

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>07/01/2014</u> and ending <u>06/30/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1985</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>07/01/1985</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>07/01/1985</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>RUMPKE CONSOLIDATED COMPANIES, INC.</u> <u>10795 HUGHES ROAD</u> <u>CINCINNATI, OH 45251</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-1247560</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>513-851-0122</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>562000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-1247560</u>	2c Plan Sponsor's telephone number <u>513-851-0122</u>	2d Business code (see instructions) <u>562000</u>	
2b Employer Identification Number (EIN) <u>31-1247560</u>					
2c Plan Sponsor's telephone number <u>513-851-0122</u>					
2d Business code (see instructions) <u>562000</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 HERE	Filed with authorized/valid electronic signature.	04/11/2016	PHILIP WEHRMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/11/2016	PHILIP WEHRMAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1411
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 1251 6a(2) 1156 6b 9 6c 142 6d 1307 6e 0 6f 1307 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>4</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2014 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning **07/01/2014** and ending **06/30/2015**

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

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

(a) Name of insurance carrier

METLIFE INVESTORS INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
54-0696644	61050	9200035129	1	07/01/2014	06/30/2015

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4****5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 1369996**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)**(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)** 73913

▶ UNREALIZED GAIN

(6) Total additions **7c(6)** 73913**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 1443909**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 1443909

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2014 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning **07/01/2014** and ending **06/30/2015**

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

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

(a) Name of insurance carrier

SUN LIFE ASSURANCE COMPANY OF CANADA (US)

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-2461439	79065	1205-063856	1	07/01/2014	06/30/2015

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4****5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 1842783**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)**
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**
▶(6) Total additions **7c(6)** 0**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 1842783**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)** 1842783(4) Other (specify below) **7e(4)**
▶(5) Total deductions **7e(5)** 1842783**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2014 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning **07/01/2014** and ending **06/30/2015**

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

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

(a) Name of insurance carrier

METLIFE INVESTORS INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
54-0696644	61050	9200035129	1	07/01/2014	06/30/2015

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4****5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 684314**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)**(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)** 36919

▶ UNREALIZED GAIN

(6) Total additions **7c(6)** 36919**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 721233**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 721233

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2014 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning **07/01/2014** and ending **06/30/2015**

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

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

(a) Name of insurance carrier

JOHN HANCOCK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	8115184	1	07/01/2014	06/30/2015

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	
6 Contracts With Allocated Funds:		
a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other ▶		
b Balance at the end of the previous year	7b	1430643
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below) ▶ UNREALIZED GAIN/LOSS	7c(5)	
(6) Total additions	7c(6)	-24386
d Total of balance and additions (add lines 7b and 7c(6))	7d	1406257
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below) ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1406257

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

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

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2014			
2 Assets:			
a Market value	2a	46120476	
b Actuarial value	2b	44857973	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	9	363420	363420
b For terminated vested participants	151	1979394	1979394
c For active participants	1251	44953886	45162900
d Total	1411	47296700	47505714
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.27%	
6 Target normal cost	6	3800125	

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

<div>SIGN HERE</div>	<div>Signature of actuary</div> <div>JEFFREY A. SCHAPPEL, EA, MAAA, MSPA</div> <div>Type or print name of actuary</div> <div>CBIZ BENEFITS & INSURANCE, INC.</div> <div>Firm name</div> <div>6050 OAK TREE BLVD. SUITE 500 CLEVELAND, OH 44131</div> <div>Address of the firm</div>	<div>04/07/2016</div> <div>Date</div> <div>14-07786</div> <div>Most recent enrollment number</div> <div>216-447-9000</div> <div>Telephone number (including area code)</div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1012770
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	1012770
10 Interest on line 9 using prior year's actual return of <u>12.48</u> %	0	126394
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1130024
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.48</u> %		73226
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		1203250
d Portion of (c) to be added to prefunding balance		1203250
12 Other reductions in balances due to elections or deemed elections		0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2342414

Part III Funding Percentages		
14 Funding target attainment percentage	14	89.49 %
15 Adjusted funding target attainment percentage	15	89.49 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	93.94 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/15/2015	1500000				
09/15/2015	1500000				
12/15/2015	1500000				
03/15/2015	1500000				
			Totals ►	18(b)	6000000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	5525042
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	3800125	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	4990155	1625769	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	5425894	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	5425894	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	5525042	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	99148	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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)

CBIZ BENEFITS & INSURANCE

31-1582098

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	14181	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MAYER HOFFMAN MCCANN

43-1947695

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	15700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY SMITH BARNEY LLC

26-4310632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT MANAGER	186640	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>07/01/2014</u> and ending <u>06/30/2015</u>		
A Name of plan <u>THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN</u>		B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RUMPKE CONSOLIDATED COMPANIES, INC.</u>		D Employer Identification Number (EIN) <u>31-1247560</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a	188514	158254
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	4500000	4500000
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	2030314	3041445
	(2) U.S. Government securities	1c(2)	0	
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)	1163818	1111915
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	1957780	3415345
	(B) Common.....	1c(4)(B)	21640650	22739773
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property).....	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans.....	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities.....	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	9441983	7899638
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	5327736	3569653
	(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	46250795	46436023

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	46250795	46436023
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	6000000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6000000

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1256	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	3464	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	55676	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		60396

(2) Dividends: (A) Preferred stock	2b(2)(A)	147689	
(B) Common stock	2b(2)(B)	550708	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	264228	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		962625

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	12148499	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	12727049	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-578550

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-122899	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-122899

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		6321572

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5711896	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5711896
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	34506	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	186641	
(4) Other	2i(4)	203301	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		424448
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6136344

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		185228
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: WALTHALL LLP

(2) EIN: 34-0644631

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	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration 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>2014</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015					
A Name of plan THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN				B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 RUMPKE CONSOLIDATED COMPANIES, INC.				D Employer Identification Number (EIN) 31-1247560	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	98
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)?..... ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2014 v. 140124	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 54.0% Investment-Grade Debt: 11.0% High-Yield Debt: 0.0% Real Estate: 0.0% Other: 35.0%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☒ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

FINANCIAL STATEMENTS

WITH SUPPLEMENTARY INFORMATION

JUNE 30, 2015 AND 2014

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Insight that yields results.

INDEPENDENT AUDITORS' REPORT

April 8, 2016

To the Pension Committee of
THE RUMPKÉ CONSOLIDATED COMPANIES, INC. & AFFILIATES
DEFINED BENEFIT PENSION PLAN

Report on the Financial Statements

We have audited the accompanying financial statements of The Rumpke Consolidated Companies, Inc. & Affiliates Defined Benefit Pension Plan ("Plan"), which comprise the statement of net assets available for benefits of as of June 30, 2015, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the plan as of June 30, 2015, and the changes in its financial status for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of June 30, 2015 is presented for the purpose of additional analysis and is not a required part of the financial statements, but is supplemental information required by the Department of Labor's Rule and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"). Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, except for the omission discussed in the following paragraph, the information is fairly stated in all material respects in relation to the financial statements as a whole.

The supplemental schedule of assets (held at end of year) as of June 30, 2015, that accompanies the Plan's financial statements does not disclose the historic cost of certain nonparticipant-directed plan assets held by the Plan's custodians. Disclosure of this information is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Other Matter

The financial statements of the Plan as of June 30, 2014 were audited by another auditor, who expressed an unmodified opinion on those statements on March 31, 2015.

Walthall, LLP

Certified Public Accountants

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

Statements of Net Assets Available for Benefits

June 30, 2015 and 2014

	ASSETS	
	<u>2015</u>	<u>2014</u>
Assets		
Investments, at fair value		
Interest-bearing cash	\$ 3,041,445	\$ 2,030,314
Common stocks	22,739,773	21,640,650
Preferred stocks	3,415,345	1,957,780
Mutual funds	7,899,638	7,455,037
Exchange traded funds	-	1,986,946
Corporate debt instruments	1,111,915	1,163,818
Annuity contracts	<u>3,569,653</u>	<u>5,327,736</u>
	41,777,769	41,562,281
Receivables:		
Employer contributions	4,500,000	4,500,000
Cash	<u>158,254</u>	<u>188,514</u>
Net Assets Available for Benefits	<u>\$ 46,436,023</u>	<u>\$ 46,250,795</u>

The accompanying notes are an integral part of the financial statements.

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

Statements of Changes in Net Assets Available for Benefits

For the Years Ended June 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Additions		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ (701,449)	\$ 4,205,449
Interest and dividends	<u>1,023,021</u>	<u>1,034,047</u>
Total investment income	321,572	5,239,496
Employer contributions	<u>6,000,000</u>	<u>6,000,000</u>
Total additions	6,321,572	11,239,496
Deductions		
Benefits paid to participants	5,711,896	5,976,496
Administrative expenses	<u>424,448</u>	<u>389,481</u>
Total deductions	<u>6,136,344</u>	<u>6,365,977</u>
Net Increase	185,228	4,873,519
Net Assets Available for Benefits - Beginning	<u>46,250,795</u>	<u>41,377,276</u>
Net Assets Available for Benefits - Ending	<u><u>\$ 46,436,023</u></u>	<u><u>\$ 46,250,795</u></u>

The accompanying notes are an integral part of the financial statements.

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

Notes to Financial Statements

June 30, 2015 and 2014

Note 1 - Plan Description

The following brief description of The Rumpke Consolidated Companies, Inc. & Affiliates Defined Benefit Pension Plan ("Plan") provides only general information. Participants should refer to the Plan document or Summary Plan Description for a more complete description of the Plan's provisions, which are available from the plan administrator.

Nature of Operations

The Plan is a noncontributory defined benefit pension plan covering substantially all full-time employees of Rumpke Consolidated Companies, Inc. & Affiliates ("Company") who have one year of service, are age 21 or older, and were hired prior to June 1, 2009. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan is administered by the Rumpke Consolidated Companies Pension Committee ("Pension Committee"), which is a committee of the Company's management. The Pension Committee has overall responsibility for the operation and administration of the Plan. In addition, the Pension Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Pension Benefits

Participants are entitled to receive a normal retirement benefit at age 62 that is calculated as a percentage of average monthly earnings multiplied by years of service. The Plan also permits early retirement beginning at age 55 with 10 years of service. Distributions will be paid in a lump sum or in the form of one of several annuity options available, as selected by the participant. Benefits shall commence at the participant's normal retirement age for terminations for reasons other than death or disability.

Death and Disability Benefits

If a participant terminates employment due to a disability, the participant is entitled to commence their vested benefit. In the event a participant dies prior to their commencement date, the surviving spouse may be eligible for a preretirement survivor annuity.

