

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

Part II	Basic Plan Information—enter all requested information				
1a Name of plan FREEDOMMARK, INC. 401(K) PSP	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 09/01/2002</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 09/01/2002	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 09/01/2002					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) FREEDOMMARK, INC. 653 MCCORKLE BLVD SUITE P WESTERVILLE, OH 43082	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 27-1430324</td> </tr> <tr> <td>2c Sponsor's telephone number 614-416-6090</td> </tr> <tr> <td>2d Business code (see instructions) 541990</td> </tr> </table>	2b Employer Identification Number (EIN) 27-1430324	2c Sponsor's telephone number 614-416-6090	2d Business code (see instructions) 541990	
2b Employer Identification Number (EIN) 27-1430324					
2c Sponsor's telephone number 614-416-6090					
2d Business code (see instructions) 541990					

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.	10/20/2015	ELIZABETH BURNHAM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN 3c Administrator's telephone number 	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name FREEDOMSTAFF CORPORATION		4b EIN 27-2152256 4c PN 001	
5 Total number of participants at the beginning of the plan year		5	410
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).			
a Active participants		6a	223
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	193
d Subtotal. Add lines 6a , 6b , and 6c		6d	416
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	416
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	318
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	3
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: 2A 2E 2F 2G 2J 2K 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning **01/01/2013** and ending **12/31/2013**

A Name of plan FREEDOMMARK, INC. 401(K) PSP	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 FREEDOMMARK, INC.	D Employer Identification Number (EIN) 27-1430324	

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

(a) Name of insurance carrier

TRANSAMERICA LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	931043-000		01/01/2013	12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
8345	

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

WELLS FARGO ADVISORS INS AGENCY	MARK A PHILLIPS 401 TRYON STREET, 11TH FLOOR CHARLOTTE, NC 28288
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2835			3

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

WELLS FARGO ADVISORS INS AGENCY	MICHAEL W LEONARD 401 TRYON STREET, 11TH FLOOR CHARLOTTE, NC 28288
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2756			3

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

WELLS FARGO ADVISORS INS AGENCY

RODNEY M FREIDMAN
401 TRYON STREET, 11TH FLOOR
CHARLOTTE, NC 28288

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2754			3

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	6306152

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

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

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

b Balance at the end of the previous year	7b	1171357
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c Additions: (1) Contributions deposited during the year	7c(1)	56600	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	16606	
(4) Transferred from separate account	7c(4)	285602	
(5) Other (specify below)	7c(5)	10387	
▶ LOAN REPAYMENT			

(6) Total additions	7c(6)	369195
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d Total of balance and additions (add lines 7b and 7c(6))	7d	1540552
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	135986	
(2) Administration charge made by carrier	7e(2)	20384	
(3) Transferred to separate account	7e(3)	347384	
(4) Other (specify below)	7e(4)	24472	
▶ LOAN REQUEST			

(5) Total deductions	7e(5)	528226
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1012326
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan FREEDOMMARK, INC. 401(K) PSP	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FREEDOMMARK, INC.	D Employer Identification Number (EIN) 27-1430324	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

39-0989781

(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)

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	64399	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

RAE & ASSOCIATES

34-1310124

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDIT	29692	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>FREEDOMMARK, INC. 401(K) PSP</u>	B Three-digit plan number (PN) ▶ <u>001</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FREEDOMMARK, INC.</u>	D Employer Identification Number (EIN) <u>27-1430324</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WMC QUALITY GROWTH EQUITY RET</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-0989781-101</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>163464</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LOOMIS SAYLES BOND RET OPT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-0989781-150</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>171188</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMORGAN GOVERNMENT SECURITIES</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-0989781-158</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>62166</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MORGAN STANLEY GROWTH RET OPT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-0989781-166</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>31726</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>OPPENHEIMER GLOBAL RET OPT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-0989781-216</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>158852</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRANSAMERICA PARTNERS MID VALU</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-0989781-427</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>53298</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRANSAMERICA ASSET ALLOCATION</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>39-0989781-429</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>96022</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOCATION		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-430	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 123958
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOCATION		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-431	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 416763
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOCATION		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-432	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 229981
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOCATION		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-433	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 340101
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS HIGH YIE		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-434	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 174684
a Name of MTIA, CCT, PSA, or 103-12 IE: CALVERT EQUITY PORTFOLIO INV O		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-439	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3800
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO AMERICAN FRANCHISE INV		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-443	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 102654
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR SMALL CAP INV		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-445	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 240516
a Name of MTIA, CCT, PSA, or 103-12 IE: DREYFUS INTERNATIONAL VALUE IN		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-446	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 120092
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS STOCK IN		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-587	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 132575

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS WASHINGTON MUTU		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-008	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 250312
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER MAIN STREET INV OP		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-012	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25386
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS AMCAP INV OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-014	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 109706
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH FUND OF		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-015	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 396196
a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL SHARES INV OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-017	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 79972
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO ADVANTAGE SMALL CA		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-021	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 272886
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-023	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 149252
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BALANCED INV OP		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-026	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 96152
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA MARSICO 21ST CENTURY		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-030	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 79607
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP INDEX R		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-033	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20714

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P MID CAP INDEX RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-036	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14864
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY INFLATION-ADJ		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-042	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6527
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP VALUE I		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-046	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10532
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT INC		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-047	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5546
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 201		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-048	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 83519
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 202		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-049	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52505
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 203		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-050	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 260532
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 204		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-051	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 76612
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOCATION		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-052	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 686
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOCATION		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-053	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11124

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOCATION		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-054	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6426
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA ASSET ALLOCATION		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-055	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15573
a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL FINANCIAL SERVICES INV		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-059	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 96885
a Name of MTIA, CCT, PSA, or 103-12 IE: ALLIANCEBERNSTEIN INTERNATIONAL		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-067	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49135
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS LARGE VA		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-071	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 192830
a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN MID CAP GROWTH OPPORTUN		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-073	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61833
a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN REAL ESTATE SECURITIES		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-075	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34271
a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS MID CAP VALUE RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-080	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 86500
a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS LARGE CAP VALUE		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-081	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 67715
a Name of MTIA, CCT, PSA, or 103-12 IE: IVY SCIENCE & TECHNOLOGY INV O		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-082	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51792

a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS OVERSEAS RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-083	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 174679
a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL JENNISON NATURAL RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-084	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84702
a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL JENNISON UTILITY IN		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-085	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22713
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INVESTMENT GRADE		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-086	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46399
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER INTERNATIONAL BOND		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-089	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63550
a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER DISCIPLINED VALUE INV		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-092	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 133941
a Name of MTIA, CCT, PSA, or 103-12 IE: THORNBURG CORE GROWTH RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-095	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 101425
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 201		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-109	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19787
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 202		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-110	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49307
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 203		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-111	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22405

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 204**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-112	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24368
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 205**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-113	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52823
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA EMERGING MARKETS INDEX RE**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-117	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34975
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP GROWTH**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-121	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15564
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a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO ADVANTAGE PRECIOUS**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-126	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32623
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK HEALTH SCIENCES OPS**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-365	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 129342
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 205**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-505	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10121
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>FREEDOMMARK, INC. 401(K) PSP</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FREEDOMMARK, INC.</u>	D Employer Identification Number (EIN) <u>27-1430324</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	354449	399436
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	5119180	6306148
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1171358	1012327
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	6644987	7717911

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6644987	7717911
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	208754	
(B) Participants	2a(1)(B)	467448	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		676202

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	15213	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		15213

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1107147
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		16603
d Total income. Add all income amounts in column (b) and enter total	2d		1815165

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	649925	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		649925
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	92316	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		92316
j Total expenses. Add all expense amounts in column (b) and enter total	2j		742241

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1072924
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: NORMAN JONES ENLOW & CO.

