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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2013</div><br><br><div style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</div> |
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|                                                                                                          |                                                                                                                                                                                                                                                      |
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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:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                                    |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input checked="" type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here. . . . .                                      | <input type="checkbox"/>                                                                                                                                                                                                                             |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input checked="" type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                                         |                                                             |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|
| Part II                                                                                                                                                                                                                                 | Basic Plan Information—enter all requested information      |                                                                     |
| <b>1a</b> Name of plan<br><u>TITLEMAX EMPLOYEES INCENTIVE SAVINGS PLAN</u>                                                                                                                                                              | <b>1b</b> Three-digit plan number (PN) ▶                    | <u>001</u>                                                          |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br><u>TITLEMAX OF GEORGIA, INC.</u><br><br><u>15 BULL STREET</u><br><u>SUITE 200</u><br><u>SAVANNAH, GA 31401</u> | <b>1c</b> Effective date of plan<br><u>01/01/2002</u>       | <b>2b</b> Employer Identification Number (EIN)<br><u>58-2547327</u> |
|                                                                                                                                                                                                                                         | <b>2c</b> Sponsor's telephone number<br><u>912-525-2675</u> | <b>2d</b> Business code (see instructions)<br><u>522291</u>         |

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

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

|                                                                                                            |                                                   |                   |                                                              |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------|--------------------------------------------------------------|
| SIGN<br>HERE                                                                                               | Filed with authorized/valid electronic signature. | <u>02/01/2016</u> | <u>CAT HUDSON</u>                                            |
|                                                                                                            | Signature of plan administrator                   | Date              | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE                                                                                               |                                                   |                   |                                                              |
|                                                                                                            | Signature of employer/plan sponsor                | Date              | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>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)                       |
|                                                                                                            |                                                   |                   |                                                              |

|                                                                                                                                                                                                                                          |                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address                                                                      | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br>TITLEMAX OF GEORGIA | <b>4b</b> EIN<br>58-2547327<br><b>4c</b> PN<br>001                                                                                                               |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                  | <b>5</b> 2598                                                                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                   |                                                                                                                                                                  |
| <b>a</b> Active participants .....                                                                                                                                                                                                       | <b>6a</b> 3101                                                                                                                                                   |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                      | <b>6b</b> 0                                                                                                                                                      |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                        | <b>6c</b> 292                                                                                                                                                    |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                 | <b>6d</b> 3393                                                                                                                                                   |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....                                                                                                                               | <b>6e</b> 2                                                                                                                                                      |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                  | <b>6f</b> 3395                                                                                                                                                   |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                          | <b>6g</b> 1967                                                                                                                                                   |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                              | <b>6h</b> 209                                                                                                                                                    |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                      | <b>7</b>                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2S 3D 3H                                                  |                                                                                                                                                                  |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                              |                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                              |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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

|                                                                                                   |                                                                    |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>TITLEMAX EMPLOYEES INCENTIVE SAVINGS PLAN</u>                         | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>TITLEMAX OF GEORGIA, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>58-2547327</u> |

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

04-2647786

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 60 64 65            | RECORDKEEPER                                                                                      | 19218                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

NATIONAL FINANCIAL SERVICES LLC

04-3523567

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 61                     | PAYING AGENT                                                                                      | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 61394                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

MORGAN STANLEY SMITH BARNEY

26-4310632

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 55 61 99               | ADVISOR                                                                                           | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 52484                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

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

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                         | 60                                      | 0                                         |
| <div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div> |                                         |                                           |
| ALL/B DISC GR A - ALLIANCEBERNSTEIN                                                                        | 0.25%                                   |                                           |
| 13-3211780                                                                                                 |                                         |                                           |
| <div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>             |                                         |                                           |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                         | 60                                      | 0                                         |
| <div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div> |                                         |                                           |
| ALL/BERN SMCP GRTH A - ALLIANCEBERNSTEIN                                                                   | 0.25%                                   |                                           |
| 13-3211780                                                                                                 |                                         |                                           |
| <div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>             |                                         |                                           |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                         | 60                                      | 0                                         |
| <div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div> |                                         |                                           |
| COL DIVIDEND OPP A - COLUMBIA MGT                                                                          | 0.25%                                   |                                           |
| P.O. BOX 8081<br>BOSTON, MA 02266                                                                          |                                         |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|----------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                         | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation        |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| EV HIGH INCOME OPP A - BNY MELLON<br>P.O. BOX 9793<br>PROVIDENCE, RI 02940 | 0.25%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                    |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                         | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation        |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| FRANKLIN BALANCED A - FRANKLIN TEM<br><br>94-3167260                       | 0.25%                                   |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                    |                                         | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                         | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation        |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| GS EM MKT EQ INS A - GOLDMAN, SACH<br><br>13-5108880                       | 0.25%                                   |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                         | 60                                      | 0                                         |
| <div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div> |                                         |                                           |
| HEARTLAND VALUE INV - ALPS FUND SE<br><br>20-3247785                                                       | 0.25%                                   |                                           |
| <div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>             |                                         |                                           |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                         | 60                                      | 0                                         |
| <div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div> |                                         |                                           |
| JPM LTD DUR BOND A - BOSTON FINANC      330 W. 9TH STREET<br>KANSAS CITY, MO 66160                         | 0.05%                                   |                                           |
| <div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>             |                                         |                                           |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                         | 60                                      | 0                                         |
| <div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div> |                                         |                                           |
| MFS BOND R3 - MFS SERVICE CENTER I<br><br>04-2865649                                                       | 0.25%                                   |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                         | 60                                      | 0                                         |
| <div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>                 |                                         |                                           |
| NB MDCP INTR VAL TR - STATE STREET<br><br>04-0025081                                                                       | 0.35%                                   |                                           |
| <div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>                             |                                         |                                           |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                         | 60                                      | 0                                         |
| <div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>                 |                                         |                                           |
| OPPHMR GLOBAL OPP A - OFI GLOBAL A      TWO WORLD FINANCIAL CENTER<br>225 LIBERTY STREET, 14TH FLOOR<br>NEW YORK, NY 10281 | 0.25%                                   |                                           |
| <div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>                             |                                         |                                           |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                         | 60                                      | 0                                         |
| <div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>                 |                                         |                                           |
| OPPHMR INTL SM CO A - OFI GLOBAL A      TWO WORLD FINANCIAL CENTER<br>225 LIBERTY STREET, 14TH FLOOR<br>NEW YORK, NY 10281 | 0.25%                                   |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
|-------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                      | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation     |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PIF LGCP GRTH I R3 - PRINCIPAL SHA<br>P.O. BOX 8024<br>BOSTON, MA 02266 | 0.30%                                   |                                                                                                                                                                    |
| <hr/>                                                                   |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                      | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation     |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PIM INTL SP USHG A - BOSTON FINAN<br>P.O. BOX 8480<br>BOSTON, MA 02266  | 0.25%                                   |                                                                                                                                                                    |
| <hr/>                                                                   |                                         |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation                                                                                                                          |
| FIDELITY INVESTMENTS INSTITUTIONAL                                      | 60                                      | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation     |                                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PIM RE REAL RET A - BOSTON FINANCI<br>P.O. BOX 8480<br>BOSTON, MA 02266 | 0.25%                                   |                                                                                                                                                                    |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                         | 60                                      | 0                                         |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                         |                                           |
| PUTNAM DIVERSE INC A - PUTNAM INVE<br><br>04-2539562                       | 0.25%                                   |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2             |                                         |                                           |
| NATIONAL FINANCIAL SERVICES LLC                                            | 61                                      | 1634                                      |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                         |                                           |
| FA FREEDOM 2010 A - FIDELITY DISTR<br><br>04-2270522                       | ---                                     |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2             |                                         |                                           |
| NATIONAL FINANCIAL SERVICES LLC                                            | 61                                      | 1593                                      |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation |                                         |                                           |
| FA FREEDOM 2015 A - FIDELITY DISTR<br><br>04-2270522                       | ---                                     |                                           |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                                                                                                                              | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| NATIONAL FINANCIAL SERVICES LLC                                                                                                                                                      | 61                                      | 8367                                      |
| <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FA FREEDOM 2020 A - FIDELITY DISTR</p> <p>04-2270522</p>                                               |                                         |                                           |
| <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>---</p> |                                         |                                           |
| <p>(a) Enter service provider name as it appears on line 2</p> <p>NATIONAL FINANCIAL SERVICES LLC</p>                                                                                |                                         |                                           |
| (b) Service Codes<br>(see instructions)                                                                                                                                              |                                         | (c) Enter amount of indirect compensation |
| 61                                                                                                                                                                                   |                                         | 2881                                      |
| <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FA FREEDOM 2025 A - FIDELITY DISTR</p> <p>04-2270522</p>                                               |                                         |                                           |
| <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>---</p> |                                         |                                           |
| <p>(a) Enter service provider name as it appears on line 2</p> <p>NATIONAL FINANCIAL SERVICES LLC</p>                                                                                |                                         |                                           |
| (b) Service Codes<br>(see instructions)                                                                                                                                              |                                         | (c) Enter amount of indirect compensation |
| 61                                                                                                                                                                                   |                                         | 8641                                      |
| <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FA FREEDOM 2030 A - FIDELITY DISTR</p> <p>04-2270522</p>                                               |                                         |                                           |
| <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>---</p> |                                         |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| NATIONAL FINANCIAL SERVICES LLC                                                                                                                                                      | 61                                      | 9923                                      |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation<br><br>FA FREEDOM 2035 A - FIDELITY DISTR<br><br>04-2270522                                               |                                         |                                           |
| <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>--- |                                         |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                                                                                                                       |                                         |                                           |
| NATIONAL FINANCIAL SERVICES LLC                                                                                                                                                      | 61                                      | 17907                                     |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation<br><br>FA FREEDOM 2040 A - FIDELITY DISTR<br><br>04-2270522                                               |                                         |                                           |
| <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>--- |                                         |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                                                                                                                       |                                         |                                           |
| NATIONAL FINANCIAL SERVICES LLC                                                                                                                                                      | 61                                      | 6312                                      |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation<br><br>FA FREEDOM 2045 A - FIDELITY DISTR<br><br>04-2270522                                               |                                         |                                           |
| <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>--- |                                         |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| NATIONAL FINANCIAL SERVICES LLC                                                                                                                                           | 61                                      | 2734                                      |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation                                                                                                |                                         |                                           |
| FA FREEDOM 2050 A - FIDELITY DISTR<br><br>04-2270522                                                                                                                      |                                         |                                           |
| <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                         |                                           |
| ---                                                                                                                                                                       |                                         |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                                                                                                            |                                         |                                           |
| MORGAN STANLEY SMITH BARNEY                                                                                                                                               | 61                                      | 44417                                     |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation                                                                                                |                                         |                                           |
| NATIONAL FINANCIAL SERVICES LLC<br><br>04-3523567                                                                                                                         |                                         |                                           |
| <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                         |                                           |
| ---                                                                                                                                                                       |                                         |                                           |
| <b>(a)</b> Enter service provider name as it appears on line 2                                                                                                            |                                         |                                           |
| MORGAN STANLEY SMITH BARNEY                                                                                                                                               | 55                                      | 7742                                      |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation                                                                                                |                                         |                                           |
| NATIONAL FINANCIAL SERVICES LLC<br><br>04-3523567                                                                                                                         |                                         |                                           |
| <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                         |                                           |
| ---                                                                                                                                                                       |                                         |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>                                                                                                                  |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>TITLEMAX EMPLOYEES INCENTIVE SAVINGS PLAN</u>                                                                                                                                                 |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <u>001</u>                                          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>TITLEMAX OF GEORGIA, INC.</u>                                                                                                                         |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>58-2547327</u>                        |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       | 8798190               | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | 0                     | 0               |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    | 159520                | 477810          |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    | 492363                | 725454          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    | 0                     | 0               |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 62273                 | 11413437        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>   | 0                     | 0               |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                     | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 9512346               | 12616701        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0 | 0 |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 0 | 0 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> | 0 | 0 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 0 | 0 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |         |          |
|-----------------------------------------------------------|-----------|---------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 9512346 | 12616701 |
|-----------------------------------------------------------|-----------|---------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 980421     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 3348876    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 281255     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          | 4610552   |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            |           |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 34         |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 21929      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 0          |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 21963     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 661570     |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 661570    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 0          |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 0          |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | 0          |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 0          |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | 0         |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 961150    |
| c Other income.....                                                                            | 2c     |            | 0         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 6255235   |

