus	Balanced Fund Class T	**$ 121,718**
	Eaton Vance Management	Parametric Emerging Markets Fund Instl	**19,445**
	T. Rowe Price	Equity Income Fund	**45,659**
*	Fidelity Investments Institutional	Fidelity Freedom K Fund 2015	**94,263**
*	Fidelity Investments Institutional	Fidelity Freedom K Fund 2020	**399,248**
*	Fidelity Investments Institutional	Fidelity Freedom K Fund 2025	**1,136,470**
*	Fidelity Investments Institutional	Fidelity Freedom K Fund 2030	**1,410,822**
*	Fidelity Investments Institutional	Fidelity Freedom K Fund 2035	**2,416,566**
*	Fidelity Investments Institutional	Fidelity Freedom K Fund 2040	**1,981,806**
*	Fidelity Investments Institutional	Fidelity Freedom K Fund 2045	**1,614,340**
*	Fidelity Investments Institutional	Fidelity Freedom K Fund 2050	**855,553**
*	Fidelity Investments Institutional	Fidelity Freedom K Fund 2055	**387,530**
	T. Rowe Price	Growth Stock Fund	**289,002**
	Massachusetts Financial Services	International Growth Fund R4	**60,101**
	Columbia	Mid Cap Growth Fund R5	**59,509**
	Goldman Sachs	Mid Cap Value Fund Instl	**191,316**
	RS Global	Natural Resources Fund Y	**23,254**
	Lord, Abbett & Co	Short Duration Income Fund Class I	**16,503**
	Pacific Investment Management Co.	PIMCO Short Term Fund Instl	**210**
	Franklin	Small Cap Value Fund R6	**19,156**
*	Fidelity Investments Institutional	Spartan 500 Index Adv Fund	**675,742**
*	Fidelity Investments Institutional	Spartan Emerging Markets Index Advantage Class	**75,283**
*	Fidelity Investments Institutional	Spartan Extended Market Index Adv Fund	**205,309**
*	Fidelity Investments Institutional	Spartan International Index Adv Fund	**277,549**
*	Fidelity Investments Institutional	Spartan Short Term Treasury Bond Index Fund	**13,086**
*	Fidelity Investments Institutional	Spartan Small Cap Index Advantage Class	**213,760**
*	Fidelity Investments Institutional	Spartan US Bond Index Fund Advantage Class	**50,877**
	Pacific Investment Management Co.	PIMCO Total Return Fund Instl	**72,452**
			12,726,529
	Money Market Mutual Fund:		
*	Fidelity Investments Institutional	Fidelity Retirement Money Market Fund	**93,636**
	Cash:		
	TD Bank Money Market	TD Bank Money Market Deposit Account	**98**
*	Participant loans	Interest Rates 4.25% to 5.25%	**358,053**
			$ 13,178,316

* Party-in-interest, as defined by ERISA.

PRIVILEGE UNDERWRITERS, INC. 401(k) PLAN

Employer Identification No. 84-1699173, Plan No. 001
Schedule H Line 4(a) of Form 5500
Schedule of Delinquent Participant Contributions
Year Ended December 31, 2014

Participant Contributions Transferred Late to Plan		Total that Constitute Nonexempt Prohibited Transactions: Contributions Not Corrected	Total that Constitute Nonexempt Prohibited Transactions: Contributions Corrected Outside VFCP	Total that Constitute Nonexempt Prohibited Transactions: Contributions Pending Correcting in VFCP	Total Fully Corrected Under Voluntary Fiduciary Correction Program ("VFCP") and Prohibited Transaction Exemption 2002-51
$ 439,149	*				$ 439,149
281,789	**				281,789

* The contributions reflected pertain to the year ended December 31, 2013 that were corrected during the year ended December 31, 2014. Amounts include loan repayments. Lost earnings of $307 were deposited on October 8, 2014.

** The contributions reflected pertain to the year ended December 31, 2014 that were corrected during the year ended December 31, 2014. Amounts include loan repayments. Lost earnings of $150 were deposited on October 8, 2014.