(2) EIN: 31-1282719

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a	X		612270
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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>FREEDOMMARK, INC. 401(K) PSP</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FREEDOMMARK, INC.</u>	D Employer Identification Number (EIN) <u>27-1430324</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-6362604</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

**FREEDOMMARK, INC. 401(K) PSP
FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE
December 31, 2013 and 2012**



Norman Jones Enlow & Co.

Certified Public Accountants
& Management Consultants

INDEPENDENT AUDITORS' REPORT

Board of Trustees
Freedommark, Inc. 401(k) PSP
425 Enterprise Drive
Lewis Center, OH 43035

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Freedommark, Inc. 401(k) PSP (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (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 summarized in Note 4, which was certified by Transamerica Life Insurance Company, the Custodian 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 Custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian as of December 31, 2013 and 2012, and for the years then ended, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules for the years ended December 31, 2013 and 2012 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, and are presented for the purpose of additional analysis, and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Custodian, 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.


Columbus, Ohio
October 13, 2014

FREEDOMMARK, INC. 401(K) PSP
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
ASSETS		
INVESTMENTS, at fair market value		
Investment contract	\$ 1,012,327	\$ 1,171,358
Pooled separate accounts	<u>6,306,147</u>	<u>5,119,180</u>
TOTAL INVESTMENTS	7,318,474	6,290,538
RECEIVABLE		
Employee	73,760	44,389
Employer	40,286	20,711
Notes receivable from participants	<u>399,436</u>	<u>354,449</u>
TOTAL RECEIVABLES	513,482	419,549
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 7,831,956</u>	<u>\$ 6,710,087</u>

See notes to financial statements and independent auditors' report.

FREEDOMMARK, INC. 401(K) PSP
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
INVESTMENT ACTIVITY		
Net appreciation in fair value of investments	\$ 1,107,146	\$ 675,749
Interest and dividends	<u>23,594</u>	<u>20,138</u>
	1,130,740	695,887
 Interest income on notes receivable from participants	 15,213	 15,857
CONTRIBUTIONS		
Employer match	221,338	227,988
Employee	496,819	461,705
Participant rollovers	<u>-</u>	<u>27,613</u>
	718,157	717,306
 TOTAL INVESTMENT ACTIVITY AND CONTRIBUTIONS	 1,864,110	 1,429,050
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	649,925	676,370
Administrative expenses	<u>92,316</u>	<u>60,700</u>
 TOTAL DEDUCTIONS	 742,241	 737,070
TRANSFERS		
Transfers to other plans	<u>-</u>	<u>436,063</u>
 INCREASE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS	 1,121,869	 255,917
NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF YEAR	<u>6,710,087</u>	<u>6,454,170</u>
 NET ASSETS AVAILABLE FOR PLAN BENEFITS AT END OF YEAR	 <u>\$ 7,831,956</u>	 <u>\$ 6,710,087</u>

See notes to financial statements and independent auditors' report.

**FREEDOMMARK, INC. 401(K) PSP
NOTES TO FINANCIAL STATEMENTS**

1. DESCRIPTION OF PLAN

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

General

The Plan is a multiple employer defined contribution plan and covers eligible employees of Freedommark Corporation (the "Plan Sponsor") and participating employers (Employers). The Plan Sponsor is a professional employer organization and participating employers have agreed to adopt the provisions of the Plan with rights to elect specific provisions at the individual employer level. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Participant Contributions

Under the Plan, participants may elect to contribute any percentage or dollar amount of their pay up to 60% of their eligible compensation, within the salary deferral limitations imposed by Section 401(k) of the Internal Revenue Code (IRC). Participants who reach age 50 may elect to make catch-up contributions. The Plan also accepts rollover contributions on behalf of participants from other pension or profit sharing plans. Rollover contributions received by the Plan were zero for the year ended December 31, 2013 and \$27,613 for the year ended December 31, 2012.

Employer Contributions

The Employers may contribute safe harbor contributions based on participants' annual compensation, regardless of the participants' contributions, at their discretion. The Employers may also make profit sharing and matching contributions at their discretion. Matching contributions are contributed based on the amount of the participants' elective deferrals and profit sharing contributions are allocated based on participants' annual compensation. The Employers did not authorize discretionary profit sharing contributions for the years ended December 31, 2013 and 2012.

Participants' Accounts

Each participant's account is credited with the participant's contributions, employer contributions, forfeitures, Plan earnings, and Plan losses. Allocations are based on each participant's deferral amount or account balance. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. The Plan's investments are participant-directed.

Vesting

Participants are immediately vested in their contributions, Employers safe harbor contributions, and actual earnings thereon. The Employers elect individual vesting schedules of matching contributions, Employer profit sharing, and actual earnings thereon.

Payment of Benefits

Participants are entitled to benefits beginning at normal retirement age (65). Upon termination of service due to death, disability, or retirement, participants may elect to receive a lump sum distribution equal to the value of the participant's vested interest in his or her account.

Forfeitures

If a participant terminates his or her employment before their account is fully vested, the unvested portion will be forfeited. Forfeitures are used to reduce future employer contributions and/or to pay Plan expenses. At December 31, 2013 and 2012, forfeited, non-vested accounts totaled \$7,394 and \$3,408, respectively. Forfeitures used by the Plan were \$3,414 and \$2,930 during the years ended December 31, 2013 and 2012, respectively.

**FREEDOMMARK, INC. 401(K) PSP
NOTES TO FINANCIAL STATEMENTS**

1. DESCRIPTION OF PLAN (CONTINUED)

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from 1 to 5 years, or a reasonable period of time longer than 5 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Trustees. Principal and interest are paid ratably through payroll deductions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of significant accounting policies followed in the preparation of these financial statements. These policies conform to accounting principles generally accepted in the United States of America, and have been applied on a consistent basis.

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting.

As described in Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 946-210, investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by FASB ASC 946-210, the Statement of Net Assets Available for Benefits presents the fair value of the investment contracts. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis. As described in Note 5, contract value approximates fair value.

Estimates

The Plan Administrator uses estimates and assumptions in preparing these financial statements in accordance with generally accepted accounting principles. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported additions and deductions. Actual results may differ from those estimates.