Vesting

Participants are fully vested upon completion of five years of credited service.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

In preparing financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts of assets, liabilities, and changes therein, disclosures of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results may differ from those estimates.

Note 2 - Summary of Significant Accounting Policies (Continued)

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's Pension Committee determines the Plan's valuation policies utilizing information provided by the investment custodian. See Note 4 for discussions 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 (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Expenses of the Plan

The Plan's expenses are paid by either the Plan or the Company, as provided in the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses were combined with investment income in the accompanying statements of changes in net assets available for benefits.

Adoption of New Accounting Standard

In 2014, the Plan adopted FASB Accounting Standards Update 2015-12, which simplified the reporting for employee benefit plans, as follows:

- a. Fully-benefit responsive investment contracts are to be reported at contract value;
- b. Disclosure of investments that are 5% or greater than net assets available for benefits are no longer required to be disclosed separately;
- c. The disclosure of net appreciation (depreciation) in the fair value of investments is shown in total; and
- d. Other disclosure changes.

There was no material impact on the plan's net assets or changes in net assets upon adoption of the new standard.

The financial statements for June 30, 2014 and the year then ended have been retroactively restated for this change.

Note 3 - Actuarial Present Value of Accumulated Plan Benefits

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of employees who have died; and (c) present employees or their beneficiaries. Benefits under the plan are based on average monthly compensation of the participants for the highest three consecutive plan years and the participant's benefit years, not to exceed 35 years. The accumulated plan benefits for active employees are based on services rendered to the valuation date and average compensation during the highest three years of earnings through the date as of which the benefit information is determined. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Note 3 - Actuarial Present Value of Accumulated Plan Benefits (Continued)

Actuarial Present Value of Accumulated Plan Benefits (Continued)

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is the amount that results from applying actuarial assumptions to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The actuarial present value of accumulated plan benefits is based on an end-of-year benefit information date.

The actuarial present value of accumulated plan benefits is as follows:

	Years Ended June 30,	
	2015	2014
Vested benefits		
Participants currently receiving payments	\$ 564,618	\$ 363,420
Other participants	56,279,946	46,933,280
Total vested benefits	56,844,564	47,296,700
Non vested benefits	24,063	209,014
Total actuarial present value of accumulated plan benefits	<u><u>\$ 56,868,627</u></u>	<u><u>\$ 47,505,714</u></u>

The changes in the actuarial present value of accumulated plan benefits are as follows:

	Years Ended June 30,	
	2015	2014
Actuarial present value of accumulated plan benefits at beginning of the year	\$ 47,505,714	\$ 43,757,646
Increase (decrease) attributable to:		
Benefits accumulated	2,650,983	3,455,633
Decrease in discount period	2,866,875	2,641,857
Benefits paid	(238,691)	(5,976,496)
Change in actuarial assumptions	4,083,746	3,627,074
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 56,868,627</u></u>	<u><u>\$ 47,505,714</u></u>

The significant actuarial assumptions used in the June 30, 2015 and 2014 valuations are as follows:

Long-term rate of return	2015 - March 2015 segmented rates, 4.72% - 6.81% 2014 - March 2014 segmented rates, 4.99% - 6.99%
Mortality basis	2015 - RP2014 SOA Blue Collar Mortality with Scale MP; 2014 - 2014 Static Mortality (dynamic) Table
Cost method	Aggregate Method
Retirement	Beginning at age 55 through age 68
Salary scale	3% per year

Note 4 - Fair Value Measurements

FASB ASC 820, Fair Value Measurements and Disclosures provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in 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 under FASB ASC 820 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 and liabilities in active markets; quoted market prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. 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 or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value.

Interest-bearing cash: Valued at cost which approximated fair value.

Common stocks and exchange traded funds: Valued at the closing price reported on the active market on which the individual securities are traded.

Preferred stocks: Valued based on dealer quotes obtained from market makers throughout the day, or listed prices for similar securities obtained from reliable exchanges.

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 by 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.

Annuity contracts: See Note 5.

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

Note 4 - Fair Value Measurements (Continued)

The following tables set forth, by level, within the fair value hierarchy, the Plan's assets at fair value:

Description	Assets at Fair Value as of June 30, 2015			
	(Level 1)	(Level 2)	(Level 3)	Total
Interest-bearing cash	\$ 3,041,445	\$ -	\$ -	\$ 3,041,445
Common stocks	22,739,773	-	-	22,739,773
Preferred stocks	-	3,415,345	-	3,415,345
Mutual funds	7,899,638	-	-	7,899,638
Corporate debt instruments	-	1,111,915	-	1,111,915
Annuity contracts				
Fixed	-	2,164,833	-	2,164,833
Variable	-	1,404,820	-	1,404,820
Total	\$33,680,856	\$ 8,096,913	\$ -	\$41,777,769

Description	Assets at Fair Value as of June 30, 2014			
	(Level 1)	(Level 2)	(Level 3)	Total
Interest-bearing cash	\$ 2,030,314	\$ -	\$ -	\$ 2,030,314
Common stocks	21,640,650	-	-	21,640,650
Preferred stocks	-	1,957,780	-	1,957,780
Mutual funds	7,455,037	-	-	7,455,037
Exchange traded funds	1,986,946	-	-	1,986,946
Corporate debt instruments	-	1,163,818	-	1,163,818
Annuity contracts				
Fixed	-	2,054,310	-	2,054,310
Variable	-	3,273,426	-	3,273,426
Total	\$33,112,947	\$ 8,449,334	\$ -	\$41,562,281

Note 5 - Investment Contracts with Insurance Companies

The Plan holds fixed and variable annuity contracts with a variety of insurance companies. The fixed contracts provide for interest at the base rate of 5.35% annually, and are guaranteed through October 2015. Thereafter, the minimum guaranteed rate is 3.00% through 2030. Withdrawals from the contracts are limited to 10% of the contract value, per year. Any amounts above 10% are subject to withdrawal charges of up to 7% of the excess withdrawn. The Plan may elect to annuitize the contract, but is not required to do so. Additionally, the contract provides for a death benefit amount equal to the account value upon the death of the named insured, which may be paid to the plan in a variety of ways, including a lump sum payment. The account value is defined as the amount held in the contracts, including guaranteed interest and withdrawals, and totals \$2,164,833 and \$2,054,310 as of June 30, 2015 and 2014, respectively.

The variable annuity contracts are invested in sub-accounts which are generally invested in mutual funds. The return on the invested funds is not guaranteed; however, a guaranteed death benefit is in place, which approximates the value of the invested funds as of June 30, 2015. Withdrawals from the contracts are limited to 10% of the initial investment, per year. Any amounts above the 10% are subject to withdrawal charges of up to 8% of the excess withdrawn. The value of the sub accounts is \$1,404,820 and \$3,273,426 as of June 30, 2015 and 2014, respectively.

Note 6 - Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2015 and 2014, the Company made contributions of \$6,000,000 each year. The Company's contributions for 2015 and 2014 exceeded the minimum funding requirements of ERISA.

Note 7 - Related Party Transactions

The Plan invests in a mutual fund managed by Morgan Stanley Smith Barney (Morgan Stanley) and maintains certain interest bearing cash accounts at Morgan Stanley and owns preferred stock of Morgan Stanley. Morgan Stanley is the Plan's investment custodian; therefore, these transactions qualify as party-in-interest transactions. During the years ended June 30, 2015 and 2014, the Plan made direct payments to Morgan Stanley totaling \$186,640 and \$148,042, respectively, for investment advisory fees and brokerage commissions.

Note 8 - Plan Termination

Although it has not expressed any intention 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 set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the plan. The priority amount is limited to the lowest benefit that was payable (or would be payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations discussed below.
- c. Vested benefits not insured by the PBGC.
- d. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

Note 9 - Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated July 18, 2013, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC").

Note 9 - Tax Status (Continued)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for the years prior to 2012.

Note 10 - Risks and Uncertainties

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

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

Note 11 - Subsequent Events

In accordance with FASB ASC 855, Subsequent Events, the Plan has evaluated events that have occurred subsequent to the year ended June 30, 2015 through April 8, 2016, which is the date in which the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

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

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

June 30, 2015

Plan No: 002

EIN: 31-1247560

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
Interest bearing cash				
* Morgan Stanley	interest bearing cash	**	\$ 2,052,319	
* Morgan Stanley Liquid Asset Fund	interest bearing cash	**	989,126	
Total interest bearing cash			3,041,445	
Common stocks				
Abbot Laboratories	3,001 shares	**	147,289	
Accenture PLC Ireland	1,172 shares	**	113,426	
Actelion Ltd.	1,314 shares	**	47,669	
ADT Corporation	1,286 shares	**	43,171	
AIA Group Ltd.	5,310 shares	**	138,963	
AIR Liquide ADR	4,084 shares	**	103,734	
Allergan PLC	1,149 shares	**	348,675	
Allianz SE ADS	6,352 shares	**	99,536	
Altria Group, Inc.	6,350 shares	**	310,579	
AMC Networks, Inc.	375 shares	**	30,694	
Amerisourcebergen Corp.	750 shares	**	79,755	
Amgen, Inc.	648 shares	**	99,481	
Anadarko PETE	1,892 shares	**	147,690	
Anglo American PLC ADR	2,104 shares	**	15,233	
Anheuser Busch Inbev	1,691 shares	**	204,053	
AON PLC Shares	338 shares	**	33,692	
Apollo Senior Floating	12,931.345 shares	**	229,919	
ARM Holdings PLC	1,586 shares	**	78,142	
Ashtead Group PLC	687 shares	**	47,795	
ASSA Abloy ADR	7,356 shares	**	68,852	
Associated British FDS PLC	770 shares	**	35,089	
Astrazeneca PLC	2,100 shares	**	133,791	
AT&T Inc.	7,460 shares	**	264,979	
Atlantia SPA Un-sponsored ADR	2,494 shares	**	30,876	
Atlas Copco AS A ADR	1,976 shares	**	55,466	
Autodesk, Inc.	1,449 shares	**	72,559	
Baidu, Inc.	496 shares	**	98,744	
Banco Bilbao Viz Arg SA ADS	5,132 shares	**	50,653	
Bayer AG Spon ADR	660 shares	**	93,050	
Bayerische Motoren Werke AG	2,041 shares	**	74,966	
BCE, Inc.	5,440 shares	**	231,200	
BG Group PLC	7,404 shares	**	124,240	
BHP Billiton, Ltd.	852 shares	**	34,685	
Biogen, Inc.	719 shares	**	290,433	
BNP Paribas SP ADR	1,585 shares	**	48,295	
Boeing Co.	880 shares	**	122,074	

