

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2014 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>12/01/2014</u> and ending <u>11/30/2015</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>CIC GROUP, INC. EMPLOYEES PENSION PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>	
	1c Effective date of plan <u>11/30/1957</u>		
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>CIC GROUP, INC.</u> <u>P.O. BOX 66714</u> <u>ST. LOUIS, MO 63166-6714</u> <u>530 MARYVILLE CENTRE DRIVE</u> <u>SUITE 100</u> <u>ST. LOUIS, MO 63141-5801</u>	2b Employer Identification Number (EIN) <u>46-0509421</u>	2c Plan Sponsor's telephone number <u>314-682-2900</u>	2d Business code (see instructions) <u>551112</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.	09/15/2016	JOE SCHOMBER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	531
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	283
a(2) Total number of active participants at the end of the plan year		6a(2)	243
b Retired or separated participants receiving benefits		6b	162
c Other retired or separated participants entitled to future benefits.....		6c	95
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	500
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	24
f Total. Add lines 6d and 6e		6f	524
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	1
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 1I			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) ☐ Insurance		(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☐ <u>0</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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 12/01/2014 and ending 11/30/2015

▶ **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 <u>CIC GROUP, INC. EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CIC GROUP, INC.</u>	D Employer Identification Number (EIN) <u>46-0509421</u>
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>12</u> Day <u>01</u> Year <u>2014</u>	
2 Assets:	
a Market value	2a <u>64888794</u>
b Actuarial value	2b <u>61409673</u>
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.....	<u>177</u> <u>31844864</u> <u>31844864</u>
b For terminated vested participants.....	<u>71</u> <u>1682896</u> <u>1682896</u>
c For active participants.....	<u>283</u> <u>13233789</u> <u>15126617</u>
d Total.....	<u>531</u> <u>46761549</u> <u>48654377</u>
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 <u>6.42%</u>
6 Target normal cost	6 <u>85000</u>

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		<u>09/08/2016</u>
	Signature of actuary	Date
<u>JON D. RENAUD, F.S.A., E.A.</u>	Type or print name of actuary	<u>14-07468</u>
		Most recent enrollment number
<u>HEWITT ASSOCIATES LLC</u>	Firm name	<u>314-721-5100</u>
		Telephone number (including area code)
<u>8182 MARYLAND AVENUE</u> <u>SUITE 1500</u> <u>ST. LOUIS, MO 63105-3916</u>	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)	10853856	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	85000	0
9 Amount remaining (line 7 minus line 8)	10768856	0
10 Interest on line 9 using prior year's actual return of <u>10.41</u> %	1121038	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(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>6.27</u> %		0
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		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	11889894	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	101.77 %
15 Adjusted funding target attainment percentage	15	126.21 %
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	116.03 %
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
Totals ►			18(b)	0	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	0
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 63
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	85000	
b Excess assets, if applicable, but not greater than line 31a	31b	85000	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

SCHEDULE 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 12/01/2014 and ending 11/30/2015

A Name of plan <u>CIC GROUP, INC. EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CIC GROUP, INC.</u>	D Employer Identification Number (EIN) <u>46-0509421</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

23-2186884

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

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

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)

TOWERS WATSON

23-1159360

(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 50	NONE	43329	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON HEWITT

8182 MARYLAND AVE.
SUITE 1500
ST. LOUIS, MO 63105

(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 15 50	NONE	12852	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: DWYER COSTELLO AND KNOX PC	b EIN: 43-1245811
c Position: ACCOUNTANT	
d Address: 8 THE PINES COURT SUITE A ST. LOUIS, MO 63141	e Telephone: 314-205-0575
Explanation: THE TERMINATION OF THEIR SERVICES WAS DUE TO MOVING ALL OF OUR AUDIT SERVICES (FINANCIAL AND BENEFIT PLANS) TO RUBIN BROWN	

a Name: JASON C. RICHARDS	b EIN: 23-1159360
c Position: ENROLLED ACTUARY	
d Address: TOWERS WATSON DELAWARE, INC. 101 SOUTH HANLEY ST. LOUIS, MO 63105-3411	e Telephone: 314-719-5900
Explanation: CONSOLIDATION OF ACTUARIAL, PLAN ADMINISTRATION AND TRUST SERVICES.	