EISNERAMPER
ACCOUNTANTS & ADVISORS

PRIVILEGE UNDERWRITERS, INC.
401(k) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2014 and 2013
(with supplemental information)

SUBJECT TO
W AND REVISIONS

PRIVILEGE UNDERWRITERS, INC. 401(k) PLAN

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DRAFT SUBJECT TO REVIEW AND REVISIONS

PRIVILEGE UNDERWRITERS, INC. 401(k) PLAN

Statements of Net Assets Available for Benefits

	December 31,	
	2014	**2013**
ASSETS		
Investments, at fair value:		
Mutual funds	**$ 12,726,529**	$ 9,166,663
Money market mutual fund	**93,636**	60,863
Cash, interest bearing	**98**	-
Total investments	**12,820,263**	9,227,526
Notes receivable from participants	**358,053**	236,550
Contributions receivable:		
Employer contributions	**1,057,783**	792,098
Participant contributions	**-**	98,178
Total receivables	**1,057,783**	890,276
Net assets available for benefits	**$ 14,236,099**	$ 10,354,352

DRAFT SUBJECT TO REVIEW AND REVISIONS

PRIVILEGE UNDERWRITERS, INC. 401(k) PLAN

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2014

Additions:		
Investment income:		
Interest and dividend income	**$**	**714,710**
Net realized and unrealized depreciation in fair value of investments		**(86,120)**
		628,590
Contributions:		
Participants		**1,703,596**
Employer		**1,058,959**
Rollover		**1,201,495**
		3,964,050
Total additions		**4,592,640**
Deductions:		
Benefits paid to participants		**635,808**
Administrative expenses		**75,085**
Total deductions		**710,893**
Net increase in net assets available for benefits		**3,881,747**
Net assets available for benefits - beginning of year		**10,354,352**
Net assets available for benefits - end of year		**$ 14,236,099**

DRAFT SUBJECT TO REVIEW AND REVISIONS

NOTE A - DESCRIPTION OF THE PLAN

The following description of the Privilege Underwriters, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

[1] General:

The Privilege Underwriters, Inc. 401(k) Plan (the "Plan") is a defined contribution retirement plan covering substantially all employees of Privilege Underwriters, Inc. (the "Company" or "Employer") who are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Prior to November 5, 2014, the trustee of the Plan was TD Ameritrade Trust Company and the recordkeeper of the Plan was Professional Capital Services, Inc. Effective November 1, 2014, the Company entered into a service agreement and appointed Fidelity Management Trust Company ("Fidelity") as the Plan's trustee and Fidelity Workplace Services LLC as the recordkeeper of the Plan. On November 5, 2014, Fidelity received a wire in the amount of $12,221,399 representing the investment assets of the Plan from TD Ameritrade Trust Company. Assets of $303,822 were transferred in kind representing balances on notes receivable from participants.

[2] Contributions:

Participants in the Plan may elect to make pre-tax and after-tax contributions of up to 85% of their compensation, as defined by the Plan for each Plan year. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. In no event may participant pre-tax and after-tax contributions exceed any statutory limitations. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

The Company matches the participants' pre-tax and after tax contributions at a rate of 75% up to 8% of the participants' compensation, as defined by the Plan. Additional discretionary contributions may be made at the option of the Company. Participants must be employed on the last day of the Plan year to be eligible to receive a matching contribution. To be eligible for the discretionary contribution a participant must work 1,000 hours in the given Plan year and be employed on the last day of the Plan year. There was no discretionary contribution during the year ended December 31, 2014.

All funds invested in the Plan are participant-directed.

[3] Participant accounts:

Each eligible participant's account is credited with the participant's contributions and (a) the Company's contributions and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

DRAFT SUBJECT TO REVIEW AND REVISIONS

NOTE A - DESCRIPTION OF THE PLAN (CONTINUED)

[4] Vesting:

Plan participants are immediately vested in their contributions, plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts, plus actual earnings thereon, is as follows:

Years of Service	Matching Contributions	Discretionary Contributions
Less than 1	0%	0%
1 but less than 2	25%	20%
2 but less than 3	50%	40%
3 but less than 4	100%	60%
4 but less than 5	100%	80%
5 or more	100%	100%

Employer additional discretionary contributions plus actual earnings thereon received by participants prior to January 1, 2010 are 100% vested through November 1, 2014. Effective November 1, 2014, in conjunction with the service agreement with Fidelity, employees hired prior to January 1, 2010 are 100% vested in the discretionary contribution portion of their account plus actual earnings thereon. In addition, effective November 1, 2014, participants are 100% vested in prior contributions resulting from safe harbor matching contributions and earnings thereon.