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

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

June 30, 2015

Plan No: 002

EIN: 31-1247560

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
British American TOB Spon ADR	773 shares	**	83,677	
Broadcom Corp.	2,320 shares	**	119,457	
Bunge, Ltd.	728 shares	**	63,918	
Cablevision Systems Corp.	4,424 shares	**	105,911	
Canadian National Railway Co.	1,198 shares	**	69,185	
Carlsberg AS	1,927 shares	**	35,129	
Carnival CP New Paired Com	2,227 shares	**	109,992	
Celgene Corp.	767 shares	**	88,769	
Cerner Corp.	1,497 shares	**	103,383	
Chevron Corp.	2,520 shares	**	243,104	
Cisco Systems, Inc.	9,000 shares	**	247,140	
Citrix Systems, Inc.	990 shares	**	69,458	
CNOOC, Ltd. ADS	1,550 shares	**	219,976	
Cognizant Tech Solutions	1,669 shares	**	101,959	
Colgate Palmolive Co.	1,720 shares	**	112,505	
Comcast Corp.	3,692 shares	**	221,298	
Compagnie Fin Richemontag ADR	4,635 shares	**	37,428	
Compass Group PLC	2,299 shares	**	38,485	
Conocophillips	3,550 shares	**	218,006	
Contl AD Spons ADR	688 shares	**	32,883	
Corning, Inc.	4,160 shares	**	82,077	
Costco Wholesale Corp.	431 shares	**	58,211	
Cree Research, Inc.	2,473 shares	**	64,372	
CSL, Ltd.	1,884 shares	**	62,737	
CVS Health Corp.	831 shares	**	87,155	
Daikin Industries, Ltd.	318 shares	**	46,031	
Daiwa House Industries, Ltd.	3,499 shares	**	81,632	
Dassault Systems SA ADS	1,862 shares	**	136,000	
DBS Group Holdings, Ltd.	949 shares	**	58,449	
DCP Midstream Partners LP	2,800 shares	**	85,932	
Diageo PLC SPON ADR	1,420 shares	**	164,777	
Diamond Offshore Drilling, Inc.	2,860 shares	**	73,817	
Discovery Communications	988 shares	**	32,861	
Dolby	599 shares	**	23,768	
Dollar General Corp.	1,279 shares	**	99,429	
Dollar Tree, Inc.	1,667 shares	**	131,676	
Du Pont El De Nemours & Co.	3,820 shares	**	244,289	
Eli Lilly & Co.	1,950 shares	**	162,806	
Encana Corp.	3,326 shares	**	36,653	
Estee Lauder Co. Inc.	1,435 shares	**	124,357	
Facebook, Inc.	1,166 shares	**	100,002	
Fanuc Corporation	3,565 shares	**	121,959	

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

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

June 30, 2015

Plan No: 002

EIN: 31-1247560

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
Fluor Corp.	1,450 shares	**	76,865	
Freeport-McMoran, Inc.	2,283 shares	**	42,509	
Fresenius Medical Care AG & Co. (FMS)	1,353 shares	**	56,271	
Fresenius Medical Care AG & Co. (FSNUIY)	3,711 shares	**	59,784	
Fuchs Petrolub AG	3,801 shares	**	40,253	
General Electric Co.	9,650 shares	**	256,401	
Genuine Parts Co.	2,080 shares	**	186,222	
Gilead Science	1,257 shares	**	147,170	
Google, Inc.	213 shares	**	115,029	
HCP, Inc.	5,765 shares	**	210,250	
Health Care REIT, Inc.	3,050 shares	**	200,172	
Honeywell International, Inc.	1,200 shares	**	122,364	
Hong Kong Exchanges and Clearing	1,009 shares	**	35,487	
HSBC Holdings PLC	4,170 shares	**	186,858	
ICICI Bank, Ltd.	8,025 shares	**	83,621	
Immunogen, Inc.	2,912 shares	**	41,875	
Imperial Oil, Ltd.	1,583 shares	**	61,135	
Informa PLC	2,738 shares	**	47,559	
Intel Corp.	5,255 shares	**	159,831	
Ishares TIPS Bond ETF	2,500 shares	**	280,125	
ISIS Pharm, Inc.	919 shares	**	52,888	
ITAU Unibanco Multiple ADR	4,655 shares	**	50,972	
Japan TOB, Inc.	3,537 shares	**	63,029	
JGC Corp. Unsponsored ADR	1,208 shares	**	45,711	
Johnson & Johnson	2,590 shares	**	252,421	
JP Morgan Chase & Co.	4,200 shares	**	284,592	
KBC Group NV Unsponsored ADR	1,058 shares	**	35,485	
KDDI Corp. Unsponsored ADR	7,521 shares	**	90,365	
Kimberly Clark Corp.	1,725 shares	**	182,798	
Komatsu, Ltd.	1,648 shares	**	33,100	
Kone OYJ ADR	2,168 shares	**	44,032	
L'Oreal Co. ADR	2,544 shares	**	91,126	
L-3 Communications Holdings, Inc.	961 shares	**	108,958	
Liberty Broadband Corp. - A	93 shares	**	4,740	
Liberty Broadband Corp. - C	187 shares	**	9,567	
Liberty Inter Co., Venture SER A	282 shares	**	11,074	
Liberty Interactive Corp.	1,990 shares	**	55,223	
Liberty Media Corp. SER C	750 shares	**	26,925	
Liberty Media Corp. SER A	375 shares	**	13,515	
Linde AG Sponsored ADR	1,957 shares	**	37,203	
Lloyds Banking Group PLC	15,269 shares	**	82,911	
LVMH Moët Hennessy Louis Vuitton	1,127 shares	**	39,614	

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June 30, 2015

Plan No: 002

EIN: 31-1247560

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
Makita Corp., Ltd.	1,007 shares	**	54,922	
Mastercard, Inc.	981 shares	**	91,704	
Mckesson Corp.	748 shares	**	168,158	
Mediolanum SPA Unsponsored ADR	3,245 shares	**	54,224	
Medtronic PLC	707 shares	**	52,389	
Merck & Co., Inc.	4,970 shares	**	282,937	
Metlife, Inc.	4,620 shares	**	258,674	
Microsoft Corp.	6,602 shares	**	291,478	
Mitsubishi EST ADR	1,810 shares	**	38,969	
Mondelez International, Inc.	4,085 shares	**	168,057	
Monotaro Co., Ltd. ADR	622 shares	**	27,430	
Monsanto Co.	294 shares	**	31,337	
MTN Group, Ltd. Spons ADR	3,013 shares	**	56,464	
Naspers Limited ADR	154 shares	**	23,984	
National Oilwell Varco, Inc.	893 shares	**	43,114	
Nestle Spon ADR Rep Reg SHR	1,759 shares	**	126,929	
Nextera Energy, Inc.	2,535 shares	**	248,506	
Nike, Inc.	672 shares	**	72,589	
Novartis AG ADR	1,564 shares	**	153,804	
Novo Nordisk A/S ADR	3,179 shares	**	174,082	
Now, Inc.	1,118 shares	**	22,259	
Nuance Communications, Inc.	1,955 shares	**	34,232	
Nucor Corporation	1,676 shares	**	73,861	
NXP Semiconductors NV	342 shares	**	33,584	
Occidental Petroleum Corp. DE	672 shares	**	52,261	
Pearson PLC SP ADR	1,466 shares	**	27,795	
Pentair PLC	694 shares	**	47,713	
Pepsico, Inc.	1,880 shares	**	175,479	
Pfizer, Inc.	5,350 shares	**	179,386	
Philip Morris International, Inc.	2,750 shares	**	220,468	
Proshares Ultra Real Estate	1,500 shares	**	139,035	
Proshares Ultrashort 20+ years	1,000 shares	**	49,790	
Prudential PLC ADR	2,380 shares	**	115,573	
Qualcomm, Inc.	754 shares	**	47,223	
Raytheon Co.	3,030 shares	**	289,910	
Red Electrica Corp.	2,821 shares	**	44,953	
Rexam PLC	1,117 shares	**	48,690	
Roche Holdings ADR	3,127 shares	**	109,664	
Royal Dutch Shell PLC CL B	3,755 shares	**	215,349	
Royal Dutch Shell PLC (RDSA)	518 shares	**	29,531	
Royal KPN NV Spons ADR	14,800 shares	**	57,424	
Ryanair Holdings PLC ADR	592 shares	**	42,239	

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Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
Ryohin Keikaku Co. Ltd., ADR	1,040 shares	**	40,456	
Sampo OYJ Un-sponsored ADR	2,325 shares	**	54,754	
Sandisk Corp.	1,320 shares	**	76,850	
Sands China, Ltd., Un-sponsored ADR	1,195 shares	**	41,586	
SAP AG	1,338 shares	**	93,968	
Sasol, Ltd., Sponsored ADR	641 shares	**	23,755	
Schlumberger, Ltd.	810 shares	**	69,814	
Schneider Electric Un-sponsored ADR	4,818 shares	**	66,802	
Seagate Technology PLC	1,864 shares	**	88,540	
Seven & I Holdings Co., Ltd., ADR	3,564 shares	**	76,555	
Shire PLC ADR	434 shares	**	104,807	
Signet Jewelers, Ltd.	268 shares	**	34,368	
Softbank Corp. Un-sponsored ADR	2,432 shares	**	71,622	
Sonova Holdings AG Un-sponsored ADR	1,511 shares	**	40,888	
Sony Corp. ADR	1,772 shares	**	50,307	
SPDR Gold TR Gold Shs	2,000 shares	**	224,740	
Starbucks Corp.	2,632 shares	**	141,115	
Starz Series A	375 shares	**	16,770	
State Street Corp.	568 shares	**	43,736	
Sumitomo Mitsui Financial Group, Inc.	9,662 shares	**	85,895	
Sumitomo Mitsui Financial TR Holdings, Inc.	5,803 shares	**	26,636	
Svenska Handelsbanken AB ADR	4,887 shares	**	35,309	
Swedbank AB Spons ADR	2,796 shares	**	65,538	
Symantec Corp.	5,450 shares	**	126,713	
Symrise AG Un-sponsored ADR	2,696 shares	**	41,923	
Sysmex Corp. Un-sponsored ADR	3,591 shares	**	107,012	
Taiwan Semiconductor Mfg. Co., Ltd ADR	6,083 shares	**	138,145	
Targa Res Partners LP Rep UTS	4,000 shares	**	154,400	
TE Connectivity, Ltd.	1,867 shares	**	120,048	
Telenor ASA ADS	747 shares	**	49,007	
Teva Pharmaceuticals ADR	1,782 shares	**	105,316	
Thermo Fisher Scientific	1,109 shares	**	143,904	
TJX Cos., Inc.	1,785 shares	**	118,113	
Tortoise Pipeline & Energy Fund, Inc.	2,515.276 shares	**	64,366	
Travelers Companies, Inc.	2,380 shares	**	230,051	
Turkiye Garanti Bankasi	13,800 shares	**	43,746	
Tyco International PLC	2,145 shares	**	82,540	
Unicharm Corp. Un-sponsored ADR	19,566 shares	**	93,525	
Unilever NV NY	6,450 shares	**	269,868	
Unilever PLC ADS	2,506 shares	**	107,658	
Union Pacific Corp.	487 shares	**	46,445	
United Parcel Service, Inc.	1,081 shares	**	104,760	