Valuation of Investments and Income Recognition

The Plan investments are reported at fair market 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. All securities held are valued at the last reported sales price, based on market quotes, on the last business day of the Plan year. See Note 5 for further explanations of fair value measurements.

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

The Plan adopted FASB Accounting Standards Update (ASU) 2010-06, *Improving Disclosures about Fair Value Measurements* as of January 1, 2010. This update requires disclosures on the amount and reason for transfers in and out of Level 1 and 2 recurring fair value measurements. The standard also requires disclosure of activities on a gross basis, including purchases, sales, issuances, and settlements, in the reconciliation of Level 3 fair value recurring measurements. The standard clarifies existing disclosure requirements on the levels of disaggregation and disclosures about inputs and valuation techniques.

**FREEDOMMARK, INC. 401(K) PSP
NOTES TO FINANCIAL STATEMENTS**

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Valuation of Investments and Income Recognition (continued)

The Plan has adopted FASB ASC 820-10-65, which establishes a framework for measuring fair value under generally accepted accounting principles, clarifies the definition of fair value within that framework, and expands financial statement disclosures about the use of fair value measurements. The financial statement preparation and disclosure provisions are effective for financial statements issued for annual periods beginning after November 15, 2007.

Notes Receivable from Participants

The Plan adopted FASB ASU 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans*, an amendment to *Plan Accounting – Defined Contribution Pension Plans* accounting guidance, as of January 1, 2010. The amendments in this update require the participant loans be classified as notes receivable from participants, which are segregated from Plan investments. The update also requires that participant loans be measured at their unpaid principal balance plus any accrued but unpaid interest, rather than fair value.

Payment of Benefits

Benefit payments are recorded when paid.

Transfers

Transfers to/from other plans generally represent transfers of account balances of all participants of Employers who have entered or left the Plan.

Plan Administration Costs

Administrative expenses are paid by the Plan.

Federal Income Taxes

The Plan obtained its latest determination letter on March 31, 2008 in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

Accounting principles generally accepted in the United States of America require Plan Management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Although the Plan has not received a determination letter since amending the Plan, the Plan Administrator believes the Plan is operating in compliance with the tax-exempt status. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2011.

**FREEDOMMARK, INC. 401(K) PSP
NOTES TO FINANCIAL STATEMENTS**

3. INVESTMENTS

The fair market value of individual investments that represent 5% or more of the Plan's net assets available for benefits as of December 31 is as follows:

	2013	2012
Transamerica Stable Value Option	\$ 1,012,327	\$ 1,171,358
Transamerica AA Intermediate Horizon Ret Opt	416,763	358,797
American Funds Growth Fund of America Inv Opt	396,196	-
Transamerica AA Long Horizon Ret Opt	340,101	321,224

4. SUMMARY OF INFORMATION CERTIFIED BY THE CUSTODIAN (UNAUDITED)

The Plan Administrator has obtained certification from Transamerica Life Insurance Company (the "Custodian") that the information provided to the Plan Administrator by the Custodian is complete and accurate in accordance with 29 CFR Section 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. A summary of information included in the financial statements, which has been certified, is as follows:

	December 31	
	2013	2012
Investments, excluding guaranteed investment contracts, at fair value	\$ 6,306,147	\$ 5,119,180
Guaranteed investment contracts, at contract value	1,012,327	1,171,358
Net appreciation in fair value of investments	1,107,146	675,749
Investment income	38,807	35,995
Benefits paid	649,925	1,112,433
Administrative expenses	92,316	60,700

5. FAIR VALUE

FASB's *Fair Value Measurement and Disclosures* provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in the 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 below:

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 quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

**FREEDOMMARK, INC. 401(K) PSP
NOTES TO FINANCIAL STATEMENTS**

5. FAIR VALUE (CONTINUED)

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

The following is a description of the valuation methods used for assets measured at fair value. There have been no changes in methodologies during the years ended December 31, 2013 and 2012.

Investment contract: The investment contract is valued at contract value, and is based on its beginning balance plus any deposit and credited interest, less any withdrawals, charges, or expenses. Contract value approximates fair value based on information provided by the Custodian.

Pooled separate accounts: The pooled separate accounts are stated at fair value as reported to the Plan by the Custodian, based on the quoted market prices of the underlying mutual funds (net asset value). Separate accounts directly investing in fixed maturity securities are measured based on the pricing data provided by outside valuation service providers who, in turn, generally use the mean of bid and ask prices but may also use alternative observable pricing inputs for certain securities. The investment objective is the preservation of capital and growth of investment based on different tolerance levels of risk. There are no unfunded commitments related to the pooled separate accounts and units are redeemable at net asset value.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following are the classes of assets measured at fair value on a recurring basis during the years ended December 31, 2013 and 2012, using quoted prices in active markets for identical assets (Level 1); significant other observable inputs (Level 2); and significant unobservable inputs (Level 3).

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

<u>Description</u>	<u>2013</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Investment Contract	\$ 1,012,327	\$ -	\$ 1,012,327	\$ -
Fixed Income	865,151	-	865,151	-
Small/Mid-Cap Stocks	885,483	-	885,483	-
Large-Cap Stocks	3,739,020	-	3,739,020	-
International Stocks	816,493	-	816,493	-
Total Assets at Fair Value	\$ 7,318,474	\$ -	\$ 7,318,474	\$ -

**FREEDOMMARK, INC. 401(K) PSP
NOTES TO FINANCIAL STATEMENTS**

5. FAIR VALUE (CONTINUED)

<u>Description</u>	<u>2012</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Investment Contract	\$ 1,171,358	\$ -	\$ 1,171,358	\$ -
Fixed Income	749,994	-	749,994	-
Small/Mid-Cap Stocks	663,456	-	663,456	-
Large-Cap Stocks	2,932,035	-	2,932,035	-
International Stocks	773,695	-	773,695	-
Total Assets at Fair Value	<u>\$ 6,290,538</u>	<u>\$ -</u>	<u>\$ 6,290,538</u>	<u>\$ -</u>

6. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan participates in a benefit-responsive group annuity investment contract with the Custodian. The Custodian maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The group annuity contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the group annuity investment contract is fully benefit responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the group annuity investment contract. Contract value, as reported to the Plan by the Custodian, represents contributions made under contract, plus earnings, less participant withdrawals and administrative expenses, which approximates fair value. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed throughout the year, but are reset monthly. Average yields and crediting rates for the years ended December 31, 2013 and 2012 were:

	<u>2013</u>	<u>2012</u>
Average Yield	1.45%	1.75%
Crediting Interest Rate	1.45%	1.75%

Certain events limit the ability of the Plan to transact at contract value with the Custodian. Such events include the following: (1) the Plan is changed so as to significantly affect the Custodian's obligations to the contract, (2) the contract can no longer be treated as a pension plan contract, (3) the Plan is terminated, (4) failure to comply with the contract requirements, (5) failure to provide information, (6) the sum of the contract account values at any time equals \$10,000 or less, (7) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

**FREEDOMMARK, INC. 401(K) PSP
NOTES TO FINANCIAL STATEMENTS**

7. POOLED SEPARATE ACCOUNTS

The Plan has entered into investment contracts with the Custodian in which the Plan contributions are maintained in pooled separate accounts. The underlying investments in these accounts are primarily mutual funds with readily determined market values. The accounts are credited with actual earnings on the underlying investments and charged for participant withdrawals and administrative expenses.