**Expenses**

|                                                                                     |       |         |         |
|-------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                 |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 3092310 |         |
| (2) To insurance carriers for the provision of benefits.....                        | 2e(2) | 0       |         |
| (3) Other.....                                                                      | 2e(3) | 0       |         |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                        | 2e(4) |         | 3092310 |
| f Corrective distributions (see instructions).....                                  | 2f    |         | 0       |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |         | 39316   |
| h Interest expense.....                                                             | 2h    |         | 0       |
| i Administrative expenses: (1) Professional fees.....                               | 2i(1) | 0       |         |
| (2) Contract administrator fees.....                                                | 2i(2) | 0       |         |
| (3) Investment advisory and management fees.....                                    | 2i(3) | 0       |         |
| (4) Other.....                                                                      | 2i(4) | 19254   |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |         | 19254   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |         | 3150880 |

**Net Income and Reconciliation**

|                                                         |       |  |         |
|---------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 3104355 |
| l Transfers of assets:                                  |       |  |         |
| (1) To this plan.....                                   | 2l(1) |  | 0       |
| (2) From this plan.....                                 | 2l(2) |  |         |

**Part III Accountant's Opinion**

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ 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: MCGLADREY LLP

(2) EIN: 42-0714325

**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   |    | 2797977 |
| 4b |     | X  |         |

|                                                                                                                                                                                                                               | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>c</b> 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  |        |
| <b>d</b> 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  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |        |
| <b>g</b> 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  |        |
| <b>h</b> 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  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |        |
| <b>j</b> 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  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | X   |    |        |
| <b>n</b> 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. ....                                      | X   |    |        |

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

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

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

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

## Part V Trust Information (optional)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

|                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|-----|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                           |  | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2013</div> <div>This Form is Open to Public Inspection.</div> |     |
| For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| A Name of plan<br>TITELMAX EMPLOYEES INCENTIVE SAVINGS PLAN                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                 |  | B Three-digit plan number (PN) ▶                                                                | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>TITELMAX OF GEORGIA, INC.                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                 |  | D Employer Identification Number (EIN)<br>58-2547327                                            |     |
| Part I Distributions                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  | 1                                                                                               |     |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 04-6568107                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                 |  | 3                                                                                               |     |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| Part III Amendments                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No         |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  | Schedule R (Form 5500) 2013 v. 130118                                                           |     |

**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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_

# **TitleMax Employee's Incentive Savings Plan**

Financial Report  
December 31, 2013

## Contents

|                                                                        |      |
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## **Independent Auditor's Report**

To the Plan Investment Committee  
TitleMax Employee's Incentive Savings Plan  
Savannah, Georgia

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of TitleMax Employee's Incentive Savings Plan (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 year ended December 31, 2013, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

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

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by Fidelity Management Trust Company, the current trustee of the Plan, and MG Trust Company, the former trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustees held the Plan's assets and executed transactions. The Plan Administrator has obtained a certification from the current trustee as of and for the year ended December 31, 2013, and the former trustee as of December 31, 2012, that the information provided to the Plan Administrator by the trustees is complete and accurate.

### ***Disclaimer of Opinion***

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

**Other Matter**

The supplemental schedule H, line 4a – schedule of delinquent participant contributions for the year ended December 31, 2013, and schedule H, line 4i – schedule of assets (held at end of year), as of and for the year ended December 31, 2013, are required by the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. 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 schedules, other than that derived from the information certified or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in cursive script that reads "McGladrey LLP".

Raleigh, North Carolina  
January 26, 2016

**RSM US LLP, an Iowa limited liability partnership, is doing business as McGladrey LLP in the state of North Carolina and is a CPA firm registered with the North Carolina State Board of Certified Public Accountants under the name McGladrey LLP. Rules permitting the use of RSM US LLP have been published in the North Carolina Register and are pending final approval.**

# TitleMax Employee's Incentive Savings Plan

## Statements of Net Assets Available for Benefits December 31, 2013 and 2012

|                                          | 2013                        | 2012                        |
|------------------------------------------|-----------------------------|-----------------------------|
| <b>Assets</b>                            |                             |                             |
| Investments at Fair Value                | <u>\$ 11,891,247</u>        | <u>\$ 221,793</u>           |
| Receivables:                             |                             |                             |
| Participants' contributions              | 179,037                     | 88,905                      |
| Employer's contributions                 | 1,273,611                   | 1,045,065                   |
| Notes from participants                  | 751,478                     | 492,363                     |
| Accrued interest and dividends           | -                           | 1,521                       |
|                                          | <u>2,204,126</u>            | <u>1,627,854</u>            |
| Cash                                     | <u>-</u>                    | <u>8,798,190</u>            |
| <b>Total assets</b>                      | <b>14,095,373</b>           | <b>10,647,837</b>           |
| <b>Liabilities</b>                       |                             |                             |
| Excess Contributions                     | <u>275,172</u>              | <u>74,466</u>               |
| <b>Net assets available for benefits</b> | <b><u>\$ 13,820,201</u></b> | <b><u>\$ 10,573,371</u></b> |

See Notes to Financial Statements.