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Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
Unitedhealth Group, Inc.	1,877 shares	**	228,994	
Valeo Sponsored ADR	727 shares	**	57,607	
Vertex Pharmaceuticals	718 shares	**	88,659	
Vinci SA ADR	2,731 shares	**	39,490	
Visa, Inc.	2,687 shares	**	180,432	
Vodafone Group PLC	3,954 shares	**	144,123	
WW Grainger, Inc.	298 shares	**	70,522	
Walgreens Boots Alliance, Inc.	1,387 shares	**	117,118	
Weatherford International, Inc.	11,437 shares	**	140,332	
Wells Fargo & Co.	5,689 shares	**	319,949	
Wisdomtree Trust Emerging Market	3,000 shares	**	130,290	
Wolsely PLC Jersey Sponsored ADR	8,177 shares	**	52,987	
Wolters Kluwer NV Sponsored ADR	1,463 shares	**	43,685	
WPP PLC Sponsored New ADR	1,060 shares	**	119,483	
3M Company	1,500 shares	**	231,450	
Total common stocks			22,739,773	
Preferred stocks				
Aegon NV Series 1	1,089 shares	**	26,343	
Aegon NV 6.375%	1,985 shares	**	49,883	
Alexandria Real Estate	433 shares	**	11,136	
Allstate Corp (ALL.F)	482 shares	**	12,204	
Allstate Corp Dep (ALL.C)	905 shares	**	23,910	
Allstate Corp 5.625% (ALL.A)	454 shares	**	11,196	
Allstate Corp 6.625% (ALL.E)	1,409 shares	**	36,930	
Arch Capital Group, Ltd. 6.75% (ARH.C)	1,440 shares	**	36,749	
Axis Holdings, Ltd. 5.5% (AXS.D)	909 shares	**	21,416	
Axis Holdings, Ltd. 6.875% (AXS.C)	1,493 shares	**	38,295	
Bank New York Mellon 5.2% (BK.C)	3,048 shares	**	73,213	
Bank of America Corp. 6.375% (BML.I)	775 shares	**	19,484	
Bank of America Corp. 6.625% (BAC.I)	1,036 shares	**	26,408	
Bank of America Corp. 6.625% (BAC.W)	3,275 shares	**	83,611	
Bank of America Corp. Pfd D (BAC.D)	1,465 shares	**	36,874	
Bank of America Corp. 6.5% (BAC.Y)	3,396 shares	**	85,681	
Barclays 6.625% Ser 2 (BCS)	1,708 shares	**	43,400	
BB&T Corp. 5.2% (BBT.G)	1,549 shares	**	35,581	
BB&T Corp. 5.625% (BBT.E)	3,092 shares	**	74,610	
BB&T Corp. 5.85% (BBT.D)	808 shares	**	20,079	
BB&T Corp. 5.2% (BBT.F)	519 shares	**	11,942	
Capital One Financial 6% (COF.P)	3,408 shares	**	84,007	
Capital One Financial 6.7% (COF.D)	1,075 shares	**	27,950	
Capital One 6.25% (COF.C)	1,018 shares	**	25,511	

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(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
Charles Schwab Corp. 6% (SCHW.B)	1,239 shares	**	31,929	
Citigroup, Inc. 5.8% (C.C)	1,608 shares	**	40,039	
Citigroup, Inc. 6.875% (C.L)	1,573 shares	**	41,559	
Citigroup, Inc. 6.875% (C.K)	3,130 shares	**	83,446	
Citigroup, Inc. 7.125% (C.J)	1,200 shares	**	32,844	
City National CP Dep 5.5%, Ser C	375 shares	**	9,015	
Deutsche Bank 6.55% (DXB)	3,372 shares	**	88,717	
Digital Realty TR Inc. 5.875%, (DLR.G)	471 shares	**	11,139	
Digital Realty TR Inc. 7.0%, (DLR.E)	561 shares	**	14,339	
Digital Realty TR Inc. 6.625%, (DLR.F)	421 shares	**	10,664	
Digital Realty TR Inc. 7.375%, (DLR.H)	468 shares	**	12,603	
Goldman Sachs Group, Inc. 6.375% (GS.K)	1,768 shares	**	45,915	
Goldman Sachs Group, Inc. 5.50% (GS.J)	2,885 shares	**	70,740	
Health Care REIT 6.50% (HCN.J)	828 shares	**	21,048	
Hospitality PPTYS (HPT.D)	1,129 shares	**	28,846	
HSBC Holdings PLC 8.0% (HSEB)	5,162 shares	**	133,643	
ING Groep NV 6.375% (ISF)	2,164 shares	**	55,333	
ING Groep NV 6.125% (ISG)	942 shares	**	23,946	
ING Groep NV 6.20% (ISP)	581 shares	**	14,862	
JP Morgan Chase & Co. 5.45% (JPM.A)	2,274 shares	**	53,621	
JP Morgan Chase & Co. 6.3% (JPM.E)	1,265 shares	**	31,941	
JP Morgan Chase & Co. 5.5% (JPM.D)	3,475 shares	**	82,184	
JP Morgan Chase & Co. 6.125% (JPM.F)	1,332 shares	**	33,180	
JP Morgan Chase & Co. 6.70% (JPM.B)	1,573 shares	**	41,260	
Kimco Realty Corp. 5.50% (KIM.J)	442 shares	**	10,657	
Kimco Realty Corp. 5.625% (KIM.K)	453 shares	**	10,949	
Kimco Realty Corp. 6.0% (KIM.I)	1,238 shares	**	30,492	
Kimco Realty Corp. 6.90% (KIM.H)	476 shares	**	11,990	
* Morgan Stanley Series A	964 shares	**	19,945	
* Morgan Stanley Series 6.625% (MS.G)	2,200 shares	**	57,090	
* Morgan Stanley Series 6.875% (MS.F)	1,079 shares	**	28,788	
* Morgan Stanley Series 7.125% (MS.E)	1,818 shares	**	50,813	
National Retail Property 6.625% (NNN.D)	1,073 shares	**	27,576	
National Retail Property 5.70% (NNN.E)	936 shares	**	22,670	
Partnerre Ltd. 5.875% (PRE.F)	975 shares	**	23,566	
Partnerre Ltd. 6.5% (PRE.D)	1,364 shares	**	34,350	
Partnerre Ltd. 7.25% (PRE.E)	442 shares	**	11,474	
PNC Financial 6.125% FLTS 5/1/22 (PNC.P)	4,692 shares	**	128,748	
PS Business Parks, Inc. 5.75% (PSB.U)	277 shares	**	6,579	
PS Business Parks, Inc. 6.45% (PSB.S)	779 shares	**	19,802	
PS Business Parks, Inc. 6.00% (PSB.T)	1,248 shares	**	30,726	
Public Storage 6.375% (PSA.R)	1,167 shares	**	29,653	

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Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
Public Storage 5.20% (PSA.X)	279 shares	**	6,534	
Public Storage 5.375% (PSA.V)	451 shares	**	10,553	
Public Storage 5.625% (PSA.U)	435 shares	**	10,601	
Public Storage 5.75% (PSA.T)	1,425 shares	**	34,642	
Public Storage 5.875% (PSA.A)	304 shares	**	7,585	
Public Storage 5.90% (PSA.S)	1,167 shares	**	28,965	
Public Storage 6.375% (PSA.Y)	564 shares	**	14,737	
Public Storage 6.50% (PSA.Q)	581 shares	**	14,763	
Public Storage 6.0% (PSA.Z)	782 shares	**	19,613	
Realty Income Corp. 6.625% (O.F)	1,704 shares	**	43,980	
Regency Centers Co. PFD Ser 7 (REG.G)	270 shares	**	6,731	
Regency Centers Co. Ser 6 (REG.F)	830 shares	**	21,207	
Regions Financial Co. 6.375% (RF.B)	1,266 shares	**	32,549	
Renaissance Holdings 5.375% (RNR.E)	949 shares	**	21,495	
Renaissancere 6.08% (RNR.C)	184 shares	**	4,627	
Royal Bank Scotland Group 5.75% (RBS.L)	3,773 shares	**	91,420	
Royal Bank Scotland Group 6.60% (RBS.S)	764 shares	**	19,054	
Royal Bank Scotland Group 6.40% (RBS.M)	1,202 shares	**	30,008	
Royal Bank Scotland Group 6.35% (RBS.N)	455 shares	**	11,313	
State Street Co. 5.90% Fxd to Flt (STT.D)	1,413 shares	**	36,272	
State Street Co. 5.25% (STT.C)	1,606 shares	**	39,122	
State Street Co. 6.0% (STT.E)	2,832 shares	**	70,885	
Suntrust Banks, Inc. 5.875% (STL.E)	414 shares	**	10,077	
TCF Financial Corp. 7.5% (TCB.B)	988 shares	**	25,886	
U.S. Bancorp PFD B (USB.H)	369 shares	**	8,181	
UBS Preferred FDG Floating Rate (UBS.D)	2,025 shares	**	38,657	
U.S. Bancorp 5.15% (USB.O)	729 shares	**	17,766	
U.S. Bancorp 6.0% 4/15/17 (USB.N)	558 shares	**	14,860	
U.S. Bancorp 6.5% FLTS 1/15/22 (USB.M)	1,486 shares	**	41,935	
Vornado Realty Trust 6.875% (VNO.J)	534 shares	**	13,692	
Vornado Realty Trust 5.40% (VNO.L)	467 shares	**	10,437	
Vornado Realty Trust 5.70% (VNO.K)	603 shares	**	14,327	
Wells Fargo & Company 6.625% (WFC.R)	2,208 shares	**	60,941	
Wells Fargo 5.85% Fixed to Flat (WFC.Q)	2,800 shares	**	71,400	
Wells Fargo 8.0% Non Cum (WFC.J)	902 shares	**	25,436	
Total preferred stocks			3,415,345	
Mutual funds				
EV Floating Rate Hi Income Fund	849,853.030 shares	**	7,487,205	
Principal Capital SEC S	41,534 shares	**	412,433	
Total mutual funds			7,899,638	