[5] Notes receivables from participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Under the terms of the Plan, participants may borrow funds, pursuant to Internal Revenue Service guidelines, from the vested portion of their account balances at a minimum of $1,000 and up to a maximum of the lesser of $50,000 reduced by the excess, if any, of the highest outstanding balance of any previous loan balance as of the date of the new loan or half of the participant's vested interest in the Plan. Loan terms range from one to five years for installment loans and up to fifteen years for a principal residence and are secured by the balance in the participant's account and bear interest at prime plus 1%. Interest rates on outstanding loan balances range from 4.25% to 5.25% as of December 31, 2014. Principal and interest is paid ratably through payroll deductions. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

[6] Forfeitures:

Forfeited non-vested accounts are used to reduce future Company contributions and pay Plan expenses. During the year ended December 31, 2014, forfeitures of $38,370 were used to reduce employer contributions and pay Plan expenses. There were no forfeited non-vested accounts available as of December 31, 2014 and 2013.

[7] Benefits:

In the event of a participant's retirement, death, disability or termination, the participant's vested account balance will be distributed in the form of a lump-sum payment to either the participant or the participant's beneficiary. Participant's benefits are determined by the value of their accounts as of the most recent valuation date.

At the age of 59 ½, a participant is entitled to receive a distribution of all or any portion of vested account balances. In addition, upon written request to the Plan administrator, participants may request a financial hardship withdrawal from the participant's pre-tax elective deferrals.

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NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

[1] Basis of accounting:

The financial statements are prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

[2] Subsequent events:

The Plan has evaluated subsequent events through (DATE), the date the financial statements were available to be issued and no additional disclosures were required.

[3] Investment valuation and income recognition:

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net realized/unrealized appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

[4] Payment of benefits:

Benefits are recorded when paid.

[5] Plan expenses:

Expenses, to the extent not paid by the Plan, are paid by the Company. Participants are charged fees incurred in connection with transactions related to notes receivable from participants, hardship distribution requests, and qualified domestic relation orders.

[6] Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and when applicable, disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

[7] Reclassification:

Certain amounts in the 2013 financial statements and disclosures have been reclassified to conform to the current year presentation in the 2014 financial statements.

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NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

[8] New accounting pronouncements:

In July 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update No. 2015-12 ("ASU 2015-12"), *(Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, and (Part III) Measurement Date Practical Expedient*, amendments to Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965). ASU 2015-12 (i) designates contract value as the only required measure for fully benefit-responsive investment contracts, (ii) simplifies investment disclosure requirements, and (iii) allows an employee benefit plan with a fiscal year end that does not coincide with the end of a calendar month to measure its investments using the month end closest to its fiscal year end. The amendments are effective for fiscal years beginning after December 15, 2015. Earlier application is permitted.

The Plan elected to adopt ASU 2015-12 as of and for the year ended December 31, 2014. The applicable amendments of ASU 2015-12 have been applied retrospectively to all periods presented.

NOTE C - INVESTMENT CERTIFICATION

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, TD Ameritrade Trust Company, the trustee of the Plan, has certified to the completeness and accuracy of all investments and related investment activity and notes receivable from participants and related activity as of December 31, 2013 and through November 5, 2014 in the accompanying statements of net assets available for benefits and the statement of changes in net assets available for benefits. Fidelity Management Trust Company, the trustee of the Plan, has certified to the completeness and accuracy of all investments and related investment activity and notes receivable from participants and related activity as of December 31, 2014 and for the period of November 5, 2014 through December 31, 2014 in the accompanying statements of net assets available for benefits, statement of changes in net assets available for benefits, and the accompanying supplemental schedule of assets (held at end of year) as of December 31, 2014.