## TitleMax Employee's Incentive Savings Plan

### Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2013

|                                                              |                                      |
|--------------------------------------------------------------|--------------------------------------|
| <hr/> Additions to Net Assets Attributed to                  |                                      |
| Investment income:                                           |                                      |
| Net appreciation in fair value of investments                | \$ 972,080                           |
| Interest and dividends                                       | 634,488                              |
|                                                              | <hr/> 1,606,568                      |
| <br>Interest Income on Notes Receivable From Participants    | <br>22,587                           |
| <br>Contributions                                            |                                      |
| Participants'                                                | 3,333,205                            |
| Employer's, net of forfeitures                               | 1,115,159                            |
| Rollovers                                                    | 281,255                              |
| <b>Total additions</b>                                       | <hr/> <b>6,358,774</b> <hr/>         |
| <br>Deductions From Net Assets Attributed to                 |                                      |
| Benefits paid to participants                                | 3,092,690                            |
| Administrative expenses                                      | 19,254                               |
| <b>Total deductions</b>                                      | <hr/> <b>3,111,944</b> <hr/>         |
| <br><b>Net increase in net assets available for benefits</b> | <br>3,246,830                        |
| <br>Net Assets Available for Benefits                        |                                      |
| Beginning of year                                            | <hr/> 10,573,371                     |
| <br>End of year                                              | <br><hr/> <b>\$ 13,820,201</b> <hr/> |

See Notes to Financial Statements.

## TitleMax Employee's Incentive Savings Plan

### Notes to Financial Statements

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#### Note 1. Plan Description

The following description of the TitleMax Employee's Incentive Savings Plan (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 defined contribution plan covering all eligible employees of TitleMax of Georgia, Inc. and adopting affiliate employers (the Company). Employees are eligible to participate after six consecutive months of service. Participants must complete one year of service and be employed on the last day of the Plan year to be eligible for Company matching contributions and qualified non-elective contributions. The Plan Administrator is responsible for oversight of the Plan. The Plan Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Company's Board of Directors. Fidelity Management Trust Company serves as trustee of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Plan amendment:** The Plan changed trustees effective January 1, 2013; therefore, the Plan was amended and restated to adopt the new trustee's volume submitter prototype plan document. The Plan was also amended effective January 1, 2013 to remove the one percent auto enrollment plan feature.

**Contributions:** Participants may contribute pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollovers). The Company provides for a matching contribution of 50 percent of the first six percent of compensation. The Company may also make qualified non-elective contributions for each Plan year. For the year ended December 31, 2013, there were no non-elective contributions. Contributions are subject to certain IRS limitations.

**Participant accounts:** Each participant's account is credited with the participant's contributions and the Company's matching contribution and allocations of any qualified non-elective contributions and Plan earnings/losses, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting:** Participants are immediately vested in their contributions plus actual earnings thereon. Participants are vested in the Company's match and non-elective contributions plus actual earnings thereon based on years of continuous service. A participant is 100 percent vested after six years of service.

**Investment options:** Upon enrollment in the Plan, a participant may direct all contributions to selected investments as made available and determined by the Plan Investment Committee. Participants may change their investment options daily.

**Payment of benefits:** The Plan permits withdrawals when a participant terminates employment, retires, or becomes disabled or deceased. In-service withdrawals are also permitted for certain financial hardships or when a participant attains age 59½. Benefits are payable in lump-sum and installment payments with certain exceptions allowed.

**Forfeitures:** Forfeitures will be used to reduce future Company contributions or pay Plan expenses. Forfeited non-vested accounts totaled \$0 and \$159,368 at December 31, 2013 and 2012, respectively. During 2013, \$292,115 was used to reduce Company matching contributions and no forfeitures were used to pay administrative expenses.

## TitleMax Employee's Incentive Savings Plan

### Notes to Financial Statements

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#### Note 1. Plan Description (Continued)

**Notes receivable from participants:** Participants may borrow from their fund accounts a minimum of \$1,000 and up to a maximum equal to the lesser of 50 percent of their vested account balance or \$50,000. Loan terms range up to five years or ten years for the purchase of a primary residence, as established by the Plan Administrator at the time of the loan. The loans are collateralized by the vested balance in the participant's account and bear interest at LIBOR plus one percent. The rates is 4.25 percent on loans outstanding at December 31, 2013, and mature through 2020. Principal and interest are paid ratably through payroll deductions.

#### Note 2. Summary of Significant Accounting Policies

**Basis of accounting:** The financial statements of the Plan are prepared on the accrual basis of accounting.

**Investment valuation and income recognition:** Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Investment Committee determines the Plan's valuation policies utilizing information provided by the trustee and investment advisors. See Note 5 for discussion of fair value measurements.

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

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

**Note receivable from participants:** Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses are incurred. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

**Use of estimates:** The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires the Plan's management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Contributions:** Contributions from Plan participants and the matching contribution from the Company are recorded in the year in which the participant contributions are withheld from amounts paid. Qualified non-elective contributions are recognized upon authorization as the underlying compensation is recognized. All participant and Company contributions are participant-directed.

**Payment of benefits:** Benefits are recorded when paid.

## TitleMax Employee's Incentive Savings Plan

### Notes to Financial Statements

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#### Note 2. Summary of Significant Accounting Policies (Continued)

**Expenses:** Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Administrative expenses include fees related to the administration of notes receivable that are charged directly to the participant's account and certain recordkeeping fees paid by the Plan. Investment related expenses are included in net appreciation of fair value of investments.

**Subsequent events:** The Plan Administrator has evaluated subsequent events (events occurring after December 31, 2013) through January 26, 2016, the date the financial statements were available to be issued.

**Accounting pronouncements adopted:** In October 2012, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2012-04, *Technical Corrections and Improvements*. The amendments in this Update cover a wide range of Topics in the Accounting Standards Codification (ASC), including plan accounting. These amendments include technical corrections and improvements to the ASC and conforming amendments related to fair value measurements. The adoption of this Update was not significant to these financials.

**Accounting pronouncement pending:** In July 2015, the FASB issued ASU No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965) – (I) Fully Benefit-Responsive Investment Contracts, (II) Plan Investment Disclosures, and (III) Measurement Date Practical Expedient (a consensus of the FASB Emerging Issues Task Force)*. The purpose of this Update is to simplify plan accounting.

The amendments in Part I of this Update designate contract value as the only required measure for direct investments in fully benefit-responsive investment contracts. Fully benefit-responsive investment contracts will be presented at contract value; accordingly there will no longer be an adjustment from fair value to contract value on the face of the financial statements. The amendments in Part II of this Update will eliminate the requirements for plans to disclose (1) individual investments that represent five percent or more of net assets available for benefits and (2) the net appreciation or depreciation for investments by general type for both participant-directed investments and nonparticipant-directed investments. The net appreciation or depreciation in investments for the period will still be required to be presented in the aggregate. The amendments in Part II of this Update will also require that investments (both participant-directed and nonparticipant-directed investments) of employee benefit plans be grouped only by general type, eliminating the need to disaggregate the investments in multiple ways. In addition, if an investment is measured using the net asset value per share (or its equivalent) practical expedient in Topic 820 and that investment is in a fund that files a U.S. Department of Labor Form 5500, *Annual Return/Report of Employee Benefit Plan*, as a direct filing entity, disclosure of that investment's strategy will no longer be required. The amendments in Part III of this Update reduce complexity in employee benefit plan accounting by providing a practical expedient that permits plans to measure investments and investment-related accounts as of a month-end date that is closest to the Plan's fiscal year-end, when the fiscal period does not coincide with month-end.

The Update may be adopted in whole or by part (I, II, and III), as applicable. The amendments in this Update are effective for fiscal years beginning after December 15, 2015. Early adoption is permitted. Upon adoption, the amendments in Parts I and II shall be applied retrospectively to all periods presented; the amendments in Part III shall be applied prospectively. Plan management is currently evaluating the impact this Update will have on the Plan's financial statements.