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Corporate debt instruments				
Aegon NV	39,675 par 8.0%, due 2/15/2042	**	43,928	
Affiliated Managers Group, Inc.	8,675 par 6.375%, due 8/15/2042	**	8,928	
Affiliated Managers Group, Inc.	6,500 par 5.25%, due 10/15/2022	**	6,560	
AFLAC, Inc.	27,450 par 5.5%, due 9/15/2052	**	26,747	
Allstate Corp.	4,400 par 5.1%, due 1/15/2053	**	4,412	
American Financial Group	10,550 par 6.375%, due 6/12/2042	**	10,816	
American Financial Group	6,450 par 5.75%, due 8/25/2042	**	6,458	
American Financial Group	11,950 par 6.25%, due 9/20/2054	**	12,151	
Comcast Corp.	17,025 par 5.0%, due 12/15/2061	**	17,066	
DTE Energy	9,675 par 6.5%, due 12/1/2061	**	9,958	
DTE Energy	6,625 par 5.25%, due 12/1/2062	**	6,559	
Duke Energy Corp.	18,425 par 5.125%, due 1/15/2073	**	18,079	
Entergy Arkansas, Inc.	7,025 par 4.75%, due 6/1/2063	**	6,591	
Entergy Arkansas, Inc.	11,150 par 5.75%, due 11/1/2040	**	11,199	
Entergy Arkansas, Inc.	6,775 par 4.9%, due 12/1/2052	**	6,471	
Entergy Louisiana, LLC	20,000 par 6.0%, due 3/15/2040	**	20,136	
Entergy Louisiana, LLC	5,575 par 5.875%, due 6/15/2041	**	5,591	
Entergy Mississippi, Inc.	11,850 par 6.0%, due 5/1/2051	**	12,096	
General Electric Capital Corp.	51,625 par 4.875%, due 10/15/2052	**	51,171	
General Electric Capital Corp.	46,000 par 4.875%, due 1/29/2053	**	45,393	
General Electric Capital Corp.	47,500 par	**	46,170	

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	4.7%, due 5/16/2053			
Goldman Sachs Group, Inc.	62,475 par	**		63,325
	6.125%, due 11/1/2060			
Goldman Sachs Group, Inc.	52,825 par	**		55,487
	6.5%, due 11/1/2061			
Hartford Financial Services Group	26,400 par	**		31,405
	7.875%, due 4/15/2042			
Integrus Energy Group, Inc.	66,125 par	**		70,436
	6.0%, due 8/1/2073			
Lloyds Banking	86,200 par	**		86,131
	7.75%, due 7/15/2050			
Nextera Energy Capital Holdings, Inc.	9,025 par	**		8,191
	5.0%, due 1/15/2073			
Nextera Energy Capital Holdings, Inc.	22,275 par	**		20,128
	5.125%, due 11/15/2072			
Nextera Energy Capital Holdings, Inc.	10,750 par	**		10,342
	5.625%, due 6/15/2072			
Nextera Energy Capital Holdings, Inc.	10,600 par	**		10,218
	5.7%, due 3/1/2072			
PPL Capital Funding, Inc.	7,050 par	**		6,985
	5.9%, due 4/30/2073			
Protective Life Corp.	24,725 par	**		25,358
	6.25%, due 5/15/2042			
Prudential Financial, Inc.	22,975 par	**		22,745
	5.75%, due 12/15/2052			
Prudential Financial, Inc.	30,050 par	**		29,942
	5.7%, due 3/15/2053			
Qwest Corp.	31,925 par	**		33,189
	7.375%, due 6/1/2051			
Qwest Corp.	33,725 par	**		35,209
	7.5%, due 9/15/2051			
Qwest Corp.	20,375 par	**		20,905
	7.0%, due 4/1/2052			
Qwest Corp.	10,150 par	**		10,446
	7.0%, due 7/1/2052			
Raymond James Financial	11,975 par	**		12,531
	6.9%, due 3/15/2042			
Reinsurance Group America, Inc.	13,625 par	**		14,840
	6.2%, due 9/15/2042			
Senior Housing Property Trust	22,775 par	**		21,017
	5.625%, due 8/1/2042			
Stanley Black & Decker	40,425 par	**		40,118

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		5.75%, due 7/25/2052		
	Torchmark Corp.	6,625 par	**	6,672
		5.875%, due 12/15/2052		
	Ventas Realty LP/Capital Corp.	20,850 par	**	20,108
		5.45%, due 3/15/2043		
	Verizon Communications	52,150 par	**	54,695
		5.9%, due 2/15/2054		
	W.R. Berkley Corp.	25,850 par	**	25,012
		5.625%, due 4/30/2053		
	Total corporate debt instruments			1,111,915
	Annuities			
	Metlife Annual Renewable Fixed		**	1,443,703
	Metlife Annual Renewable Fixed		**	721,130
	John Hancock Venture		**	1,404,820
	Total annuities			3,569,653
	Total investments			\$ 41,777,769

* Party-in-interest as defined by ERISA.

** Information not available.

**Schedule SB, line 26 –
Schedule of Active Participant Data**

	Years of credited service:										
	< 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Attained											
Age											
Under 25	0	0	2	0	0	0	0	0	0	0	2
25 to 29	0	2	30	4	0	0	0	0	0	0	36
30 to 34	0	0	69	27	3	0	0	0	0	0	99
35 to 39	0	0	64	41	20	3	0	0	0	0	128
40 to 44	0	1	68	48	38	28	2	0	0	0	185
45 to 49	0	3	73	64	47	36	14	3	0	0	240
50 to 54	0	0	56	59	49	46	29	9	1	0	249
55 to 59	0	1	41	30	28	27	20	16	10	2	175
60 to 64	0	0	18	21	20	14	19	7	10	3	112
65 to 69	0	0	3	1	6	3	4	1	2	0	20
70 & up	0	0	0	0	2	1	1	0	0	1	5
Total	0	7	424	295	213	158	89	36	23	6	1,251

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

1. Employees Excluded from Cost Participation is frozen as of 7/1/09.
2. Interest Rate 4.99% 1st Segment Rate
6.32% 2nd Segment Rate
6.99% 3rd Segment Rate
3. Mortality rates 2014 Static Mortality table was utilized with the following summary of rates (pre-/post-commencement):

AGE	<u>Pre-</u>		<u>Post-</u>	
	Male	Female	Male	Female
25	.03%	.01%	.03%	.01%
35	.07%	.03%	.07%	.03%
45	.10%	.07%	.16%	.07%
55	.17%	.20%	.39%	.30%
65	.50%	.50%	1.00%	.93%

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

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

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

5. Retirement rates

All active participants are assumed to retire at the following rates:

<u>Age</u>	<u>Rate of Retirement</u>
55 - 61	10.0%
62	25.0%
63 - 67	10.0%
68	100.0%

6. Salary Scale

3.0% per year.

7. Asset Valuation Method

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

8. Expenses

\$200,000 Assumed

9. Marriage

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

10. Form of Payment

100% will elect a Lump sum.

11. Changes to Assumptions

The interest rates and mortality table were updated to comply with PPA '06.

**Schedule SB, Part V –
Summary of Plan Provisions**

1. Plan Year July 1 to June 30
2. Eligibility Enter July 1 or January 1 following age 21 and one year of service. There are no new entrants after 7/1/2009.
3. Normal Retirement Date The participant's 62nd birthday
4. Normal Retirement Benefit A monthly pension for life equal to the sum of 0.7% of compensation plus 0.5% of excess compensation multiplied by years of service (maximum 35 years). Service credited from July 1, 1985.

Plus,

The frozen accrued benefit as of June 30, 1985.
5. Early Retirement Date Age 55 and 10 years of service
6. Early Retirement Benefit Actuarial Equivalent of the monthly retirement income payable under the basic form.
7. Vesting Schedule 100% after 5 years of service.

For those hired before July 1, 2004:

<u>Vesting</u>	<u>years of service</u>
20%	3
40%	4
100%	5
9. Disability Eligibility The Committee makes a determination after consulting the participant and/or allowed physicians.
10. Disability Benefit Temporary Annuity equal to the accrued benefit as of the date of disability.
11. Death Benefit Qualified Joint & Survivor benefit.
12. Pre-85 Benefit Benefits accrued through June 30, 1985 under the “Old Plan” are payable from the current Plan effective June, 1999.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

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

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

A Name of plan THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">B Three-digit plan number (PN) ▶</td> <td style="width: 30%; text-align: center;">002</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN) ▶	002		
B Three-digit plan number (PN) ▶	002				
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF RUMPKE CONSOLIDATED COMPANIES, INC.	D Employer Identification Number (EIN) 31-1247560				
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B					
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500					

Part I Basic Information

1	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2014</u>																				
2	Assets:																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">a Market value</td> <td style="width: 10%; text-align: center;">2a</td> <td style="width: 20%; text-align: right;">46120476</td> </tr> <tr> <td>b Actuarial value</td> <td style="text-align: center;">2b</td> <td style="text-align: right;">44857973</td> </tr> </table>	a Market value	2a	46120476	b Actuarial value	2b	44857973														
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b Actuarial value	2b	44857973																			
3	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Funding target/participant count breakdown</th> <th style="width: 15%;">(1) Number of participants</th> <th style="width: 15%;">(2) Vested Funding Target</th> <th style="width: 20%;">(3) Total Funding Target</th> </tr> </thead> <tbody> <tr> <td>a For retired participants and beneficiaries receiving payment.....</td> <td style="text-align: center;">9</td> <td style="text-align: right;">363420</td> <td style="text-align: right;">363420</td> </tr> <tr> <td>b For terminated vested participants.....</td> <td style="text-align: center;">151</td> <td style="text-align: right;">1979394</td> <td style="text-align: right;">1979394</td> </tr> <tr> <td>c For active participants.....</td> <td style="text-align: center;">1251</td> <td style="text-align: right;">44953886</td> <td style="text-align: right;">45162900</td> </tr> <tr> <td>d Total.....</td> <td style="text-align: center;">1411</td> <td style="text-align: right;">47296700</td> <td style="text-align: right;">47505714</td> </tr> </tbody> </table>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	a For retired participants and beneficiaries receiving payment.....	9	363420	363420	b For terminated vested participants.....	151	1979394	1979394	c For active participants.....	1251	44953886	45162900	d Total.....	1411	47296700	47505714
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d Total.....	1411	47296700	47505714																		
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">a Funding target disregarding prescribed at-risk assumptions</td> <td style="width: 10%; text-align: center;">4a</td> <td style="width: 20%;"></td> </tr> <tr> <td>b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....</td> <td style="text-align: center;">4b</td> <td></td> </tr> </table>	a Funding target disregarding prescribed at-risk assumptions	4a		b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b															
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b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b																				
5	Effective interest rate 5 6.27%																				
6	Target normal cost 6 3800125																				