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>12/01/2014</u> and ending <u>11/30/2015</u>		
A Name of plan <u>CIC GROUP, INC. EMPLOYEES PENSION PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CIC GROUP, INC.</u>		D Employer Identification Number (EIN) <u>46-0509421</u>

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	643685	414899
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	22500	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(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)	64245109	61323996
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(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	64911294	61738895

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	55500	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	55500	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	64855794	61738895
---	-----------	----------	----------

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)		
(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)		0

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1706373	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1706373

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(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)		-1084485
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		621888

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3656587	
(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)		3656587
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)	56181	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	26019	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		82200
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3738787

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-3116899
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: RUBIN BROWN

(2) EIN: 43-0765316

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		2100000
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
 VANGUARD

6b Trust's EIN
 232186884

<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 12/01/2014 and ending 11/30/2015		
A Name of plan CIC GROUP, INC. EMPLOYEES PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CIC GROUP, INC.		D Employer Identification Number (EIN) 46-0509421
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 0
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): 43-6026068		
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 4
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: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

CIC GROUP, INC.
EMPLOYEES PENSION PLAN
FINANCIAL STATEMENTS
NOVEMBER 30, 2015

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Independent Auditors' Report

Trustees
CIC Group, Inc. Employees Pension Plan
St. Louis, Missouri

Report On The Financial Statements

We have audited the accompanying financial statements of CIC Group, Inc. Employees Pension Plan, which comprise the statement of net assets available for benefits as of November 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

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

Auditors' Responsibility

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of CIC Group, Inc. Employees Pension Plan as of November 30, 2015, and the changes in net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Other Matter

The financial statements of CIC Group, Inc. Employees Pension Plan for the year ended November 30, 2014, were audited by another auditor who expressed an unmodified opinion on those statements on July 28, 2015.

Report On Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedules of assets held at end of year as of November 30, 2015 and reportable transactions for the year ended November 30, 2015 are presented for purposes of additional analysis and are not a required part of the basic financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplemental schedules are the responsibility of the Plan's management, and were 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, the information is fairly stated in all material respects in relation to the financial statements as a whole.

RubinBrown LLP

September 14, 2016

CIC GROUP, INC. EMPLOYEES PENSION PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	November 30,	
	2015	2014
Assets		
Investments		
Equity funds	\$ 41,082,330	\$ 44,039,344
Bond fund	20,241,666	20,205,765
Total Investments	61,323,996	64,245,109
Cash	414,899	643,685
Prepaid Expenses	—	22,500
Total Assets	61,738,895	64,911,294
Liabilities		
Accrued administrative fees	—	55,500
Net Assets Available For Benefits	\$ 61,738,895	\$ 64,855,794

CIC GROUP, INC. EMPLOYEES PENSION PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For The Years Ended November 30,	
	2015	2014
Deductions From Net Assets Attributed To:		
Benefits paid directly to participants	\$ 3,656,587	\$ 6,091,466
Administrative expenses	82,200	114,336
Total Deductions	3,738,787	6,205,802
Investment Income (Loss)		
Dividends and interest	1,706,373	1,763,731
Net appreciation (depreciation) of mutual funds	(1,084,485)	4,767,918
Net Investment Income	621,888	6,531,649
Net Increase (Decrease)	(3,116,899)	325,847
Net Assets Available For Benefits - Beginning Of Year	64,855,794	64,529,947
Net Assets Available For Benefits - End Of Year	\$ 61,738,895	\$ 64,855,794

CIC GROUP, INC. EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

November 30, 2015 And 2014

1. Description Of The Plan

The following description of CIC Group, Inc. Employees Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan Document for more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan extended to all employees, which includes salaried employees (aged 18 or over and having 1,000 hours of service in a 12-month period) of CIC Group, Inc. (the Company) and its participating subsidiaries, St. Louis Metallizing Company, Wyatt Field Service Company, Nooter/Eriksen, Nooter Construction, Nooter Corporation, Superior Corporate Travel, Pressline Services, Megamet Solid Metals, Inc., RMF Nooter, Delta Nooter, CIC Group, and SPSI. As of September 1, 2003, Nooter Construction Company acquired the assets of RMF Nooter, Inc. and Delta Nooter, Inc. Employees of these entities were eligible to participate, effective October 1, 2003.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The pension benefits under the Plan were frozen effective November 30, 2007. There will be no future benefit accruals in the Plan and employees will not earn any additional benefits after November 30, 2007. There will be no pension plan benefits available to employees who have not met the participation requirements of the Plan on or before December 1, 2007.