## TitleMax Employee's Incentive Savings Plan

### Notes to Financial Statements

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#### **Note 3. Information Certified or Provided by Fidelity Management Trust Company (Current Trustee) and MG Trust Company (Former Trustee)**

The following is a summary of the Plan's asset information as of December 31, 2013 and 2012, and for the year ended December 31, 2013, included in the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by the trustees and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the current trustee as of and for the year ended December 31, 2013 and the former trustee as of December 31, 2012, that information provided to the Plan Administrator by the trustees related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following assets:

|                                 | December 31,         |                     |
|---------------------------------|----------------------|---------------------|
|                                 | 2013                 | 2012                |
| Investments                     |                      |                     |
| Registered investment companies | \$ 11,413,437        | \$ 62,273           |
| Money market fund               | 477,810              | 159,520             |
|                                 | 11,891,247           | 221,793             |
| Cash                            | -                    | 8,798,190           |
| Receivable from participants    | 751,478              | -                   |
|                                 | <u>\$ 12,642,725</u> | <u>\$ 9,019,983</u> |

Fidelity Management Trust Company also certified to the completeness and accuracy of \$972,080 of net appreciation in fair value of registered investment companies and \$657,075 of interest and dividends related to the aforementioned plan assets for the year ended December 31, 2013.

#### **Note 4. Investments**

The following table presents investments, at fair value, that represent five percent or more of the Plan's net assets available for benefits as of December 31, 2013 and 2012, are as follows:

|                                      | 2013       | 2012 |
|--------------------------------------|------------|------|
| Fidelity Advisor Freedom 2020 Fund A | \$ 924,039 | *    |
| Fidelity Advisor Freedom 2030 Fund A | 1,122,658  | *    |
| Fidelity Advisor Freedom 2035 Fund A | 1,975,270  | *    |
| Fidelity Advisor Freedom 2040 Fund A | 1,928,729  | *    |
| Fidelity Advisor Freedom 2045 Fund A | 1,560,591  | *    |

\* Investment did not comprise five percent or more of the Plan's net assets available for benefits as of the date indicated.

## TitleMax Employee's Incentive Savings Plan

### Notes to Financial Statements

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#### Note 5. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described 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.
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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 attempt to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

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

Money market fund: Valued at cost, which approximates fair 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 could result in a different fair value measurement at the reporting date.

## TitleMax Employee's Incentive Savings Plan

### Notes to Financial Statements

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#### Note 5. Fair Value Measurements (Continued)

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

| Description                     | Assets at Fair Value as of December 31, 2013 |             |             |                      |
|---------------------------------|----------------------------------------------|-------------|-------------|----------------------|
|                                 | Level 1                                      | Level 2     | Level 3     | Total                |
| Registered investment companies |                                              |             |             |                      |
| Large growth                    | \$ 767,490                                   | \$ -        | \$ -        | \$ 767,490           |
| Mid cap                         | 337,019                                      | -           | -           | 337,019              |
| Small cap                       | 322,849                                      | -           | -           | 322,849              |
| Foreign                         | 286,942                                      | -           | -           | 286,942              |
| Real Estate                     | 131,735                                      | -           | -           | 131,735              |
| Blended                         | 9,362,533                                    | -           | -           | 9,362,533            |
| Bond                            | 204,869                                      | -           | -           | 204,869              |
| Money market fund               | 477,810                                      | -           | -           | 477,810              |
|                                 | <u>\$ 11,891,247</u>                         | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 11,891,247</u> |

| Description                     | Assets at Fair Value as of December 31, 2012 |             |             |                   |
|---------------------------------|----------------------------------------------|-------------|-------------|-------------------|
|                                 | Level 1                                      | Level 2     | Level 3     | Total             |
| Registered investment companies |                                              |             |             |                   |
| Large growth                    | \$ 62,273                                    | \$ -        | \$ -        | \$ 62,273         |
| Money market fund               | 159,520                                      | -           | -           | 159,520           |
|                                 | <u>\$ 221,793</u>                            | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 221,793</u> |

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. The Plan evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2013, there were no significant transfers in or out of Levels 1, 2 or 3.

#### Note 6. Related Party Transactions

Fidelity Management Trust Company is the trustee of the Plan; therefore, transactions with the trustee qualify as party-in-interest transactions. Fees paid by the Plan to the trustee totaled \$19,254 for the year ended December 31, 2013. The Company also paid certain administrative expenses of the Plan.

#### Note 7. Plan Termination

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

## TitleMax Employee's Incentive Savings Plan

### Notes to Financial Statements

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#### Note 8. Tax Matters

**Prototype plan:** Effective January 1, 2013, the Plan adopted a non-standardized form of a prototype plan sponsored by Fidelity Management Trust Company. The prototype plan has received an opinion letter from the Internal Revenue Service dated March 8, 2008, as to the prototype plan's qualified status. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code (IRC).

**Income taxes:** GAAP require Plan management to evaluate tax positions taken by the Plan, and recognize a tax liability (or asset) if the Plan has taken any uncertain tax positions that more-likely-than-not would not be sustained upon examination by a tax authority. The Plan is subject to routine audits by taxing jurisdiction; however, there are currently no audits for any tax periods in progress. With few exceptions, the Plan Administrator believes the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2010.

On February 8, 2013, the Company received a DOL notification that the Plan was undergoing an official investigation for the 2010, 2011 and 2012 Plan years. As of July 14, 2014, the Company was notified by the DOL of their findings as a result of their investigation, which the Company has responded to the DOL and taken corrective action. The DOL issued a letter dated November 25, 2015, indicating that as a result of the corrective actions taken by the Company, the DOL's investigation has concluded resulting in no further actions to be taken by the DOL. The Plan Administrator believes the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

#### Note 9. Prohibited Transactions

The Company failed to deposit \$995,542, \$834,096 and \$956,145 of participant deferrals and loan payments within the required time frame as stated by the DOL for the Plan years ending December 31, 2013, 2012 and 2011, respectively. The DOL considers late deposits to be prohibited transactions. The Company filed Form 5330, deposited the lost earnings to the Plan and paid applicable excise tax in 2013 for \$268,166 of the late deposits related to year ending December 31, 2011. The Company intends to file Form 5330, deposit the lost earnings to the Plan and pay applicable excise tax in 2015 for remaining uncorrected late deposits related to years ending December 31, 2013, 2012 and 2011. All excise tax payments and lost earnings are made from the Company's assets and not from assets of the Plan.

The DOL audit identified multiple deposits that were withheld and never deposited into the Plan, which has resulted in additional late contributions of \$12,194 for years ended December 31, 2010, 2011 and 2012. These contributions have subsequently been deposited in 2015 along with lost earnings. The Company intends to file Form 5330 with the applicable excise taxes in 2015.

#### Note 10. Subsequent Event

Effective October 16, 2015, the Plan was restated and amended to the newest non-standardized defined contribution plan sponsored by Fidelity Management Trust Company, the Plan's third-party administrator and trustee, to bring the Plan into compliance with legislative and regulatory changes.

## TitleMax Employee's Incentive Savings Plan

### Notes to Financial Statements

#### Note 11. Reconciliation of Financial Statements to Form 5500

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

|                                                                | December 31,         |                     |
|----------------------------------------------------------------|----------------------|---------------------|
|                                                                | 2013                 | 2012                |
| Net assets available for benefits per the financial statements | \$ 13,820,201        | \$ 10,573,371       |
| Differences in                                                 |                      |                     |
| Investments – participant loans                                | 751,478              | 492,363             |
| Receivables – notes receivable from participants               | (751,478)            | (492,363)           |
| Adjustment for Plan liabilities                                |                      |                     |
| Corrective excess contributions                                | 275,172              | 74,466              |
| Adjustment for Plan receivable                                 |                      |                     |
| Participant contribution receivable                            | (179,037)            | (88,905)            |
| Employer matching contribution receivable                      | (1,273,611)          | (1,045,065)         |
| Accrued interest and dividends                                 | -                    | (1,521)             |
| Adjustment to loans receivable from participants               |                      |                     |
| Deemed distributions                                           | (26,024)             | -                   |
| <b>Net assets per the Form 5500</b>                            | <b>\$ 12,616,701</b> | <b>\$ 9,512,346</b> |

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

|                                                                                | Year Ended<br>December 31,<br>2013 |
|--------------------------------------------------------------------------------|------------------------------------|
| Net increase in net assets available for benefits per the financial statements | \$ 3,246,830                       |
| Change in adjustment for corrective excess contributions                       | 200,706                            |
| Change in adjustment for participant contribution receivable                   | (90,132)                           |
| Change in adjustment for employer matching contribution receivable             | (228,546)                          |
| Change in adjustment for accrued earnings                                      | 1,521                              |
| Change in adjustment to loans receivable from participants                     | (26,024)                           |
| <b>Net income per the Form 5500</b>                                            | <b>\$ 3,104,355</b>                |