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	<u>4-7-2016</u> Date
	JEFFREY A. SCHAPPEL, EA, MAAA, MSPA Type or print name of actuary	14-07786 Most recent enrollment number
	CBIZ BENEFITS & INSURANCE, INC. Firm name	216-447-9000 Telephone number (including area code)
	6050 OAK TREE BLVD. SUITE 500 CLEVELAND, OH 44131 Address of the firm	

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2014
v. 140124

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1012770
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	1012770
10 Interest on line 9 using prior year's actual return of <u>12.48%</u>	0	126394
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1130024
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.48%</u>		73226
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		1203250
d Portion of (c) to be added to prefunding balance		1203250
12 Other reductions in balances due to elections or deemed elections		0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2342414

Part III Funding Percentages

14 Funding target attainment percentage	14	89.49 %
15 Adjusted funding target attainment percentage	15	89.49 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	93.94 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	5525042

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 61
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	3800125	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	4990155	1625769	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	5425894	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	5425894	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	5525042	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	99148	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

**Schedule SB, line 32 –
Schedule of Amortization Bases**

Type of Base	Date Established	Balance at Valuation Date	Payment	Years Remaining At Valuation Date
Shortfall	7/1/2008	\$625,958	625,958	1
	7/1/2009	(165,072)	(84,545)	2
	7/1/2010	1,397,704	488,763	3
	7/1/2011	1,958,241	525,878	4
	7/1/2012	(2,579,957)	(567,426)	5
	7/1/2013	410,137	77,636	6
	7/1/2014	3,343,144	559,505	7
Total		\$ 4,990,155	\$ 1,625,769	

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

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

June 30, 2015

Plan No: 002

EIN: 31-1247560

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
Interest bearing cash				
* Morgan Stanley	interest bearing cash	**	\$ 2,052,319	
* Morgan Stanley Liquid Asset Fund	interest bearing cash	**	989,126	
Total interest bearing cash			3,041,445	
Common stocks				
Abbot Laboratories	3,001 shares	**	147,289	
Accenture PLC Ireland	1,172 shares	**	113,426	
Actelion Ltd.	1,314 shares	**	47,669	
ADT Corporation	1,286 shares	**	43,171	
AIA Group Ltd.	5,310 shares	**	138,963	
AIR Liquide ADR	4,084 shares	**	103,734	
Allergan PLC	1,149 shares	**	348,675	
Allianz SE ADS	6,352 shares	**	99,536	
Altria Group, Inc.	6,350 shares	**	310,579	
AMC Networks, Inc.	375 shares	**	30,694	
Amerisourcebergen Corp.	750 shares	**	79,755	
Amgen, Inc.	648 shares	**	99,481	
Anadarko PETE	1,892 shares	**	147,690	
Anglo American PLC ADR	2,104 shares	**	15,233	
Anheuser Busch Inbev	1,691 shares	**	204,053	
AON PLC Shares	338 shares	**	33,692	
Apollo Senior Floating	12,931.345 shares	**	229,919	
ARM Holdings PLC	1,586 shares	**	78,142	
Ashtead Group PLC	687 shares	**	47,795	
ASSA Abloy ADR	7,356 shares	**	68,852	
Associated British FDS PLC	770 shares	**	35,089	
Astrazeneca PLC	2,100 shares	**	133,791	
AT&T Inc.	7,460 shares	**	264,979	
Atlantia SPA Un-sponsored ADR	2,494 shares	**	30,876	
Atlas Copco AS A ADR	1,976 shares	**	55,466	
Autodesk, Inc.	1,449 shares	**	72,559	
Baidu, Inc.	496 shares	**	98,744	
Banco Bilbao Viz Arg SA ADS	5,132 shares	**	50,653	
Bayer AG Spon ADR	660 shares	**	93,050	
Bayerische Motoren Werke AG	2,041 shares	**	74,966	
BCE, Inc.	5,440 shares	**	231,200	
BG Group PLC	7,404 shares	**	124,240	
BHP Billiton, Ltd.	852 shares	**	34,685	
Biogen, Inc.	719 shares	**	290,433	
BNP Paribas SP ADR	1,585 shares	**	48,295	
Boeing Co.	880 shares	**	122,074	

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

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

June 30, 2015

Plan No: 002

EIN: 31-1247560

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
British American TOB Spon ADR	773 shares	**	83,677	
Broadcom Corp.	2,320 shares	**	119,457	
Bunge, Ltd.	728 shares	**	63,918	
Cablevision Systems Corp.	4,424 shares	**	105,911	
Canadian National Railway Co.	1,198 shares	**	69,185	
Carlsberg AS	1,927 shares	**	35,129	
Carnival CP New Paired Com	2,227 shares	**	109,992	
Celgene Corp.	767 shares	**	88,769	
Cerner Corp.	1,497 shares	**	103,383	
Chevron Corp.	2,520 shares	**	243,104	
Cisco Systems, Inc.	9,000 shares	**	247,140	
Citrix Systems, Inc.	990 shares	**	69,458	
CNOOC, Ltd. ADS	1,550 shares	**	219,976	
Cognizant Tech Solutions	1,669 shares	**	101,959	
Colgate Palmolive Co.	1,720 shares	**	112,505	
Comcast Corp.	3,692 shares	**	221,298	
Compagnie Fin Richemontag ADR	4,635 shares	**	37,428	
Compass Group PLC	2,299 shares	**	38,485	
Conocophillips	3,550 shares	**	218,006	
Contl AD Spons ADR	688 shares	**	32,883	
Corning, Inc.	4,160 shares	**	82,077	
Costco Wholesale Corp.	431 shares	**	58,211	
Cree Research, Inc.	2,473 shares	**	64,372	
CSL, Ltd.	1,884 shares	**	62,737	
CVS Health Corp.	831 shares	**	87,155	
Daikin Industries, Ltd.	318 shares	**	46,031	
Daiwa House Industries, Ltd.	3,499 shares	**	81,632	
Dassault Systems SA ADS	1,862 shares	**	136,000	
DBS Group Holdings, Ltd.	949 shares	**	58,449	
DCP Midstream Partners LP	2,800 shares	**	85,932	
Diageo PLC SPON ADR	1,420 shares	**	164,777	
Diamond Offshore Drilling, Inc.	2,860 shares	**	73,817	
Discovery Communications	988 shares	**	32,861	
Dolby	599 shares	**	23,768	
Dollar General Corp.	1,279 shares	**	99,429	
Dollar Tree, Inc.	1,667 shares	**	131,676	
Du Pont El De Nemours & Co.	3,820 shares	**	244,289	
Eli Lilly & Co.	1,950 shares	**	162,806	
Encana Corp.	3,326 shares	**	36,653	
Estee Lauder Co. Inc.	1,435 shares	**	124,357	
Facebook, Inc.	1,166 shares	**	100,002	
Fanuc Corporation	3,565 shares	**	121,959	

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

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

June 30, 2015

Plan No: 002

EIN: 31-1247560

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
Fluor Corp.	1,450 shares	**	76,865	
Freeport-McMoran, Inc.	2,283 shares	**	42,509	
Fresenius Medical Care AG & Co. (FMS)	1,353 shares	**	56,271	
Fresenius Medical Care AG & Co. (FSNUI)	3,711 shares	**	59,784	
Fuchs Petrolub AG	3,801 shares	**	40,253	
General Electric Co.	9,650 shares	**	256,401	
Genuine Parts Co.	2,080 shares	**	186,222	
Gilead Science	1,257 shares	**	147,170	
Google, Inc.	213 shares	**	115,029	
HCP, Inc.	5,765 shares	**	210,250	
Health Care REIT, Inc.	3,050 shares	**	200,172	
Honeywell International, Inc.	1,200 shares	**	122,364	
Hong Kong Exchanges and Clearing	1,009 shares	**	35,487	
HSBC Holdings PLC	4,170 shares	**	186,858	
ICICI Bank, Ltd.	8,025 shares	**	83,621	
Immunogen, Inc.	2,912 shares	**	41,875	
Imperial Oil, Ltd.	1,583 shares	**	61,135	
Informa PLC	2,738 shares	**	47,559	
Intel Corp.	5,255 shares	**	159,831	
Ishares TIPS Bond ETF	2,500 shares	**	280,125	
ISIS Pharm, Inc.	919 shares	**	52,888	
ITAU Unibanco Multiple ADR	4,655 shares	**	50,972	
Japan TOB, Inc.	3,537 shares	**	63,029	
JGC Corp. Unsponsored ADR	1,208 shares	**	45,711	
Johnson & Johnson	2,590 shares	**	252,421	
JP Morgan Chase & Co.	4,200 shares	**	284,592	
KBC Group NV Unsponsored ADR	1,058 shares	**	35,485	
KDDI Corp. Unsponsored ADR	7,521 shares	**	90,365	
Kimberly Clark Corp.	1,725 shares	**	182,798	
Komatsu, Ltd.	1,648 shares	**	33,100	
Kone OYJ ADR	2,168 shares	**	44,032	
L'Oreal Co. ADR	2,544 shares	**	91,126	
L-3 Communications Holdings, Inc.	961 shares	**	108,958	
Liberty Broadband Corp. - A	93 shares	**	4,740	
Liberty Broadband Corp. - C	187 shares	**	9,567	
Liberty Inter Co., Venture SER A	282 shares	**	11,074	
Liberty Interactive Corp.	1,990 shares	**	55,223	
Liberty Media Corp. SER C	750 shares	**	26,925	
Liberty Media Corp. SER A	375 shares	**	13,515	
Linde AG Sponsored ADR	1,957 shares	**	37,203	
Lloyds Banking Group PLC	15,269 shares	**	82,911	
LVMH Moët Hennessy Louis Vuitton	1,127 shares	**	39,614	