Effective October 1, 2014, The Plan was amended to allow a limited window for distributions to certain terminated deferred Plan participants and their alternative payees. The eligible terminated deferred participants and their alternative payees could elect to take a distribution of their vested accrued benefits in the form of a lump sum payment during a limited period which began October 1, 2014 and ended on October 31, 2014.

CIC GROUP, INC. EMPLOYEES PENSION PLAN

Notes To Financial Statements *(Continued)*

Effective July 1, 2015, The Plan was amended to allow a permanent option of the lump-sum payment upon retirement. Participants are now able to elect a lump sum distribution as an optional form of pension that may be distributed following termination of employment. The amount of the lump sum payment shall be equal to the Actuarial Equivalent of the normal form of pension. Distribution of the participant's benefits will commence on the first day of the month coinciding with or next following the later of the date the Company receives properly completed distribution forms or the date 30 days after the date of the distribution notice, although the actual payment may be delayed for administrative purposes.

Administration

The Company is designated as the administrator of the Plan. The Board of Directors appointed a Retirement Committee, consisting of three persons, to assist and advise in the administration of the Plan. The Retirement Committee has discretionary and final authority to determine eligibility for benefits, actual coverage, and payment of benefits and final authority to construe all terms of the Plan. The members of the Retirement Committee also serve as trustees for the Plan and are responsible for maintaining Plan assets in a trust fund. The assets of the Plan are held by Vanguard Group (Vanguard), which collects investment income and executes trust asset transactions as directed by the Retirement Committee. Substantially all administrative expenses are paid by the Plan. Certain expenses are paid by the Company.

Pension Benefits

Participants become fully vested after five years of vesting service or reach age 62, as defined by the Plan. A participant whose employment by the Company terminates prior to his or her normal retirement date and prior to the completion of five years of vesting service shall not be entitled to any benefits under the Plan. The Plan provides for normal retirement benefits upon reaching age 65 and has provisions for disability, early and postponed benefits for those participants who are eligible to receive such benefits. Normal retirement benefits are based upon average monthly basic salary and years of credited service as defined by Plan provisions and are in the form of an annuity or lump-sum payment. All pension benefits were frozen as of 2007.

CIC GROUP, INC. EMPLOYEES PENSION PLAN

Notes To Financial Statements *(Continued)*

Vesting

For an employee as of November 30, 1976, the period of continuous employment with an employer as of such date shall be counted as vesting service. However, any period of employment prior to the 18th birthday of the employee shall be excluded. Vesting service determined under this paragraph shall be computed as the number of completed years of continuous employment, provided, however, that if a remaining partial year exceeds 5 months, it shall be considered as a completed year.

For employees hired after November 30, 1976, each employee shall accrue one year of vesting service for each Plan year after the Plan year ending November 29, 1976 in which he has 1,000 or more hours of service regardless of his employment classification. However, hours of service accrued for employment prior to the 18th birthday of the employee shall be disregarded.

Administrative Expenses

Significant professional and administrative fees were paid by the Plan during 2015.

2. Summary Of Significant Accounting Policies

Basis Of Accounting

The financial statements of the Plan are prepared on the accrual method of accounting.

Estimates And Assumptions

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

CIC GROUP, INC. EMPLOYEES PENSION PLAN

Notes To Financial Statements *(Continued)*

Valuation Of Investments And Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for further discussion regarding fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned 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

Benefit payments to participants are recorded upon distribution. During the current year, the Plan paid \$3,190,241 of pensions and also \$466,346 to four participants in lump sum payments. In the prior year, the Plan paid \$2,966,345 of pensions and also \$3,125,121 to 102 participants in lump sum payments.

Actuarial Present Value Of Accumulated Plan Benefits

Accumulated benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated 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 employees' compensation during their last five years of credited service. The accumulated benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). 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.