8. RISK AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, credit, and market risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities 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.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31:

	<u>2013</u>
Net assets available for benefits per the financial statements	\$ 7,831,956
Less: 2013 receivables	(114,046)
Net assets available for benefits per the Form 5500	<u>\$ 7,717,910</u>
	<u>2012</u>
Net assets available for benefits per the financial statements	\$ 6,710,087
Less: 2012 receivables	(65,100)
Net assets available for benefits per the Form 5500	<u>\$ 6,644,987</u>

The following is a reconciliation of changes in net assets available for benefits per the financial statements to Form 5500 as of December 31:

	<u>2013</u>
Total net increase of net assets per the financial statements	\$ 1,121,869
Add: 2012 receivables activity	65,100
Less: 2013 receivables activity	(114,046)
Add: Rounding	1
Total net increase of net assets per Form 5500	<u>\$ 1,072,924</u>
	<u>2012</u>
Total net increase of net assets per the financial statements	\$ 255,917
Less: 2012 receivables activity	(65,100)
Total net increase of net assets per Form 5500	<u>\$ 190,817</u>

**FREEDOMMARK, INC. 401(K) PSP
NOTES TO FINANCIAL STATEMENTS**

10. PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination, no further contributions would be made to the Plan and all accounts would become 100% vested.

11. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Transamerica Life Insurance Company. Transamerica Life Insurance Company is the Custodian as defined by the Plan and, therefore, transactions involving these investments qualify as party-in-interest transactions. The Plan also carries notes receivable from participants, which are party-in-interest transactions.

12. NON-EXEMPT PARTY-IN-INTEREST TRANSACTIONS

The Plan Sponsor remitted the following participant contributions and loan repayments to the Custodian subsequent to the date required by the Department of Labor Regulation 2510.3-102.

Year Ended December 31, 2012

Payroll Contribution Date	Participant Contribution Amount	Participant Loan Repayment	Total Participant Contributions	Plan Remittance Date
January 6, 2012	\$ 6,674	\$ 635	\$ 7,309	February 16, 2012
January 13, 2012	9,327	2,323	11,650	February 17, 2012
January 20, 2012	7,691	474	8,165	March 12, 2012
January 27, 2012	8,806	2,128	10,934	March 12, 2012
January 31, 2012	1,391	26	1,417	March 12, 2012
February 3, 2012	6,073	496	6,569	March 23, 2012
February 10, 2012	8,907	2,453	11,360	March 23, 2012
February 17, 2012	8,140	522	8,662	March 23, 2012
February 24, 2012	9,305	2,323	11,628	April 9, 2012
February 29, 2012	1,737	26	1,763	April 9, 2012
March 2, 2012	6,143	309	6,452	April 24, 2012
March 9, 2012	10,016	2,145	12,161	April 26, 2012
March 16, 2012	7,713	335	8,048	May 4, 2012
March 23, 2012	8,491	2,059	10,550	May 4, 2012
March 30, 2012	7,617	422	8,039	May 10, 2012
April 6, 2012	8,933	1,846	10,779	May 17, 2012
April 13, 2012	7,304	442	7,746	May 29, 2012
April 20, 2012	10,828	2,390	13,218	May 31, 2012
April 27, 2012	7,233	602	7,835	May 31, 2012
April 30, 2012	1,494	165	1,659	June 6, 2012
May 4, 2012	9,322	2,264	11,586	June 12, 2012
May 11, 2012	8,495	601	9,096	June 22, 2012
May 18, 2012	10,831	3,070	13,901	July 2, 2012
May 25, 2012	7,746	740	8,486	July 2, 2012
May 31, 2012	1,707	791	2,498	July 2, 2012
June 1, 2012	8,534	2,063	10,597	August 10, 2012
June 8, 2012	6,803	522	7,325	August 10, 2012
June 15, 2012	11,065	2,202	13,267	August 10, 2012
June 22, 2012	6,766	541	7,307	August 10, 2012

**FREEDOMMARK, INC. 401(K) PSP
NOTES TO FINANCIAL STATEMENTS**

12. NON-EXEMPT PARTY-IN-INTEREST TRANSACTIONS (CONTINUED)

Year Ended December 31, 2012 (Continued)

Payroll Contribution Date	Participant Contribution Amount	Participant Loan Repayment	Total Participant Contributions	Plan Remittance Date
June 30, 2012	11,326	2,202	13,528	August 21, 2012
July 6, 2012	6,470	491	6,961	September 10, 2012
July 13, 2012	8,559	2,165	10,724	September 10, 2012
July 20, 2012	8,200	1,047	9,247	September 24, 2012
July 27, 2012	8,572	2,703	11,275	September 24, 2012
July 31, 2012	1,567	165	1,732	September 24, 2012
August 3, 2012	5,319	688	6,007	October 5, 2012
August 10, 2012	9,702	2,701	12,403	October 25, 2012
August 17, 2012	6,934	853	7,787	November 5, 2012
August 24, 2012	10,456	2,734	13,190	November 5, 2012
August 31, 2012	7,346	959	8,305	November 13, 2012
September 7, 2012	15,080	2,667	17,747	November 13, 2012
September 14, 2012	8,771	1,045	9,816	November 16, 2012
September 21, 2012	14,532	2,692	17,224	November 30, 2012
September 28, 2012	8,130	1,045	9,175	November 30, 2012
October 5, 2012	8,692	2,803	11,495	December 10, 2012
October 12, 2012	5,545	880	6,425	December 10, 2012
October 19, 2012	9,782	2,984	12,766	December 14, 2012
October 26, 2012	5,367	896	6,263	December 24, 2012
October 31, 2012	1,010	165	1,175	December 24, 2012
November 2, 2012	8,179	2,680	10,859	December 31, 2012
November 9, 2012	5,738	896	6,634	December 31, 2012
November 16, 2012	10,243	2,845	13,088	December 31, 2012
November 23, 2012	4,649	948	5,597	December 31, 2012
November 30, 2012	12,055	3,136	15,191	December 31, 2012
December 7, 2012	4,708	1,135	5,843	February 27, 2013
December 14, 2012	10,367	2,901	13,268	February 27, 2013
December 21, 2012	4,592	1,135	5,727	February 27, 2013
December 28, 2012	8,882	2,953	11,835	February 28, 2013
December 31, 2012	15,840	165	16,005	February 28, 2013
Total During 2012	\$ 461,705	\$ 85,594	\$ 547,299	