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(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
Makita Corp., Ltd.	1,007 shares	**	54,922	
Mastercard, Inc.	981 shares	**	91,704	
Mckesson Corp.	748 shares	**	168,158	
Mediolanum SPA Unsponsored ADR	3,245 shares	**	54,224	
Medtronic PLC	707 shares	**	52,389	
Merck & Co., Inc.	4,970 shares	**	282,937	
Metlife, Inc.	4,620 shares	**	258,674	
Microsoft Corp.	6,602 shares	**	291,478	
Mitsubishi EST ADR	1,810 shares	**	38,969	
Mondelez International, Inc.	4,085 shares	**	168,057	
Monotaro Co., Ltd. ADR	622 shares	**	27,430	
Monsanto Co.	294 shares	**	31,337	
MTN Group, Ltd. Spons ADR	3,013 shares	**	56,464	
Naspers Limited ADR	154 shares	**	23,984	
National Oilwell Varco, Inc.	893 shares	**	43,114	
Nestle Spon ADR Rep Reg SHR	1,759 shares	**	126,929	
Nextera Energy, Inc.	2,535 shares	**	248,506	
Nike, Inc.	672 shares	**	72,589	
Novartis AG ADR	1,564 shares	**	153,804	
Novo Nordisk A/S ADR	3,179 shares	**	174,082	
Now, Inc.	1,118 shares	**	22,259	
Nuance Communications, Inc.	1,955 shares	**	34,232	
Nucor Corporation	1,676 shares	**	73,861	
NXP Semiconductors NV	342 shares	**	33,584	
Occidental Petroleum Corp. DE	672 shares	**	52,261	
Pearson PLC SP ADR	1,466 shares	**	27,795	
Pentair PLC	694 shares	**	47,713	
Pepsico, Inc.	1,880 shares	**	175,479	
Pfizer, Inc.	5,350 shares	**	179,386	
Philip Morris International, Inc.	2,750 shares	**	220,468	
Proshares Ultra Real Estate	1,500 shares	**	139,035	
Proshares Ultrashort 20+ years	1,000 shares	**	49,790	
Prudential PLC ADR	2,380 shares	**	115,573	
Qualcomm, Inc.	754 shares	**	47,223	
Raytheon Co.	3,030 shares	**	289,910	
Red Electrica Corp.	2,821 shares	**	44,953	
Rexam PLC	1,117 shares	**	48,690	
Roche Holdings ADR	3,127 shares	**	109,664	
Royal Dutch Shell PLC CL B	3,755 shares	**	215,349	
Royal Dutch Shell PLC (RDSA)	518 shares	**	29,531	
Royal KPN NV Spons ADR	14,800 shares	**	57,424	
Ryanair Holdings PLC ADR	592 shares	**	42,239	

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Ryohin Keikaku Co. Ltd., ADR	1,040 shares	**	40,456	
Sampo OYJ Un-sponsored ADR	2,325 shares	**	54,754	
Sandisk Corp.	1,320 shares	**	76,850	
Sands China, Ltd., Un-sponsored ADR	1,195 shares	**	41,586	
SAP AG	1,338 shares	**	93,968	
Sasol, Ltd., Sponsored ADR	641 shares	**	23,755	
Schlumberger, Ltd.	810 shares	**	69,814	
Schneider Electric Un-sponsored ADR	4,818 shares	**	66,802	
Seagate Technology PLC	1,864 shares	**	88,540	
Seven & I Holdings Co., Ltd., ADR	3,564 shares	**	76,555	
Shire PLC ADR	434 shares	**	104,807	
Signet Jewelers, Ltd.	268 shares	**	34,368	
Softbank Corp. Un-sponsored ADR	2,432 shares	**	71,622	
Sonova Holdings AG Un-sponsored ADR	1,511 shares	**	40,888	
Sony Corp. ADR	1,772 shares	**	50,307	
SPDR Gold TR Gold Shs	2,000 shares	**	224,740	
Starbucks Corp.	2,632 shares	**	141,115	
Starz Series A	375 shares	**	16,770	
State Street Corp.	568 shares	**	43,736	
Sumitomo Mitsui Financial Group, Inc.	9,662 shares	**	85,895	
Sumitomo Mitsui Financial TR Holdings, Inc.	5,803 shares	**	26,636	
Svenska Handelsbanken AB ADR	4,887 shares	**	35,309	
Swedbank AB Spons ADR	2,796 shares	**	65,538	
Symantec Corp.	5,450 shares	**	126,713	
Symrise AG Un-sponsored ADR	2,696 shares	**	41,923	
Sysmex Corp. Un-sponsored ADR	3,591 shares	**	107,012	
Taiwan Semiconductor Mfg. Co., Ltd ADR	6,083 shares	**	138,145	
Targa Res Partners LP Rep UTS	4,000 shares	**	154,400	
TE Connectivity, Ltd.	1,867 shares	**	120,048	
Telenor ASA ADS	747 shares	**	49,007	
Teva Pharmaceuticals ADR	1,782 shares	**	105,316	
Thermo Fisher Scientific	1,109 shares	**	143,904	
TJX Cos., Inc.	1,785 shares	**	118,113	
Tortoise Pipeline & Energy Fund, Inc.	2,515.276 shares	**	64,366	
Travelers Companies, Inc.	2,380 shares	**	230,051	
Turkiye Garanti Bankasi	13,800 shares	**	43,746	
Tyco International PLC	2,145 shares	**	82,540	
Unicharm Corp. Un-sponsored ADR	19,566 shares	**	93,525	
Unilever NV NY	6,450 shares	**	269,868	
Unilever PLC ADS	2,506 shares	**	107,658	
Union Pacific Corp.	487 shares	**	46,445	
United Parcel Service, Inc.	1,081 shares	**	104,760	

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Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
Unitedhealth Group, Inc.	1,877 shares	**	228,994	
Valeo Sponsored ADR	727 shares	**	57,607	
Vertex Pharmaceuticals	718 shares	**	88,659	
Vinci SA ADR	2,731 shares	**	39,490	
Visa, Inc.	2,687 shares	**	180,432	
Vodafone Group PLC	3,954 shares	**	144,123	
WW Grainger, Inc.	298 shares	**	70,522	
Walgreens Boots Alliance, Inc.	1,387 shares	**	117,118	
Weatherford International, Inc.	11,437 shares	**	140,332	
Wells Fargo & Co.	5,689 shares	**	319,949	
Wisdomtree Trust Emerging Market	3,000 shares	**	130,290	
Wolsely PLC Jersey Sponsored ADR	8,177 shares	**	52,987	
Wolters Kluwer NV Sponsored ADR	1,463 shares	**	43,685	
WPP PLC Sponsored New ADR	1,060 shares	**	119,483	
3M Company	1,500 shares	**	231,450	
Total common stocks			22,739,773	
Preferred stocks				
Aegon NV Series 1	1,089 shares	**	26,343	
Aegon NV 6.375%	1,985 shares	**	49,883	
Alexandria Real Estate	433 shares	**	11,136	
Allstate Corp (ALL.F)	482 shares	**	12,204	
Allstate Corp Dep (ALL.C)	905 shares	**	23,910	
Allstate Corp 5.625% (ALL.A)	454 shares	**	11,196	
Allstate Corp 6.625% (ALL.E)	1,409 shares	**	36,930	
Arch Capital Group, Ltd. 6.75% (ARH.C)	1,440 shares	**	36,749	
Axis Holdings, Ltd. 5.5% (AXS.D)	909 shares	**	21,416	
Axis Holdings, Ltd. 6.875% (AXS.C)	1,493 shares	**	38,295	
Bank New York Mellon 5.2% (BK.C)	3,048 shares	**	73,213	
Bank of America Corp. 6.375% (BML.I)	775 shares	**	19,484	
Bank of America Corp. 6.625% (BAC.I)	1,036 shares	**	26,408	
Bank of America Corp. 6.625% (BAC.W)	3,275 shares	**	83,611	
Bank of America Corp. Pfd D (BAC.D)	1,465 shares	**	36,874	
Bank of America Corp. 6.5% (BAC.Y)	3,396 shares	**	85,681	
Barclays 6.625% Ser 2 (BCS)	1,708 shares	**	43,400	
BB&T Corp. 5.2% (BBT.G)	1,549 shares	**	35,581	
BB&T Corp. 5.625% (BBT.E)	3,092 shares	**	74,610	
BB&T Corp. 5.85% (BBT.D)	808 shares	**	20,079	
BB&T Corp. 5.2% (BBT.F)	519 shares	**	11,942	
Capital One Financial 6% (COF.P)	3,408 shares	**	84,007	
Capital One Financial 6.7% (COF.D)	1,075 shares	**	27,950	
Capital One 6.25% (COF.C)	1,018 shares	**	25,511	