# **TitleMax Employee's Incentive Savings Plan**

## **Schedule H, Line 4a – Schedule of Delinquent Participant Contributions Year Ended December 31, 2013**

Employer Identification Number: 58-2547327

Plan Number: 001

| Participant contributions<br>transferred late to Plan                                                 |                                | Total that constitute prohibited non-exempt transactions |                                             |                                                        |   |
|-------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------|---------------------------------------------|--------------------------------------------------------|---|
| Check here if late<br>participant loan repayments<br>are included <input checked="" type="checkbox"/> | Contributions<br>not corrected | Contributions<br>corrected<br>outside of VFCP            | Contributions<br>pending correction<br>VFCP | Total fully corrected<br>under VFCP and<br>PTE 2002-51 |   |
| 2013                                                                                                  | \$ 995,542                     | \$ -                                                     | \$ -                                        | \$ -                                                   | - |
| 2012*                                                                                                 | 834,096                        | -                                                        | -                                           | -                                                      | - |
| 2011*                                                                                                 | 687,979                        | 268,166                                                  | -                                           | -                                                      | - |
| 2010-2012**                                                                                           | -                              | 12,194                                                   | -                                           | -                                                      | - |

Participant contributions were not remitted timely during the years ended December 31, 2010, 2011, 2012 and 2013, but were subsequently deposited into the Plan. Lost earnings will be deposited into the Plan and the Company intends to file Forms 5330 with the applicable excise taxes for all uncorrected late deposits noted above.

\* \$268,166 and \$359,364 was previously reported as late deposits for the years ended December 31, 2011 and 2012, respectively, using a seven business day threshold; however, based on the DOL's audit, a threshold of five business days should be used. As a result, an additional \$687,979 and \$474,732 of late contributions are being reported for the years ended December 31, 2011 and 2012, respectively.

\*\* The DOL audit identified multiple deposits that were withheld and never deposited into the Plan, which has resulted in additional late contributions of \$12,194 for Plan years under DOL audit for years ended December 31, 2010, 2011 and 2012. These contributions have subsequently been deposited in 2015 along with lost earnings. The Company intends to file Form 5330 with the applicable excise taxes in 2015.

**TitleMax Employee's Incentive Savings Plan**

**Schedule H, line 4i – Schedule of Assets (Held at End of Year)  
December 31, 2013**

Employer Identification Number: 58-2547327

Plan Number: 001

| (a) | (b)<br>Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | (c)<br>Description of Investment Including<br>Maturity Date, Rate of Interest, Collateral<br>Par, Maturity Value | (d)<br>Cost** | (e)<br>Current<br>Value |
|-----|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|
|     |                                                                    | Mutual funds, registered investment companies                                                                    |               |                         |
|     | AllianceBernstein                                                  | AB Discovery Growth Fund A                                                                                       | \$            | 139,910                 |
|     | AllianceBernstein                                                  | AB Small Cap Growth Fund A                                                                                       |               | 137,600                 |
|     | Columbia                                                           | Columbia Dividend Opportunity Fund A                                                                             |               | 225,866                 |
|     | Eaton Vance                                                        | Eaton Vance High Income Opportunities Fund A                                                                     |               | 76,137                  |
| *   | Fidelity Investments                                               | Fidelity Advisor Freedom 2005 Fund A                                                                             |               | 9,879                   |
| *   | Fidelity Investments                                               | Fidelity Advisor Freedom 2010 Fund A                                                                             |               | 72,995                  |
| *   | Fidelity Investments                                               | Fidelity Advisor Freedom 2015 Fund A                                                                             |               | 124,491                 |
| *   | Fidelity Investments                                               | Fidelity Advisor Freedom 2020 Fund A                                                                             |               | 924,039                 |
| *   | Fidelity Investments                                               | Fidelity Advisor Freedom 2025 Fund A                                                                             |               | 657,384                 |
| *   | Fidelity Investments                                               | Fidelity Advisor Freedom 2030 Fund A                                                                             |               | 1,122,658               |
| *   | Fidelity Investments                                               | Fidelity Advisor Freedom 2035 Fund A                                                                             |               | 1,975,270               |
| *   | Fidelity Investments                                               | Fidelity Advisor Freedom 2040 Fund A                                                                             |               | 1,928,729               |
| *   | Fidelity Investments                                               | Fidelity Advisor Freedom 2045 Fund A                                                                             |               | 1,560,591               |
| *   | Fidelity Investments                                               | Fidelity Advisor Freedom 2050 Fund A                                                                             |               | 639,471                 |
| *   | Fidelity Investments                                               | Fidelity Advisor Freedom 2055 Fund A                                                                             |               | 269,233                 |
| *   | Fidelity Investments                                               | Fidelity Advisor Freedom Inc Fund A                                                                              |               | 28,240                  |
|     | Franklin Templeton Investments                                     | Franklin Balanced Fund A                                                                                         |               | 49,553                  |
|     | Goldman Sachs                                                      | Goldman Sachs Emerging Markets Equity Fund A                                                                     |               | 17,649                  |
|     | Heartland                                                          | Heartland Value Fund                                                                                             |               | 82,186                  |
|     | JPMorgan                                                           | JPMorgan Limited Duration Bond Fund A                                                                            |               | 40,452                  |
|     | MFS                                                                | MFS Bond Fund R3                                                                                                 |               | 50,149                  |
|     | Neuberger Berman                                                   | Neuberger Berman Mid Cap Intrinsic Value Fund Tr                                                                 |               | 42,184                  |
|     | OppenheimerFunds                                                   | Oppenheimer Global Opportunities Fund A                                                                          |               | 93,185                  |
|     | OppenheimerFunds                                                   | Oppenheimer Int'l Small Company Fund A                                                                           |               | 93,431                  |
|     | Principal Funds                                                    | Principal LargeCap Growth Fund I R-3                                                                             |               | 98,363                  |
|     | PIMCO                                                              | PIMCO Int'l StocksPLUS Total Return Strategy Fund A                                                              |               | 82,678                  |
|     | PIMCO                                                              | PIMCO Real Estate Real Return Strategy Fund A                                                                    |               | 131,735                 |
|     | Putnam                                                             | Putnam Diversified Income Fund A                                                                                 |               | 38,130                  |
| *   | Fidelity Investments                                               | Fidelity Spartan 500 Index Fund Advtg                                                                            |               | 443,261                 |
| *   | Fidelity Investments                                               | Fidelity Spartan Mid Cap Index Fund Advtg                                                                        |               | 154,925                 |
| *   | Fidelity Investments                                               | Fidelity Spartan Small Cap Index Fund Advtg                                                                      |               | 103,063                 |
|     |                                                                    |                                                                                                                  |               | <u>11,413,437</u>       |
|     |                                                                    | Money market                                                                                                     |               |                         |
| *   | Fidelity Investments                                               | Fidelity Daily U.S. Treasury Fund                                                                                |               | 477,810                 |
|     |                                                                    | Participant loans ***                                                                                            |               |                         |
| *   | Participant loans                                                  | 4.25%; maturing through 2020                                                                                     |               | <u>725,454</u>          |
|     |                                                                    |                                                                                                                  |               | <u>\$ 12,616,701</u>    |

\* Designates party-in-interest.

\*\* All investments are participant directed; therefore, cost information has not been presented.

\*\*\* Net of \$26,024 in deemed loan distributions.

The above information has been certified by Fidelity Management Trust Company, the trustee, to be complete and accurate.

# **TitleMax Employee's Incentive Savings Plan**

Financial Report  
December 31, 2013

## Contents

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## **Independent Auditor's Report**

To the Plan Investment Committee  
TitleMax Employee's Incentive Savings Plan  
Savannah, Georgia

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of TitleMax Employee's Incentive Savings Plan (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 year ended December 31, 2013, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

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

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by Fidelity Management Trust Company, the current trustee of the Plan, and MG Trust Company, the former trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustees held the Plan's assets and executed transactions. The Plan Administrator has obtained a certification from the current trustee as of and for the year ended December 31, 2013, and the former trustee as of December 31, 2012, that the information provided to the Plan Administrator by the trustees is complete and accurate.

### ***Disclaimer of Opinion***

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

**Other Matter**

The supplemental schedule H, line 4a – schedule of delinquent participant contributions for the year ended December 31, 2013, and schedule H, line 4i – schedule of assets (held at end of year), as of and for the year ended December 31, 2013, are required by the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. 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 schedules, other than that derived from the information certified or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "McGladrey LLP". The signature is written in a cursive, flowing style.