NOTE D - FAIR VALUE MEASUREMENTS

FASB's Accounting Standards Codification, ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements), and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2 – Inputs to the valuation methodology include: (1) quoted prices for similar assets or liabilities in active markets; (2) quoted prices for identical or similar assets or liabilities in inactive markets; (3) inputs other than quoted prices that are observable for the asset or liability; or (4) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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NOTE D - FAIR VALUE MEASUREMENTS (CONTINUED)

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for investment assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2014 and 2013.

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

The following tables set forth, by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2014 and 2013:

	Investment Assets at Fair Value as of December 31, 2014			
	Level 1	**Level 2**	**Level 3**	**Total**
Investments:				
Mutual funds	**$ 12,726,529**	**$ -**	**$ -**	**$ 12,726,529**
Money market mutual fund	**93,636**	**-**	**-**	**93,636**
Total investment assets at fair value	**$ 12,820,165**	**$ -**	**$ -**	**$ 12,820,165**

	Investment Assets at Fair Value as of December 31, 2013			
	Level 1	**Level 2**	**Level 3**	**Total**
Investments:				
Mutual funds	$ 9,166,663	$ -	$ -	$ 9,166,663
Money market mutual fund	60,863	-	-	60,863
Total investment assets at fair value	$ 9,227,526	$ -	$ -	$ 9,227,526

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

For the year ended December 31, 2014, there were no transfers into or out of levels 1, 2 or 3.

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NOTE E - TAX STATUS

Prior to November 5, 2014, the Plan had adopted a Volume Submitter Standardized Plan sponsored by Professional Capital Services, LLC. On March 31, 2008, the Internal Revenue Service ("IRS") stated in an opinion letter that the Prototype-Plan adopted by the Plan, as then designed, was in compliance with applicable requirements of the Internal Revenue Code ("IRC") and therefore, the related trust is exempt from taxation. The Plan was amended subsequent to receiving the letter. However, the Plan administrator believes that the Plan was designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believes that the Plan was qualified and the related trust was tax-exempt.

Effective November 5, 2014, the Plan adopted a Volume Submitter Standardized Plan sponsored by Fidelity Management Trust Company. On March 31, 2014, the Internal Revenue Service stated in an opinion letter that the Prototype-Plan adopted by the Plan, as then designed, was in compliance with applicable requirements of the Internal Revenue Code and therefore, the related trust is exempt from taxation.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine examinations by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress.

NOTE F - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

TD Ameritrade Trust Company and Fidelity Management Trust Company are the Plan's trustees. Transactions related to investments managed by TD Ameritrade Trust Company and Fidelity Management Trust Company qualify as party-in-interest transactions. Total fees paid by the Plan were $75,085 for the year ended December 31, 2014.

NOTE G - RISKS AND UNCERTAINTIES

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

Users of these financial statements should be aware that the financial markets' volatility may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments at December 31, 2014 may not necessarily be indicative of amounts that could be realized in a current market exchange.

NOTE H - MUTUAL FUND FEES

Investments in mutual funds are subject to sales charges in the form of front-end loads, back-end loads or 12b-1 fees. 12b-1 fees are ongoing fees allowable under Section 12b-1 of the Investment Company Act of 1940. These annual fees are used to pay for marketing and distribution costs of the funds. These fees are deducted prior to the allocation of the Plan's investment earnings activity, and thus not separately identifiable as an expense.

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NOTE I - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their Company contributions.

NOTE J - RECONCILIATION OF FORM 5500 TO FINANCIAL STATEMENTS

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2014 and 2013 to Form 5500:

	2014	2013
Net assets available for benefits per the financial statements	**$ 14,236,099**	$ 10,354,352
Contributions Receivable;		
Employer	**-**	(792,098)
Employee	**-**	(98,177)
Net assets available for benefits per Form 5500	**$ 14,236,099**	$ 9,464,077

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements at December 31, 2014 to Form 5500:

Net increase per financial statements	$ 3,881,747
Plus decrease in employer contribution receivable	792,098
Plus decrease in employee contribution receivable	98,177
Net increase per Form 5500	$ 4,772,022

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PRIVILEGE UNDERWRITERS, INC. 401(k) PLAN

Employer Identification No. 84-1699173, Plan No. 001
Schedule H, Line 4(i) of Form 5500
Schedule of Assets (Held at End of Year)
December 31, 2014