Year Ended December 31, 2013

Payroll Contribution Date	Participant Contribution Amount	Participant Loan Repayment	Total Participant Contributions	Plan Remittance Date
January 5, 2013	\$ 4,813	\$ 1,049	\$ 5,862	March 8, 2013
January 12, 2013	11,861	2,953	14,814	March 8, 2013
January 19, 2013	6,076	1,076	7,152	March 28, 2013
January 26, 2013	10,081	2,985	13,066	March 28, 2013
January 31, 2013	1,496	165	1,661	March 28, 2013
February 2, 2013	4,735	911	5,646	April 24, 2013
February 9, 2013	11,467	2,952	14,419	April 24, 2013
February 16, 2013	7,462	817	8,279	April 30, 2013
February 23, 2013	11,461	3,005	14,466	May 6, 2013

**FREEDOMMARK, INC. 401(K) PSP
NOTES TO FINANCIAL STATEMENTS**

12. NON-EXEMPT PARTY-IN-INTEREST TRANSACTIONS (CONTINUED)

Year Ended December 31, 2013 (Continued)

Payroll Contribution Date	Participant Contribution Amount	Participant Loan Repayment	Total Participant Contributions	Plan Remittance Date
February 28, 2013	3,345	251	3,596	May 6, 2013
March 2, 2013	4,593	911	5,504	May 23, 2013
March 9, 2013	14,493	3,005	17,498	May 23, 2013
March 16, 2013	6,989	1,570	8,559	May 23, 2013
March 23, 2013	13,133	2,986	16,119	May 28, 2013
March 31, 2013	7,159	1,570	8,729	May 31, 2013
April 6, 2013	13,402	2,986	16,388	June 7, 2013
April 13, 2013	5,863	1,405	7,268	June 24, 2013
April 20, 2013	15,134	2,854	17,988	June 28, 2013
April 27, 2013	6,007	1,405	7,412	June 28, 2013
April 30, 2013	1,520	139	1,659	June 28, 2013
May 4, 2013	13,651	2,550	16,201	July 8, 2013
May 11, 2013	6,648	1,544	8,192	July 11, 2013
May 18, 2013	13,338	2,665	16,003	August 5, 2013
May 25, 2013	6,079	1,544	7,623	August 9, 2013
May 31, 2013	14,833	2,703	17,536	August 9, 2013
June 8, 2013	5,218	1,496	6,714	August 23, 2013
June 15, 2013	12,936	2,851	15,787	August 23, 2013
June 22, 2013	5,286	1,558	6,844	September 3, 2013
June 29, 2013	12,338	2,851	15,189	September 9, 2013
July 6, 2013	5,484	1,558	7,042	September 9, 2013
July 13, 2013	10,417	2,841	13,258	September 20, 2013
July 20, 2013	6,841	1,644	8,485	September 30, 2013
July 27, 2013	11,893	2,787	14,680	September 30, 2013
July 31, 2013	2,007	139	2,146	September 30, 2013
August 3, 2013	5,141	1,340	6,481	October 7, 2013
August 10, 2013	12,625	2,993	15,618	October 7, 2013
August 17, 2013	6,424	1,479	7,903	October 7, 2013
August 24, 2013	10,525	2,921	13,446	October 7, 2013
August 31, 2013	9,005	1,550	10,555	October 7, 2013
September 7, 2013	11,037	2,921	13,958	October 17, 2013
September 14, 2013	6,172	1,411	7,583	October 17, 2013
September 21, 2013	13,085	3,060	16,145	November 1, 2013
September 28, 2013	6,048	1,426	7,474	November 1, 2013
September 30, 2013	2,017	139	2,156	November 1, 2013
October 5, 2013	11,726	3,059	14,785	November 12, 2013
October 12, 2013	5,293	1,522	6,815	November 12, 2013
October 19, 2013	12,376	3,033	15,409	November 26, 2013
October 26, 2013	5,918	1,661	7,579	December 13, 2013
October 31, 2013	1,944	139	2,083	December 13, 2013
November 2, 2013	9,994	2,894	12,888	December 31, 2013
November 9, 2013	5,670	1,651	7,321	December 31, 2013
November 16, 2013	12,614	3,230	15,844	January 10, 2014
November 23, 2013	4,580	1,649	6,229	January 15, 2014
November 30, 2013	14,227	3,386	17,613	February 7, 2014
December 7, 2013	3,923	1,717	5,640	February 12, 2014

**FREEDOMMARK, INC. 401(K) PSP
NOTES TO FINANCIAL STATEMENTS**

12. NON-EXEMPT PARTY-IN-INTEREST TRANSACTIONS (CONTINUED)

Year Ended December 31, 2013 (Continued)

Payroll Contribution Date	Participant Contribution Amount	Participant Loan Repayment	Total Participant Contributions	Plan Remittance Date
December 14, 2013	13,979	3,262	17,241	March 5, 2014
December 21, 2013	8,667	1,869	10,536	March 7, 2014
December 27, 2013	13,906	3,274	17,180	March 13, 2014
December 31, 2013	1,864	139	2,003	March 14, 2014
Total During 2013	\$ 496,819	\$ 115,451	\$ 612,270	

13. SUBSEQUENT EVENTS

In preparing these financial statements, the Plan has evaluated events and transaction for potential recognition and disclosure through October 13, 2014, the date the financial statements were available to be issued. No events arose during management's review of subsequent events.