Raleigh, North Carolina  
January 26, 2016

**RSM US LLP, an Iowa limited liability partnership, is doing business as McGladrey LLP in the state of North Carolina and is a CPA firm registered with the North Carolina State Board of Certified Public Accountants under the name McGladrey LLP. Rules permitting the use of RSM US LLP have been published in the North Carolina Register and are pending final approval.**

# TitleMax Employee's Incentive Savings Plan

## Statements of Net Assets Available for Benefits December 31, 2013 and 2012

|                                          | 2013                 | 2012                 |
|------------------------------------------|----------------------|----------------------|
| <b>Assets</b>                            |                      |                      |
| Investments at Fair Value                | \$ 11,891,247        | \$ 221,793           |
| Receivables:                             |                      |                      |
| Participants' contributions              | 179,037              | 88,905               |
| Employer's contributions                 | 1,273,611            | 1,045,065            |
| Notes from participants                  | 751,478              | 492,363              |
| Accrued interest and dividends           | -                    | 1,521                |
|                                          | <u>2,204,126</u>     | <u>1,627,854</u>     |
| Cash                                     | <u>-</u>             | <u>8,798,190</u>     |
| <b>Total assets</b>                      | <b>14,095,373</b>    | <b>10,647,837</b>    |
| <b>Liabilities</b>                       |                      |                      |
| Excess Contributions                     | <u>275,172</u>       | <u>74,466</u>        |
| <b>Net assets available for benefits</b> | <b>\$ 13,820,201</b> | <b>\$ 10,573,371</b> |

See Notes to Financial Statements.

## TitleMax Employee's Incentive Savings Plan

### Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2013

|                                                              |                                      |
|--------------------------------------------------------------|--------------------------------------|
| <hr/> Additions to Net Assets Attributed to                  |                                      |
| Investment income:                                           |                                      |
| Net appreciation in fair value of investments                | \$ 972,080                           |
| Interest and dividends                                       | 634,488                              |
|                                                              | <hr/> 1,606,568                      |
| <br>Interest Income on Notes Receivable From Participants    | <br>22,587                           |
| <br>Contributions                                            |                                      |
| Participants'                                                | 3,333,205                            |
| Employer's, net of forfeitures                               | 1,115,159                            |
| Rollovers                                                    | 281,255                              |
| <b>Total additions</b>                                       | <hr/> <b>6,358,774</b> <hr/>         |
| <br>Deductions From Net Assets Attributed to                 |                                      |
| Benefits paid to participants                                | 3,092,690                            |
| Administrative expenses                                      | 19,254                               |
| <b>Total deductions</b>                                      | <hr/> <b>3,111,944</b> <hr/>         |
| <br><b>Net increase in net assets available for benefits</b> | <br>3,246,830                        |
| <br>Net Assets Available for Benefits                        |                                      |
| Beginning of year                                            | <hr/> 10,573,371                     |
| <br>End of year                                              | <br><hr/> <b>\$ 13,820,201</b> <hr/> |

See Notes to Financial Statements.

## TitleMax Employee's Incentive Savings Plan

### Notes to Financial Statements

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#### Note 1. Plan Description

The following description of the TitleMax Employee's Incentive Savings Plan (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 defined contribution plan covering all eligible employees of TitleMax of Georgia, Inc. and adopting affiliate employers (the Company). Employees are eligible to participate after six consecutive months of service. Participants must complete one year of service and be employed on the last day of the Plan year to be eligible for Company matching contributions and qualified non-elective contributions. The Plan Administrator is responsible for oversight of the Plan. The Plan Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Company's Board of Directors. Fidelity Management Trust Company serves as trustee of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Plan amendment:** The Plan changed trustees effective January 1, 2013; therefore, the Plan was amended and restated to adopt the new trustee's volume submitter prototype plan document. The Plan was also amended effective January 1, 2013 to remove the one percent auto enrollment plan feature.

**Contributions:** Participants may contribute pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollovers). The Company provides for a matching contribution of 50 percent of the first six percent of compensation. The Company may also make qualified non-elective contributions for each Plan year. For the year ended December 31, 2013, there were no non-elective contributions. Contributions are subject to certain IRS limitations.

**Participant accounts:** Each participant's account is credited with the participant's contributions and the Company's matching contribution and allocations of any qualified non-elective contributions and Plan earnings/losses, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting:** Participants are immediately vested in their contributions plus actual earnings thereon. Participants are vested in the Company's match and non-elective contributions plus actual earnings thereon based on years of continuous service. A participant is 100 percent vested after six years of service.

**Investment options:** Upon enrollment in the Plan, a participant may direct all contributions to selected investments as made available and determined by the Plan Investment Committee. Participants may change their investment options daily.

**Payment of benefits:** The Plan permits withdrawals when a participant terminates employment, retires, or becomes disabled or deceased. In-service withdrawals are also permitted for certain financial hardships or when a participant attains age 59½. Benefits are payable in lump-sum and installment payments with certain exceptions allowed.

**Forfeitures:** Forfeitures will be used to reduce future Company contributions or pay Plan expenses. Forfeited non-vested accounts totaled \$0 and \$159,368 at December 31, 2013 and 2012, respectively. During 2013, \$292,115 was used to reduce Company matching contributions and no forfeitures were used to pay administrative expenses.

## TitleMax Employee's Incentive Savings Plan

### Notes to Financial Statements

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#### Note 1. Plan Description (Continued)

**Notes receivable from participants:** Participants may borrow from their fund accounts a minimum of \$1,000 and up to a maximum equal to the lesser of 50 percent of their vested account balance or \$50,000. Loan terms range up to five years or ten years for the purchase of a primary residence, as established by the Plan Administrator at the time of the loan. The loans are collateralized by the vested balance in the participant's account and bear interest at LIBOR plus one percent. The rates is 4.25 percent on loans outstanding at December 31, 2013, and mature through 2020. Principal and interest are paid ratably through payroll deductions.

#### Note 2. Summary of Significant Accounting Policies

**Basis of accounting:** The financial statements of the Plan are prepared on the accrual basis of accounting.

**Investment valuation and income recognition:** Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Investment Committee determines the Plan's valuation policies utilizing information provided by the trustee and investment advisors. See Note 5 for discussion of fair value measurements.

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

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

**Note receivable from participants:** Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses are incurred. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

**Use of estimates:** The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires the Plan's management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Contributions:** Contributions from Plan participants and the matching contribution from the Company are recorded in the year in which the participant contributions are withheld from amounts paid. Qualified non-elective contributions are recognized upon authorization as the underlying compensation is recognized. All participant and Company contributions are participant-directed.

**Payment of benefits:** Benefits are recorded when paid.

## TitleMax Employee's Incentive Savings Plan

### Notes to Financial Statements

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#### Note 2. Summary of Significant Accounting Policies (Continued)

**Expenses:** Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Administrative expenses include fees related to the administration of notes receivable that are charged directly to the participant's account and certain recordkeeping fees paid by the Plan. Investment related expenses are included in net appreciation of fair value of investments.

**Subsequent events:** The Plan Administrator has evaluated subsequent events (events occurring after December 31, 2013) through January 26, 2016, the date the financial statements were available to be issued.

**Accounting pronouncements adopted:** In October 2012, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2012-04, *Technical Corrections and Improvements*. The amendments in this Update cover a wide range of Topics in the Accounting Standards Codification (ASC), including plan accounting. These amendments include technical corrections and improvements to the ASC and conforming amendments related to fair value measurements. The adoption of this Update was not significant to these financials.

**Accounting pronouncement pending:** In July 2015, the FASB issued ASU No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965) – (I) Fully Benefit-Responsive Investment Contracts, (II) Plan Investment Disclosures, and (III) Measurement Date Practical Expedient (a consensus of the FASB Emerging Issues Task Force)*. The purpose of this Update is to simplify plan accounting.

The amendments in Part I of this Update designate contract value as the only required measure for direct investments in fully benefit-responsive investment contracts. Fully benefit-responsive investment contracts will be presented at contract value; accordingly there will no longer be an adjustment from fair value to contract value on the face of the financial statements. The amendments in Part II of this Update will eliminate the requirements for plans to disclose (1) individual investments that represent five percent or more of net assets available for benefits and (2) the net appreciation or depreciation for investments by general type for both participant-directed investments and nonparticipant-directed investments. The net appreciation or depreciation in investments for the period will still be required to be presented in the aggregate. The amendments in Part II of this Update will also require that investments (both participant-directed and nonparticipant-directed investments) of employee benefit plans be grouped only by general type, eliminating the need to disaggregate the investments in multiple ways. In addition, if an investment is measured using the net asset value per share (or its equivalent) practical expedient in Topic 820 and that investment is in a fund that files a U.S. Department of Labor Form 5500, *Annual Return/Report of Employee Benefit Plan*, as a direct filing entity, disclosure of that investment's strategy will no longer be required. The amendments in Part III of this Update reduce complexity in employee benefit plan accounting by providing a practical expedient that permits plans to measure investments and investment-related accounts as of a month-end date that is closest to the Plan's fiscal year-end, when the fiscal period does not coincide with month-end.