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Charles Schwab Corp. 6% (SCHW.B)	1,239 shares	**	31,929	
Citigroup, Inc. 5.8% (C.C)	1,608 shares	**	40,039	
Citigroup, Inc. 6.875% (C.L)	1,573 shares	**	41,559	
Citigroup, Inc. 6.875% (C.K)	3,130 shares	**	83,446	
Citigroup, Inc. 7.125% (C.J)	1,200 shares	**	32,844	
City National CP Dep 5.5%, Ser C	375 shares	**	9,015	
Deutsche Bank 6.55% (DXB)	3,372 shares	**	88,717	
Digital Realty TR Inc. 5.875%, (DLR.G)	471 shares	**	11,139	
Digital Realty TR Inc. 7.0%, (DLR.E)	561 shares	**	14,339	
Digital Realty TR Inc. 6.625%, (DLR.F)	421 shares	**	10,664	
Digital Realty TR Inc. 7.375%, (DLR.H)	468 shares	**	12,603	
Goldman Sachs Group, Inc. 6.375% (GS.K)	1,768 shares	**	45,915	
Goldman Sachs Group, Inc. 5.50% (GS.J)	2,885 shares	**	70,740	
Health Care REIT 6.50% (HCN.J)	828 shares	**	21,048	
Hospitality PPTYS (HPT.D)	1,129 shares	**	28,846	
HSBC Holdings PLC 8.0% (HSEB)	5,162 shares	**	133,643	
ING Groep NV 6.375% (ISF)	2,164 shares	**	55,333	
ING Groep NV 6.125% (ISG)	942 shares	**	23,946	
ING Groep NV 6.20% (ISP)	581 shares	**	14,862	
JP Morgan Chase & Co. 5.45% (JPM.A)	2,274 shares	**	53,621	
JP Morgan Chase & Co. 6.3% (JPM.E)	1,265 shares	**	31,941	
JP Morgan Chase & Co. 5.5% (JPM.D)	3,475 shares	**	82,184	
JP Morgan Chase & Co. 6.125% (JPM.F)	1,332 shares	**	33,180	
JP Morgan Chase & Co. 6.70% (JPM.B)	1,573 shares	**	41,260	
Kimco Realty Corp. 5.50% (KIM.J)	442 shares	**	10,657	
Kimco Realty Corp. 5.625% (KIM.K)	453 shares	**	10,949	
Kimco Realty Corp. 6.0% (KIM.I)	1,238 shares	**	30,492	
Kimco Realty Corp. 6.90% (KIM.H)	476 shares	**	11,990	
* Morgan Stanley Series A	964 shares	**	19,945	
* Morgan Stanley Series 6.625% (MS.G)	2,200 shares	**	57,090	
* Morgan Stanley Series 6.875% (MS.F)	1,079 shares	**	28,788	
* Morgan Stanley Series 7.125% (MS.E)	1,818 shares	**	50,813	
National Retail Property 6.625% (NNN.D)	1,073 shares	**	27,576	
National Retail Property 5.70% (NNN.E)	936 shares	**	22,670	
Partnerre Ltd. 5.875% (PRE.F)	975 shares	**	23,566	
Partnerre Ltd. 6.5% (PRE.D)	1,364 shares	**	34,350	
Partnerre Ltd. 7.25% (PRE.E)	442 shares	**	11,474	
PNC Financial 6.125% FLTS 5/1/22 (PNC.P)	4,692 shares	**	128,748	
PS Business Parks, Inc. 5.75% (PSB.U)	277 shares	**	6,579	
PS Business Parks, Inc. 6.45% (PSB.S)	779 shares	**	19,802	
PS Business Parks, Inc. 6.00% (PSB.T)	1,248 shares	**	30,726	
Public Storage 6.375% (PSA.R)	1,167 shares	**	29,653	

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Public Storage 5.20% (PSA.X)	279 shares	**	6,534	
Public Storage 5.375% (PSA.V)	451 shares	**	10,553	
Public Storage 5.625% (PSA.U)	435 shares	**	10,601	
Public Storage 5.75% (PSA.T)	1,425 shares	**	34,642	
Public Storage 5.875% (PSA.A)	304 shares	**	7,585	
Public Storage 5.90% (PSA.S)	1,167 shares	**	28,965	
Public Storage 6.375% (PSA.Y)	564 shares	**	14,737	
Public Storage 6.50% (PSA.Q)	581 shares	**	14,763	
Public Storage 6.0% (PSA.Z)	782 shares	**	19,613	
Realty Income Corp. 6.625% (O.F)	1,704 shares	**	43,980	
Regency Centers Co. PFD Ser 7 (REG.G)	270 shares	**	6,731	
Regency Centers Co. Ser 6 (REG.F)	830 shares	**	21,207	
Regions Financial Co. 6.375% (RF.B)	1,266 shares	**	32,549	
Renaissance Holdings 5.375% (RNR.E)	949 shares	**	21,495	
Renaissancere 6.08% (RNR.C)	184 shares	**	4,627	
Royal Bank Scotland Group 5.75% (RBS.L)	3,773 shares	**	91,420	
Royal Bank Scotland Group 6.60% (RBS.S)	764 shares	**	19,054	
Royal Bank Scotland Group 6.40% (RBS.M)	1,202 shares	**	30,008	
Royal Bank Scotland Group 6.35% (RBS.N)	455 shares	**	11,313	
State Street Co. 5.90% Fxd to Flt (STT.D)	1,413 shares	**	36,272	
State Street Co. 5.25% (STT.C)	1,606 shares	**	39,122	
State Street Co. 6.0% (STT.E)	2,832 shares	**	70,885	
Suntrust Banks, Inc. 5.875% (STL.E)	414 shares	**	10,077	
TCF Financial Corp. 7.5% (TCB.B)	988 shares	**	25,886	
U.S. Bancorp PFD B (USB.H)	369 shares	**	8,181	
UBS Preferred FDG Floating Rate (UBS.D)	2,025 shares	**	38,657	
U.S. Bancorp 5.15% (USB.O)	729 shares	**	17,766	
U.S. Bancorp 6.0% 4/15/17 (USB.N)	558 shares	**	14,860	
U.S. Bancorp 6.5% FLTS 1/15/22 (USB.M)	1,486 shares	**	41,935	
Vornado Realty Trust 6.875% (VNO.J)	534 shares	**	13,692	
Vornado Realty Trust 5.40% (VNO.L)	467 shares	**	10,437	
Vornado Realty Trust 5.70% (VNO.K)	603 shares	**	14,327	
Wells Fargo & Company 6.625% (WFC.R)	2,208 shares	**	60,941	
Wells Fargo 5.85% Fixed to Flat (WFC.Q)	2,800 shares	**	71,400	
Wells Fargo 8.0% Non Cum (WFC.J)	902 shares	**	25,436	
Total preferred stocks			3,415,345	
Mutual funds				
EV Floating Rate Hi Income Fund	849,853.030 shares	**	7,487,205	
Principal Capital SEC S	41,534 shares	**	412,433	
Total mutual funds			7,899,638	

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Corporate debt instruments				
Aegon NV	39,675 par 8.0%, due 2/15/2042	**	43,928	
Affiliated Managers Group, Inc.	8,675 par 6.375%, due 8/15/2042	**	8,928	
Affiliated Managers Group, Inc.	6,500 par 5.25%, due 10/15/2022	**	6,560	
AFLAC, Inc.	27,450 par 5.5%, due 9/15/2052	**	26,747	
Allstate Corp.	4,400 par 5.1%, due 1/15/2053	**	4,412	
American Financial Group	10,550 par 6.375%, due 6/12/2042	**	10,816	
American Financial Group	6,450 par 5.75%, due 8/25/2042	**	6,458	
American Financial Group	11,950 par 6.25%, due 9/20/2054	**	12,151	
Comcast Corp.	17,025 par 5.0%, due 12/15/2061	**	17,066	
DTE Energy	9,675 par 6.5%, due 12/1/2061	**	9,958	
DTE Energy	6,625 par 5.25%, due 12/1/2062	**	6,559	
Duke Energy Corp.	18,425 par 5.125%, due 1/15/2073	**	18,079	
Entergy Arkansas, Inc.	7,025 par 4.75%, due 6/1/2063	**	6,591	
Entergy Arkansas, Inc.	11,150 par 5.75%, due 11/1/2040	**	11,199	
Entergy Arkansas, Inc.	6,775 par 4.9%, due 12/1/2052	**	6,471	
Entergy Louisiana, LLC	20,000 par 6.0%, due 3/15/2040	**	20,136	
Entergy Louisiana, LLC	5,575 par 5.875%, due 6/15/2041	**	5,591	
Entergy Mississippi, Inc.	11,850 par 6.0%, due 5/1/2051	**	12,096	
General Electric Capital Corp.	51,625 par 4.875%, due 10/15/2052	**	51,171	
General Electric Capital Corp.	46,000 par 4.875%, due 1/29/2053	**	45,393	
General Electric Capital Corp.	47,500 par	**	46,170	

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Goldman Sachs Group, Inc.	4.7%, due 5/16/2053 62,475 par	**	63,325	
Goldman Sachs Group, Inc.	6.125%, due 11/1/2060 52,825 par	**	55,487	
Hartford Financial Services Group	6.5%, due 11/1/2061 26,400 par	**	31,405	
Integrus Energy Group, Inc.	7.875%, due 4/15/2042 66,125 par	**	70,436	
Lloyds Banking	6.0%, due 8/1/2073 86,200 par	**	86,131	
Nextera Energy Capital Holdings, Inc.	7.75%, due 7/15/2050 9,025 par	**	8,191	
Nextera Energy Capital Holdings, Inc.	5.0%, due 1/15/2073 22,275 par	**	20,128	
Nextera Energy Capital Holdings, Inc.	5.125%, due 11/15/2072 10,750 par	**	10,342	
Nextera Energy Capital Holdings, Inc.	5.625%, due 6/15/2072 10,600 par	**	10,218	
PPL Capital Funding, Inc.	5.7%, due 3/1/2072 7,050 par	**	6,985	
Protective Life Corp.	5.9%, due 4/30/2073 24,725 par	**	25,358	
Prudential Financial, Inc.	6.25%, due 5/15/2042 22,975 par	**	22,745	
Prudential Financial, Inc.	5.75%, due 12/15/2052 30,050 par	**	29,942	
Qwest Corp.	5.7%, due 3/15/2053 31,925 par	**	33,189	
Qwest Corp.	7.375%, due 6/1/2051 33,725 par	**	35,209	
Qwest Corp.	7.5%, due 9/15/2051 20,375 par	**	20,905	
Qwest Corp.	7.0%, due 4/1/2052 10,150 par	**	10,446	
Raymond James Financial	7.0%, due 7/1/2052 11,975 par	**	12,531	
Reinsurance Group America, Inc.	6.9%, due 3/15/2042 13,625 par	**	14,840	
Senior Housing Property Trust	6.2%, due 9/15/2042 22,775 par	**	21,017	
Stanley Black & Decker	5.625%, due 8/1/2042 40,425 par	**	40,118	

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		5.75%, due 7/25/2052		
	Torchmark Corp.	6,625 par	**	6,672
		5.875%, due 12/15/2052		
	Ventas Realty LP/Capital Corp.	20,850 par	**	20,108
		5.45%, due 3/15/2043		
	Verizon Communications	52,150 par	**	54,695
		5.9%, due 2/15/2054		
	W.R. Berkley Corp.	25,850 par	**	25,012
		5.625%, due 4/30/2053		
	Total corporate debt instruments			1,111,915
	Annuities			
	Metlife Annual Renewable Fixed		**	1,443,703
	Metlife Annual Renewable Fixed		**	721,130
	John Hancock Venture		**	1,404,820
	Total annuities			3,569,653
	Total investments			\$ 41,777,769

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

**Schedule SB, line 19 –
Discounted Employer Contributions**

2. Contribution Summary

<u>Date Paid</u>	<u>Contribution Amount</u>	<u>Discounted to 7/1/2014</u>
6/15/2015	\$1,500,000	\$1,409,321
9/15/2015	\$1,500,000	\$1,390,843
12/15/2015	\$1,500,000	\$1,372,767
3/15/2016	\$1,500,000	\$1,352,111
	<u>6,000,000</u>	<u>5,525,042</u>