FREEDOMMARK, INC. 401(K) PSP
FORM 5500 PLAN 001 EIN: 27-1430324
December 31, 2013

Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of issue	(c) Description of investment	(e) Current value
*	Transamerica Life Insurance Company	Transamerica Stable Value Option	\$ 1,012,327
*	Transamerica Life Insurance Company	Transamerica AA Intermediate Horizon Ret Opt	416,763
*	Transamerica Life Insurance Company	American Funds Growth Fund of America Inv Opt	396,196
*	Transamerica Life Insurance Company	Transamerica AA Long Horizon Ret Opt	340,101
*	Transamerica Life Insurance Company	Wells Fargo Advantage Small Cap Value Inv Opt	272,886
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2035 Ret Opt	260,532
*	Transamerica Life Insurance Company	American Funds Washington Mutual Investors Inv Opt	250,312
*	Transamerica Life Insurance Company	Fidelity Advisor Small Cap Inv Opt	240,516
*	Transamerica Life Insurance Company	Transamerica AA Intermediate/Long Horizon Ret Opt	229,980
*	Transamerica Life Insurance Company	Transamerica Partners Large Value Ret Opt II	192,830
*	Transamerica Life Insurance Company	Transamerica Partners High Yield Bond Ret Opt	174,684
*	Transamerica Life Insurance Company	Janus Overseas Ret Opt	174,679
*	Transamerica Life Insurance Company	Loomis Sayles Bond Ret Opt	171,187
*	Transamerica Life Insurance Company	WMC Quality Growth Equity Ret Opt	163,464
*	Transamerica Life Insurance Company	Oppenheimer Global Ret Opt	158,852
*	Transamerica Life Insurance Company	American Funds New Perspective Inv Opt	149,252
*	Transamerica Life Insurance Company	Pioneer Disciplined Value Inv Opt	133,941
*	Transamerica Life Insurance Company	Transamerica Partners Stock Index Ret Opt	132,574
*	Transamerica Life Insurance Company	BlackRock Health Sciences Ops Ret Opt	129,342
*	Transamerica Life Insurance Company	Transamerica AA Short/Intermediate Horizon Ret Opt	123,958
*	Transamerica Life Insurance Company	Dreyfus International Value Inv Opt	120,092
*	Transamerica Life Insurance Company	American Funds AMCAP Inv Opt	109,706
*	Transamerica Life Insurance Company	Invesco American Franchise Inv Opt	102,654
*	Transamerica Life Insurance Company	Thornburg Core Growth Ret Opt	101,425
*	Transamerica Life Insurance Company	Franklin Mutual Financial Services Inv Opt	96,885
*	Transamerica Life Insurance Company	American Funds Balanced Inv Opt	96,152
*	Transamerica Life Insurance Company	Transamerica AA Short Horizon Ret Opt	96,022
*	Transamerica Life Insurance Company	Goldman Sachs Mid Cap Value Ret Opt	86,500
*	Transamerica Life Insurance Company	Prudential Jennison Natural Resources Inv Opt	84,702
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2015 Ret Opt	83,519
*	Transamerica Life Insurance Company	Franklin Mutual Shares Inv Opt	79,972
*	Transamerica Life Insurance Company	Columbia Marsico 21st Century Inv Opt	79,607
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2045 Ret Opt	76,612
*	Transamerica Life Insurance Company	Goldman Sachs Large Cap Value Insights Ret Opt	67,715
*	Transamerica Life Insurance Company	Oppenheimer International Bond Ret Opt	63,550
*	Transamerica Life Insurance Company	JP Morgan Government Securities Ret Opt	62,166
*	Transamerica Life Insurance Company	Nuveen Mid Cap Growth Opportunities Ret Opt	61,833
*	Transamerica Life Insurance Company	Transamerica Partners Mid Value Ret Opt	53,298
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2050 Ret Opt	52,823
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2025 Ret Opt	52,505
*	Transamerica Life Insurance Company	Ivy Science & Technology Inv Opt	51,792
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2020 Ret Opt	49,307
*	Transamerica Life Insurance Company	AllianceBernstein International Value Inv Opt	49,135
*	Transamerica Life Insurance Company	Loomis Sayles Inv Grade Bond	46,398

See notes to financial statements and independent auditors' report.

FREEDOMMARK, INC. 401(K) PSP
FORM 5500 PLAN 001 EIN: 27-1430324
December 31, 2013

Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of issue	(c) Description of investment	(e) Current value
*	Transamerica Life Insurance Company	SSgA Emerging Markets Index Ret Opt	34,975
*	Transamerica Life Insurance Company	Nuveen Real Estate Securities Ret Opt	34,271
*	Transamerica Life Insurance Company	Wells Fargo Advantage Precious Metals Inv Opt	32,623
*	Transamerica Life Insurance Company	Morgan Stanley Growth Ret Opt	31,726
*	Transamerica Life Insurance Company	Oppenheimer Main Street Inv Opt	25,386
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2040 Ret Opt	24,368
*	Transamerica Life Insurance Company	Prudential Jennison Utility Inv Opt	22,713
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2030 Ret Opt	22,405
*	Transamerica Life Insurance Company	SSgA Russell Small Cap Index Ret Opt	20,714
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2010 Ret Opt	19,787
*	Transamerica Life Insurance Company	Transamerica AA - Growth Portfolio Ret Opt	15,573
*	Transamerica Life Insurance Company	SSgA Russell Small Cap Growth Index Ret Opt	15,564
*	Transamerica Life Insurance Company	SSgA S&P Mid Cap Index Ret Opt	14,864
*	Transamerica Life Insurance Company	Transamerica AA - Moderate Portfolio Ret Opt	11,124
*	Transamerica Life Insurance Company	SSgA Russell Small Cap Value Index Ret Opt	10,532
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2055 Ret Opt	10,121
*	Transamerica Life Insurance Company	American Century Inflation-Adjusted Bond Inv Opt	6,524
*	Transamerica Life Insurance Company	Transamerica AA- Moderate Growth Portfolio Ret Opt	6,426
*	Transamerica Life Insurance Company	Vanguard Target Retirement Income Ret Opt	5,546
*	Transamerica Life Insurance Company	Calvert Equity Portfolio Inv Opt	3,800
*	Transamerica Life Insurance Company	Transamerica AA - Conservative Portfolio Ret Opt	686
Subtotal			7,318,474
*	Notes receivable from participants	4.25% - 9.25%	399,436
Total			<u>\$ 7,717,910</u>

* Denotes party-in-interest

See notes to financial statements and independent auditors' report.