The Update may be adopted in whole or by part (I, II, and III), as applicable. The amendments in this Update are effective for fiscal years beginning after December 15, 2015. Early adoption is permitted. Upon adoption, the amendments in Parts I and II shall be applied retrospectively to all periods presented; the amendments in Part III shall be applied prospectively. Plan management is currently evaluating the impact this Update will have on the Plan's financial statements.

## TitleMax Employee's Incentive Savings Plan

### Notes to Financial Statements

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#### **Note 3. Information Certified or Provided by Fidelity Management Trust Company (Current Trustee) and MG Trust Company (Former Trustee)**

The following is a summary of the Plan's asset information as of December 31, 2013 and 2012, and for the year ended December 31, 2013, included in the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by the trustees and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the current trustee as of and for the year ended December 31, 2013 and the former trustee as of December 31, 2012, that information provided to the Plan Administrator by the trustees related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following assets:

|                                 | December 31,         |                     |
|---------------------------------|----------------------|---------------------|
|                                 | 2013                 | 2012                |
| Investments                     |                      |                     |
| Registered investment companies | \$ 11,413,437        | \$ 62,273           |
| Money market fund               | 477,810              | 159,520             |
|                                 | 11,891,247           | 221,793             |
| Cash                            | -                    | 8,798,190           |
| Receivable from participants    | 751,478              | -                   |
|                                 | <u>\$ 12,642,725</u> | <u>\$ 9,019,983</u> |

Fidelity Management Trust Company also certified to the completeness and accuracy of \$972,080 of net appreciation in fair value of registered investment companies and \$657,075 of interest and dividends related to the aforementioned plan assets for the year ended December 31, 2013.

#### **Note 4. Investments**

The following table presents investments, at fair value, that represent five percent or more of the Plan's net assets available for benefits as of December 31, 2013 and 2012, are as follows:

|                                      | 2013       | 2012 |
|--------------------------------------|------------|------|
| Fidelity Advisor Freedom 2020 Fund A | \$ 924,039 | *    |
| Fidelity Advisor Freedom 2030 Fund A | 1,122,658  | *    |
| Fidelity Advisor Freedom 2035 Fund A | 1,975,270  | *    |
| Fidelity Advisor Freedom 2040 Fund A | 1,928,729  | *    |
| Fidelity Advisor Freedom 2045 Fund A | 1,560,591  | *    |

\* Investment did not comprise five percent or more of the Plan's net assets available for benefits as of the date indicated.

## TitleMax Employee's Incentive Savings Plan

### Notes to Financial Statements

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#### Note 5. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described 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.
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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 attempt to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

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

Money market fund: Valued at cost, which approximates fair 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 could result in a different fair value measurement at the reporting date.

## TitleMax Employee's Incentive Savings Plan

### Notes to Financial Statements

#### Note 5. Fair Value Measurements (Continued)

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

| Description                     | Assets at Fair Value as of December 31, 2013 |             |             |                      |
|---------------------------------|----------------------------------------------|-------------|-------------|----------------------|
|                                 | Level 1                                      | Level 2     | Level 3     | Total                |
| Registered investment companies |                                              |             |             |                      |
| Large growth                    | \$ 767,490                                   | \$ -        | \$ -        | \$ 767,490           |
| Mid cap                         | 337,019                                      | -           | -           | 337,019              |
| Small cap                       | 322,849                                      | -           | -           | 322,849              |
| Foreign                         | 286,942                                      | -           | -           | 286,942              |
| Real Estate                     | 131,735                                      | -           | -           | 131,735              |
| Blended                         | 9,362,533                                    | -           | -           | 9,362,533            |
| Bond                            | 204,869                                      | -           | -           | 204,869              |
| Money market fund               | 477,810                                      | -           | -           | 477,810              |
|                                 | <u>\$ 11,891,247</u>                         | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 11,891,247</u> |

| Description                     | Assets at Fair Value as of December 31, 2012 |             |             |                   |
|---------------------------------|----------------------------------------------|-------------|-------------|-------------------|
|                                 | Level 1                                      | Level 2     | Level 3     | Total             |
| Registered investment companies |                                              |             |             |                   |
| Large growth                    | \$ 62,273                                    | \$ -        | \$ -        | \$ 62,273         |
| Money market fund               | 159,520                                      | -           | -           | 159,520           |
|                                 | <u>\$ 221,793</u>                            | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 221,793</u> |

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. The Plan evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2013, there were no significant transfers in or out of Levels 1, 2 or 3.

#### Note 6. Related Party Transactions

Fidelity Management Trust Company is the trustee of the Plan; therefore, transactions with the trustee qualify as party-in-interest transactions. Fees paid by the Plan to the trustee totaled \$19,254 for the year ended December 31, 2013. The Company also paid certain administrative expenses of the Plan.

#### Note 7. Plan Termination

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

## **TitleMax Employee's Incentive Savings Plan**

### **Notes to Financial Statements**

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#### **Note 8. Tax Matters**

**Prototype plan:** Effective January 1, 2013, the Plan adopted a non-standardized form of a prototype plan sponsored by Fidelity Management Trust Company. The prototype plan has received an opinion letter from the Internal Revenue Service dated March 8, 2008, as to the prototype plan's qualified status. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code (IRC).

**Income taxes:** GAAP require Plan management to evaluate tax positions taken by the Plan, and recognize a tax liability (or asset) if the Plan has taken any uncertain tax positions that more-likely-than-not would not be sustained upon examination by a tax authority. The Plan is subject to routine audits by taxing jurisdiction; however, there are currently no audits for any tax periods in progress. With few exceptions, the Plan Administrator believes the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2010.

On February 8, 2013, the Company received a DOL notification that the Plan was undergoing an official investigation for the 2010, 2011 and 2012 Plan years. As of July 14, 2014, the Company was notified by the DOL of their findings as a result of their investigation, which the Company has responded to the DOL and taken corrective action. The DOL issued a letter dated November 25, 2015, indicating that as a result of the corrective actions taken by the Company, the DOL's investigation has concluded resulting in no further actions to be taken by the DOL. The Plan Administrator believes the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

#### **Note 9. Prohibited Transactions**

The Company failed to deposit \$995,542, \$834,096 and \$956,145 of participant deferrals and loan payments within the required time frame as stated by the DOL for the Plan years ending December 31, 2013, 2012 and 2011, respectively. The DOL considers late deposits to be prohibited transactions. The Company filed Form 5330, deposited the lost earnings to the Plan and paid applicable excise tax in 2013 for \$268,166 of the late deposits related to year ending December 31, 2011. The Company intends to file Form 5330, deposit the lost earnings to the Plan and pay applicable excise tax in 2015 for remaining uncorrected late deposits related to years ending December 31, 2013, 2012 and 2011. All excise tax payments and lost earnings are made from the Company's assets and not from assets of the Plan.

The DOL audit identified multiple deposits that were withheld and never deposited into the Plan, which has resulted in additional late contributions of \$12,194 for years ended December 31, 2010, 2011 and 2012. These contributions have subsequently been deposited in 2015 along with lost earnings. The Company intends to file Form 5330 with the applicable excise taxes in 2015.

#### **Note 10. Subsequent Event**

Effective October 16, 2015, the Plan was restated and amended to the newest non-standardized defined contribution plan sponsored by Fidelity Management Trust Company, the Plan's third-party administrator and trustee, to bring the Plan into compliance with legislative and regulatory changes.