(a)	(b) Identity of Issuer	(c) Description of Investment	(e) Current Value
	Mutual Funds:		
	Janus	Balanced Fund Class T	**$ 121,718**
	Eaton Vance Management	Parametric Emerging Markets Fund Instl	**19,445**
	T. Rowe Price	Equity Income Fund	**45,659**
*	Fidelity Investments Institutional	Fidelity Freedom K Fund 2015	**94,263**
*	Fidelity Investments Institutional	Fidelity Freedom K Fund 2020	**399,248**
*	Fidelity Investments Institutional	Fidelity Freedom K Fund 2025	**1,136,470**
*	Fidelity Investments Institutional	Fidelity Freedom K Fund 2030	**1,410,822**
*	Fidelity Investments Institutional	Fidelity Freedom K Fund 2035	**2,416,566**
*	Fidelity Investments Institutional	Fidelity Freedom K Fund 2040	**1,981,806**
*	Fidelity Investments Institutional	Fidelity Freedom K Fund 2045	**1,614,340**
*	Fidelity Investments Institutional	Fidelity Freedom K Fund 2050	**855,553**
*	Fidelity Investments Institutional	Fidelity Freedom K Fund 2055	**387,530**
	T. Rowe Price	Growth Stock Fund	**289,002**
	Massachusetts Financial Services	International Growth Fund R4	**60,101**
	Columbia	Mid Cap Growth Fund R5	**59,509**
	Goldman Sachs	Mid Cap Value Fund Instl	**191,316**
	RS Global	Natural Resources Fund Y	**23,254**
	Lord, Abbett & Co	Short Duration Income Fund Class I	**16,503**
	Pacific Investment Management Co.	PIMCO Short Term Fund Instl	**210**
	Franklin	Small Cap Value Fund R6	**19,156**
*	Fidelity Investments Institutional	Spartan 500 Index Adv Fund	**675,742**
*	Fidelity Investments Institutional	Spartan Emerging Markets Index Advantage Class	**75,283**
*	Fidelity Investments Institutional	Spartan Extended Market Index Adv Fund	**205,309**
*	Fidelity Investments Institutional	Spartan International Index Adv Fund	**277,549**
*	Fidelity Investments Institutional	Spartan Short Term Treasury Bond Index Fund	**13,086**
*	Fidelity Investments Institutional	Spartan Small Cap Index Advantage Class	**213,760**
*	Fidelity Investments Institutional	Spartan US Bond Index Fund Advantage Class	**50,877**
	Pacific Investment Management Co.	PIMCO Total Return Fund Instl	**72,452**
			12,726,529
	Money Market Mutual Fund:		
*	Fidelity Investments Institutional	Fidelity Retirement Money Market Fund	**93,636**
	Cash:		
	TD Bank Money Market	TD Bank Money Market Deposit Account	**98**
*	Participant loans	Interest Rates 4.25% to 5.25%	**358,053**
			$ 13,178,316

* Party-in-interest, as defined by ERISA.

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PRIVILEGE UNDERWRITERS, INC. 401(k) PLAN

Employer Identification No. 84-1699173, Plan No. 001
Schedule H Line 4(a) of Form 5500
Schedule of Delinquent Participant Contributions
Year Ended December 31, 2014

Participant Contributions Transferred Late to Plan		Total that Constitute Nonexempt Prohibited Transactions: Contributions Not Corrected	Total that Constitute Nonexempt Prohibited Transactions: Contributions Corrected Outside VFCP	Total that Constitute Nonexempt Prohibited Transactions: Contributions Pending Correcting in VFCP	Total Fully Corrected Under Voluntary Fiduciary Correction Program ("VFCP") and Prohibited Transaction Exemption 2002-51
$ 439,149	*				$ 439,149
281,789	**				281,789

* The contributions reflected pertain to the year ended December 31, 2013 that were corrected during the year ended December 31, 2014. Amounts include loan repayments. Lost earnings of $307 were deposited on October 8, 2014.

** The contributions reflected pertain to the year ended December 31, 2014 that were corrected during the year ended December 31, 2014. Amounts include loan repayments. Lost earnings of $150 were deposited on October 8, 2014.

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