FREEDOMMARK, INC. 401(K) PSP
FORM 5500 PLAN 001 EIN: 27-1430324
December 31, 2012

Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of Issue	(c) Description of investment	(e) Current value
*	Transamerica Life Insurance Company	Transamerica Stable Value Option	\$ 1,171,358
*	Transamerica Life Insurance Company	Transamerica AA Intermediate Horizon Ret Opt	358,797
*	Transamerica Life Insurance Company	Transamerica AA Long Horizon Ret Opt	321,224
*	Transamerica Life Insurance Company	American Funds Growth Fund of America Inv Opt	276,100
*	Transamerica Life Insurance Company	Wells Fargo Advantage Small Cap Value Inv Opt	267,229
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2035 Ret Opt	251,875
*	Transamerica Life Insurance Company	Transamerica AA Intermediate/Long Horizon Ret Opt	213,678
*	Transamerica Life Insurance Company	American Funds Washington Mutual Investors Inv Opt	183,388
*	Transamerica Life Insurance Company	Fidelity Advisor Small Cap Inv Opt	172,840
*	Transamerica Life Insurance Company	Transamerica Partners High Yield Bond Ret Opt	164,232
*	Transamerica Life Insurance Company	Loomis Sayles Bond Ret Opt	151,513
*	Transamerica Life Insurance Company	Transamerica Partners Large Value Ret Opt II	150,017
*	Transamerica Life Insurance Company	Janus Overseas Ret Opt	147,996
*	Transamerica Life Insurance Company	Oppenheimer Global Ret Opt	126,294
*	Transamerica Life Insurance Company	WMC Quality Growth Equity Ret Opt	125,944
*	Transamerica Life Insurance Company	American Funds New Perspective Inv Opt	113,281
*	Transamerica Life Insurance Company	Transamerica AA Short/Intermediate Horizon Ret Opt	108,512
*	Transamerica Life Insurance Company	Dreyfus International Value Inv Opt	106,044
*	Transamerica Life Insurance Company	Pioneer Disciplined Value Inv Opt	101,648
*	Transamerica Life Insurance Company	Transamerica Partners Stock Index Ret Opt	99,882
*	Transamerica Life Insurance Company	Franklin Mutual Financial Services Inv Opt	90,272
*	Transamerica Life Insurance Company	Prudential Jennison Natural Resources Inv Opt	85,167
*	Transamerica Life Insurance Company	Transamerica AA Short Horizon Ret Opt	84,791
*	Transamerica Life Insurance Company	Wells Fargo Advantage Precious Metals Inv Opt	82,604
*	Transamerica Life Insurance Company	American Funds AMCAP Inv Opt	77,090
*	Transamerica Life Insurance Company	BlackRock Health Sciences Ops Ret Opt	71,154
*	Transamerica Life Insurance Company	Goldman Sachs Large Cap Value Insights Ret Opt	68,955
*	Transamerica Life Insurance Company	SSgA Emerging Markets Index Ret Opt	68,155
*	Transamerica Life Insurance Company	American Funds Balanced Inv Opt	65,315
*	Transamerica Life Insurance Company	Invesco American Franchise Inv Opt	63,124
*	Transamerica Life Insurance Company	Oppenheimer International Bond Ret Opt	61,799
*	Transamerica Life Insurance Company	JP Morgan Government Securities Ret Opt	60,768
*	Transamerica Life Insurance Company	Columbia Marsico 21st Century Inv Opt	60,424
*	Transamerica Life Insurance Company	Franklin Mutual Shares Inv Opt	60,071
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2015 Ret Opt	58,574
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2045 Ret Opt	56,659
*	Transamerica Life Insurance Company	Transamerica Partners Mid Value Ret Opt	49,617
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2025 Ret Opt	40,810
*	Transamerica Life Insurance Company	Goldman Sachs Mid Cap Value Ret Opt	40,685
*	Transamerica Life Insurance Company	AllianceBernstein International Value Inv Opt	39,049
*	Transamerica Life Insurance Company	Thornburg Core Growth Ret Opt	36,488
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2020 Ret Opt	35,991
*	Transamerica Life Insurance Company	Nuveen Real Estate Securities Ret Opt	34,504
*	Transamerica Life Insurance Company	Loomis Sayles Inv Grade Bond	31,343

See notes to financial statements and independent auditors' report.

FREEDOMMARK, INC. 401(K) PSP
FORM 5500 PLAN 001 EIN: 27-1430324
December 31, 2012

Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of issue	(c) Description of investment	(e) Current value
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2050 Ret Opt	\$ 30,010
*	Transamerica Life Insurance Company	Nuveen Mid Cap Growth Opportunities Ret Opt	25,853
*	Transamerica Life Insurance Company	Transamerica AA - Growth Portfolio Ret Opt	20,713
*	Transamerica Life Insurance Company	Ivy Science & Technology Inv Opt	20,649
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2040 Ret Opt	20,171
*	Transamerica Life Insurance Company	Morgan Stanley Growth Ret Opt	19,355
*	Transamerica Life Insurance Company	Oppenheimer Main Street Inv Opt	17,440
*	Transamerica Life Insurance Company	Prudential Jennison Utility Inv Opt	16,307
*	Transamerica Life Insurance Company	American Century Inflation-Adjusted Bond Inv Opt	14,564
*	Transamerica Life Insurance Company	SSgA Russell Small Cap Index Ret Opt	12,690
*	Transamerica Life Insurance Company	SSgA Russell Small Cap Value Index Ret Opt	12,210
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2030 Ret Opt	9,711
*	Transamerica Life Insurance Company	Transamerica AA- Moderate Growth Portfolio Ret Opt	7,548
*	Transamerica Life Insurance Company	SSgA Russell Small Cap Growth Index Ret Opt	6,970
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2010 Ret Opt	5,818
*	Transamerica Life Insurance Company	Transamerica AA - Conservative Portfolio Ret Opt	4,903
*	Transamerica Life Insurance Company	SSgA S&P Mid Cap Index Ret Opt	3,902
*	Transamerica Life Insurance Company	Calvert Equity Portfolio Inv Opt	1,923
*	Transamerica Life Insurance Company	Transamerica AA - Moderate Portfolio Ret Opt	1,870
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2055 Ret Opt	1,363
*	Transamerica Life Insurance Company	Vanguard Target Retirement Income Ret Opt	1,307
		Subtotal	6,290,538
*	Notes receivable from participants	4.25% - 9.25%	354,449
		Total	\$ 6,644,987

* Denotes party-in-interest

See notes to financial statements and independent auditors' report.

FREEDOMMARK, INC. 401(K) PSP
FORM 5500 PLAN 001 EIN: 27-1430324
Year Ended December 31, 2013

Schedule H, Line 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
<u>\$ 612,270</u>	<u>\$ 612,270</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

These amounts include late participant loan contributions. For additional details of late contributions, see Note 12 of the Plan financial statements.

See notes to financial statements and independent auditors' report.

FREEDOMMARK, INC. 401(K) PSP
FORM 5500 PLAN 001 EIN: 27-1430324
Year Ended December 31, 2012

Schedule H, Line 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
<u>\$ 547,299</u>	<u>\$ 547,299</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

These amounts include late participant loan contributions. For additional details of late contributions, see Note 12 of the Plan financial statements.

See notes to financial statements and independent auditors' report.

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

Plan Name: FREEDOMMARK, INC. 401(K) PSP
Contract #: 931043
EIN: 27-1430324
Plan ID: 8032
Plan #: 002
Period: 01/01/13-12/31/13