## TitleMax Employee's Incentive Savings Plan

### Notes to Financial Statements

#### Note 11. Reconciliation of Financial Statements to Form 5500

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

|                                                                | December 31,         |                     |
|----------------------------------------------------------------|----------------------|---------------------|
|                                                                | 2013                 | 2012                |
| Net assets available for benefits per the financial statements | \$ 13,820,201        | \$ 10,573,371       |
| Differences in                                                 |                      |                     |
| Investments – participant loans                                | 751,478              | 492,363             |
| Receivables – notes receivable from participants               | (751,478)            | (492,363)           |
| Adjustment for Plan liabilities                                |                      |                     |
| Corrective excess contributions                                | 275,172              | 74,466              |
| Adjustment for Plan receivable                                 |                      |                     |
| Participant contribution receivable                            | (179,037)            | (88,905)            |
| Employer matching contribution receivable                      | (1,273,611)          | (1,045,065)         |
| Accrued interest and dividends                                 | -                    | (1,521)             |
| Adjustment to loans receivable from participants               |                      |                     |
| Deemed distributions                                           | (26,024)             | -                   |
| <b>Net assets per the Form 5500</b>                            | <b>\$ 12,616,701</b> | <b>\$ 9,512,346</b> |

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

|                                                                                | Year Ended<br>December 31,<br>2013 |
|--------------------------------------------------------------------------------|------------------------------------|
| Net increase in net assets available for benefits per the financial statements | \$ 3,246,830                       |
| Change in adjustment for corrective excess contributions                       | 200,706                            |
| Change in adjustment for participant contribution receivable                   | (90,132)                           |
| Change in adjustment for employer matching contribution receivable             | (228,546)                          |
| Change in adjustment for accrued earnings                                      | 1,521                              |
| Change in adjustment to loans receivable from participants                     | (26,024)                           |
| <b>Net income per the Form 5500</b>                                            | <b>\$ 3,104,355</b>                |

# **TitleMax Employee's Incentive Savings Plan**

## **Schedule H, Line 4a – Schedule of Delinquent Participant Contributions Year Ended December 31, 2013**

Employer Identification Number: 58-2547327

Plan Number: 001

| Participant contributions<br>transferred late to Plan                                                 |                                | Total that constitute prohibited non-exempt transactions |                                             |                                                        |   |
|-------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------|---------------------------------------------|--------------------------------------------------------|---|
| Check here if late<br>participant loan repayments<br>are included <input checked="" type="checkbox"/> | Contributions<br>not corrected | Contributions<br>corrected<br>outside of VFCP            | Contributions<br>pending correction<br>VFCP | Total fully corrected<br>under VFCP and<br>PTE 2002-51 |   |
| 2013                                                                                                  | \$ 995,542                     | \$ -                                                     | \$ -                                        | \$ -                                                   | - |
| 2012*                                                                                                 | 834,096                        | -                                                        | -                                           | -                                                      | - |
| 2011*                                                                                                 | 687,979                        | 268,166                                                  | -                                           | -                                                      | - |
| 2010-2012**                                                                                           | -                              | 12,194                                                   | -                                           | -                                                      | - |

Participant contributions were not remitted timely during the years ended December 31, 2010, 2011, 2012 and 2013, but were subsequently deposited into the Plan. Lost earnings will be deposited into the Plan and the Company intends to file Forms 5330 with the applicable excise taxes for all uncorrected late deposits noted above.

\* \$268,166 and \$359,364 was previously reported as late deposits for the years ended December 31, 2011 and 2012, respectively, using a seven business day threshold; however, based on the DOL's audit, a threshold of five business days should be used. As a result, an additional \$687,979 and \$474,732 of late contributions are being reported for the years ended December 31, 2011 and 2012, respectively.

\*\* The DOL audit identified multiple deposits that were withheld and never deposited into the Plan, which has resulted in additional late contributions of \$12,194 for Plan years under DOL audit for years ended December 31, 2010, 2011 and 2012. These contributions have subsequently been deposited in 2015 along with lost earnings. The Company intends to file Form 5330 with the applicable excise taxes in 2015.

**TitleMax Employee's Incentive Savings Plan**

**Schedule H, line 4i – Schedule of Assets (Held at End of Year)  
December 31, 2013**

Employer Identification Number: 58-2547327

Plan Number: 001

| (a) | (b)<br>Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | (c)<br>Description of Investment Including<br>Maturity Date, Rate of Interest, Collateral<br>Par, Maturity Value | (d)<br>Cost** | (e)<br>Current<br>Value |
|-----|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|
|     |                                                                    | Mutual funds, registered investment companies                                                                    |               |                         |
|     | AllianceBernstein                                                  | AB Discovery Growth Fund A                                                                                       | \$            | 139,910                 |
|     | AllianceBernstein                                                  | AB Small Cap Growth Fund A                                                                                       |               | 137,600                 |
|     | Columbia                                                           | Columbia Dividend Opportunity Fund A                                                                             |               | 225,866                 |
|     | Eaton Vance                                                        | Eaton Vance High Income Opportunities Fund A                                                                     |               | 76,137                  |
| *   | Fidelity Investments                                               | Fidelity Advisor Freedom 2005 Fund A                                                                             |               | 9,879                   |
| *   | Fidelity Investments                                               | Fidelity Advisor Freedom 2010 Fund A                                                                             |               | 72,995                  |
| *   | Fidelity Investments                                               | Fidelity Advisor Freedom 2015 Fund A                                                                             |               | 124,491                 |
| *   | Fidelity Investments                                               | Fidelity Advisor Freedom 2020 Fund A                                                                             |               | 924,039                 |
| *   | Fidelity Investments                                               | Fidelity Advisor Freedom 2025 Fund A                                                                             |               | 657,384                 |
| *   | Fidelity Investments                                               | Fidelity Advisor Freedom 2030 Fund A                                                                             |               | 1,122,658               |
| *   | Fidelity Investments                                               | Fidelity Advisor Freedom 2035 Fund A                                                                             |               | 1,975,270               |
| *   | Fidelity Investments                                               | Fidelity Advisor Freedom 2040 Fund A                                                                             |               | 1,928,729               |
| *   | Fidelity Investments                                               | Fidelity Advisor Freedom 2045 Fund A                                                                             |               | 1,560,591               |
| *   | Fidelity Investments                                               | Fidelity Advisor Freedom 2050 Fund A                                                                             |               | 639,471                 |
| *   | Fidelity Investments                                               | Fidelity Advisor Freedom 2055 Fund A                                                                             |               | 269,233                 |
| *   | Fidelity Investments                                               | Fidelity Advisor Freedom Inc Fund A                                                                              |               | 28,240                  |
|     | Franklin Templeton Investments                                     | Franklin Balanced Fund A                                                                                         |               | 49,553                  |
|     | Goldman Sachs                                                      | Goldman Sachs Emerging Markets Equity Fund A                                                                     |               | 17,649                  |
|     | Heartland                                                          | Heartland Value Fund                                                                                             |               | 82,186                  |
|     | JPMorgan                                                           | JPMorgan Limited Duration Bond Fund A                                                                            |               | 40,452                  |
|     | MFS                                                                | MFS Bond Fund R3                                                                                                 |               | 50,149                  |
|     | Neuberger Berman                                                   | Neuberger Berman Mid Cap Intrinsic Value Fund Tr                                                                 |               | 42,184                  |
|     | OppenheimerFunds                                                   | Oppenheimer Global Opportunities Fund A                                                                          |               | 93,185                  |
|     | OppenheimerFunds                                                   | Oppenheimer Int'l Small Company Fund A                                                                           |               | 93,431                  |
|     | Principal Funds                                                    | Principal LargeCap Growth Fund I R-3                                                                             |               | 98,363                  |
|     | PIMCO                                                              | PIMCO Int'l StocksPLUS Total Return Strategy Fund A                                                              |               | 82,678                  |
|     | PIMCO                                                              | PIMCO Real Estate Real Return Strategy Fund A                                                                    |               | 131,735                 |
|     | Putnam                                                             | Putnam Diversified Income Fund A                                                                                 |               | 38,130                  |
| *   | Fidelity Investments                                               | Fidelity Spartan 500 Index Fund Advtg                                                                            |               | 443,261                 |
| *   | Fidelity Investments                                               | Fidelity Spartan Mid Cap Index Fund Advtg                                                                        |               | 154,925                 |
| *   | Fidelity Investments                                               | Fidelity Spartan Small Cap Index Fund Advtg                                                                      |               | 103,063                 |
|     |                                                                    |                                                                                                                  |               | <u>11,413,437</u>       |
|     |                                                                    | Money market                                                                                                     |               |                         |
| *   | Fidelity Investments                                               | Fidelity Daily U.S. Treasury Fund                                                                                |               | 477,810                 |
|     |                                                                    | Participant loans ***                                                                                            |               |                         |
| *   | Participant loans                                                  | 4.25%; maturing through 2020                                                                                     |               | <u>725,454</u>          |
|     |                                                                    |                                                                                                                  |               | <u>\$ 12,616,701</u>    |

\* Designates party-in-interest.

\*\* All investments are participant directed; therefore, cost information has not been presented.

\*\*\* Net of \$26,024 in deemed loan distributions.

The above information has been certified by Fidelity Management Trust Company, the trustee, to be complete and accurate.