(A)	(B)	(C)	(D)	(E)
	Identity of issue, borrower, lessor, or similar a party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	TRANSAMERICA LIFE INSURANCE COMPANY	WMC Quality Growth Equity Ret Opt	\$163,464.17	\$163,464
*	TRANSAMERICA LIFE INSURANCE COMPANY	Loomis Sayles Bond Ret Opt	\$171,187.61	\$171,188
*	TRANSAMERICA LIFE INSURANCE COMPANY	JPMorgan Government Securities Ret Opt	\$62,165.78	\$62,166
*	TRANSAMERICA LIFE INSURANCE COMPANY	Morgan Stanley Growth Ret Opt	\$31,725.64	\$31,726
*	TRANSAMERICA LIFE INSURANCE COMPANY	Oppenheimer Global Ret Opt	\$158,852.04	\$158,852
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica Partners Mid Value Ret Opt	\$53,297.53	\$53,298
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica Asset Allocation Short Horizon Ret Opt	\$96,021.93	\$96,022
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica Asset Allocation Short/Intermediate Horizon Ret Opt	\$123,957.53	\$123,958
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica Asset Allocation Intermediate Horizon Ret Opt	\$416,762.78	\$416,763
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica Asset Allocation Intermediate/Long Horizon Ret Opt	\$229,980.57	\$229,981
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica Asset Allocation Long Horizon Ret Opt	\$340,101.42	\$340,101
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica Partners High Yield Bond Ret Opt	\$174,684.12	\$174,684
*	TRANSAMERICA LIFE INSURANCE COMPANY	Calvert Equity Portfolio Inv Opt	\$3,799.69	\$3,800
*	TRANSAMERICA LIFE INSURANCE COMPANY	Invesco American Franchise Inv Opt	\$102,653.90	\$102,654
*	TRANSAMERICA LIFE INSURANCE COMPANY	Fidelity Advisor Small Cap Inv Opt	\$240,516.32	\$240,516
*	TRANSAMERICA LIFE INSURANCE COMPANY	Dreyfus International Value Inv Opt	\$120,091.58	\$120,092
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica Partners Stock Index Ret Opt	\$132,574.87	\$132,575
*	TRANSAMERICA LIFE INSURANCE COMPANY	American Funds Washington Mutual Investors Inv Opt	\$250,312.22	\$250,312
*	TRANSAMERICA LIFE INSURANCE COMPANY	Oppenheimer Main Street Inv Opt	\$25,386.25	\$25,386
*	TRANSAMERICA LIFE INSURANCE COMPANY	American Funds AMCAP Inv Opt	\$109,706.06	\$109,706
*	TRANSAMERICA LIFE INSURANCE COMPANY	American Funds Growth Fund of America Inv Opt	\$396,196.11	\$396,196
*	TRANSAMERICA LIFE INSURANCE COMPANY	Mutual Shares Inv Opt	\$79,972.11	\$79,972
*	TRANSAMERICA LIFE INSURANCE COMPANY	Wells Fargo Advantage Small Cap Value Inv Opt	\$272,886.25	\$272,886
*	TRANSAMERICA LIFE INSURANCE COMPANY	American Funds New Perspective Inv Opt	\$149,252.38	\$149,252
*	TRANSAMERICA LIFE INSURANCE COMPANY	American Funds Balanced Inv Opt	\$96,152.45	\$96,152
*	TRANSAMERICA LIFE INSURANCE COMPANY	Columbia Marsico 21st Century Inv Opt	\$79,606.89	\$79,607
*	TRANSAMERICA LIFE INSURANCE COMPANY	SSgA Russell Small Cap Index Ret Opt	\$20,714.35	\$20,714
*	TRANSAMERICA LIFE INSURANCE COMPANY	SSgA S&P Mid Cap Index Ret Opt	\$14,863.62	\$14,864
*	TRANSAMERICA LIFE INSURANCE COMPANY	American Century Inflation-Adjusted Bond Inv Opt	\$6,526.67	\$6,527
*	TRANSAMERICA LIFE INSURANCE COMPANY	SSgA Russell Small Cap Value Index Ret Opt	\$10,532.03	\$10,532
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement Income Ret Opt	\$5,545.76	\$5,546
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2015 Ret Opt	\$83,519.27	\$83,519
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2025 Ret Opt	\$52,505.12	\$52,506
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2035 Ret Opt	\$260,532.00	\$260,532
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2045 Ret Opt	\$76,611.95	\$76,612
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica Asset Allocation - Conservative Portfolio Ret Opt	\$685.69	\$686
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica Asset Allocation - Moderate Portfolio Ret Opt	\$11,123.95	\$11,124
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica Asset Allocation - Moderate Growth Portfolio Ret Opt	\$6,426.32	\$6,426
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica Asset Allocation - Growth Portfolio Ret Opt	\$15,572.63	\$15,573
*	TRANSAMERICA LIFE INSURANCE COMPANY	Mutual Financial Services Inv Opt	\$96,884.93	\$96,885
*	TRANSAMERICA LIFE INSURANCE COMPANY	AllianceBernstein International Value Inv Opt	\$49,134.77	\$49,135
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica Partners Large Value Ret Opt II	\$192,830.36	\$192,830
*	TRANSAMERICA LIFE INSURANCE COMPANY	Nuveen Mid Cap Growth Opportunities Ret Opt	\$61,833.39	\$61,833
*	TRANSAMERICA LIFE INSURANCE COMPANY	Nuveen Real Estate Securities Ret Opt	\$34,271.07	\$34,271
*	TRANSAMERICA LIFE INSURANCE COMPANY	Goldman Sachs Mid Cap Value Ret Opt	\$86,499.59	\$86,500
*	TRANSAMERICA LIFE INSURANCE COMPANY	Goldman Sachs Large Cap Value Insights Ret Opt	\$67,714.79	\$67,715
*	TRANSAMERICA LIFE INSURANCE COMPANY	Ivy Science & Technology Inv Opt	\$51,791.77	\$51,792
*	TRANSAMERICA LIFE INSURANCE COMPANY	Janus Overseas Ret Opt	\$174,678.98	\$174,679
*	TRANSAMERICA LIFE INSURANCE COMPANY	Prudential Jennison Natural Resources Inv Opt	\$84,701.91	\$84,702
*	TRANSAMERICA LIFE INSURANCE COMPANY	Prudential Jennison Utility Inv Opt	\$22,712.55	\$22,713
*	TRANSAMERICA LIFE INSURANCE COMPANY	Loomis Sayles Investment Grade Bond Ret Opt	\$46,398.52	\$46,399
*	TRANSAMERICA LIFE INSURANCE COMPANY	Oppenheimer International Bond Ret Opt	\$63,550.11	\$63,550
*	TRANSAMERICA LIFE INSURANCE COMPANY	Pioneer Disciplined Value Inv Opt	\$133,941.36	\$133,941
*	TRANSAMERICA LIFE INSURANCE COMPANY	Thornburg Core Growth Ret Opt	\$101,425.11	\$101,425
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2010 Ret Opt	\$19,787.34	\$19,787
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2020 Ret Opt	\$49,306.75	\$49,307
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2030 Ret Opt	\$22,404.65	\$22,405
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2040 Ret Opt	\$24,368.00	\$24,368
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2050 Ret Opt	\$52,823.32	\$52,823
*	TRANSAMERICA LIFE INSURANCE COMPANY	SSgA Emerging Markets Index Ret Opt	\$34,975.30	\$34,975
*	TRANSAMERICA LIFE INSURANCE COMPANY	SSgA Russell Small Cap Growth Index Ret Opt	\$15,564.36	\$15,564
*	TRANSAMERICA LIFE INSURANCE COMPANY	Wells Fargo Advantage Precious Metals Inv Opt	\$32,623.24	\$32,623
*	TRANSAMERICA LIFE INSURANCE COMPANY	BlackRock Health Sciences Ops Ret Opt	\$129,342.22	\$129,342
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2055 Ret Opt	\$10,120.54	\$10,121
*	TRANSAMERICA LIFE INSURANCE COMPANY	Stable Value	\$1,012,326.76	\$1,012,327
*	TRANSAMERICA LIFE INSURANCE COMPANY	Participant Loan	\$399,436.33	\$399,436