CIC GROUP, INC. EMPLOYEES PENSION PLAN

Notes To Financial Statements *(Continued)*

The more significant assumptions underlying the actuarial computations as of December 1, 2014 are as follows:

Actuarial cost method:	Projected unit credit method
Mortality basis - Healthy:	RP-2014 employees and healthy annuitants mortality table. Mortality rates are projected generationally from 2014 using a modified version of Scale MP-2014. Mortality improvement is graded over 10 years to a long term rate of 0.75% up to age 85 and then declines to 0% by age 95
Mortality basis - Disability:	RP-2014 disabled retirement mortality table. Same projection as healthy live.
Retirement:	Based on assumed retirement rate table beginning at age 55.
Assumed discount rate:	4%

Changes In Assumptions

For the valuation as of December 1, 2014, the following assumption changes were made:

- A change in the interest rate from 4.7% to 4%.
- A change in the mortality assumption from the 2013 static mortality table for annuitants and nonannuitants per §1.430(h)(3)-1(e) for healthy lives and the Revenue Ruling 96-7 mortality table for disability after December 31, 1994 for disabled lives to the RP-2014 mortality table for employees and healthy annuitants projected generationally using a modified Scale MP- 2014 for healthy lives and the RP-2014 disabled retiree mortality table projected generationally using a modified Scale MP-2014 for disabled lives.

Subsequent Events

Management has evaluated subsequent events through September 14, 2016, the date which the financial statements were available for issue.

3. Funding Policy

The Plan is a defined benefit plan to which the Company contributes such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan participants. No contributions are allowed by employees.

CIC GROUP, INC. EMPLOYEES PENSION PLAN

Notes To Financial Statements *(Continued)*

Contributions by the Company are designed to fund the Plan's current service costs on a current basis. The yield on investments serves to reduce further contributions that would otherwise be required to provide for the defined level of benefits under the Plan.

Contributions to provide benefits under the Plan are made by the Company and its subsidiaries. The Company's funding policy is to make an annual contribution to the Plan based on actuarial valuations and recommendations as to the amounts required to fund benefits under the Plan. The Company has met the ERISA minimum funding requirements in 2015 and 2014.

4. Investments

The following table lists the fair value of investments that represent 5% or more of the Plan's net assets at the end of the Plan year:

	For The Years Ended November 30,	
	2015	2014
Vanguard European Stock Index Adm	\$ 5,088,796	\$ 5,297,925
Vanguard Long-Term Invest-Gr Adm	20,241,666	20,205,765
Vanguard Pacific Stock Index Adm	5,216,437	5,205,557
Vanguard Total Stock Mkt Idx Inst	30,777,097	33,535,862

5. Fair Value Measurements

The Plan utilizes an established 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 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.
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CIC GROUP, INC. EMPLOYEES PENSION PLAN

Notes To Financial Statements (*Continued*)

- Level 2 Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

The following is a description of the valuation methodology used for assets measured at fair value:

Equity Funds And Bond Fund

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

CIC GROUP, INC. EMPLOYEES PENSION PLAN

Notes To Financial Statements *(Continued)*

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of November 30, 2015 and 2014:

November 30, 2015

	Level 1	Level 2	Level 3	Total
Equity funds	\$ 41,082,330	\$ —	\$ —	\$ 41,082,330
Bond funds	20,241,666	—	—	20,241,666
Total assets at fair value	\$ 61,323,996	\$ —	\$ —	\$ 61,323,996

November 30, 2014

	Level 1	Level 2	Level 3	Total
Equity funds	\$ 44,039,344	\$ —	\$ —	\$ 44,039,344
Bond funds	20,205,765	—	—	20,205,765
Total assets at fair value	\$ 64,245,109	\$ —	\$ —	\$ 64,245,109

There have been no changes in the methodologies used at November 30, 2015 or 2014.

6. Plan Termination

Although the Company has not expressed any intent to do so, it has the right to terminate the Plan. 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, to the extent described in the Plan after provision for the expenses of liquidation, in the order indicated:

- Pensions that became payable or could have become payable under provisions of the Plan three or more years before the effective date of plan termination.

CIC GROUP, INC. EMPLOYEES PENSION PLAN

Notes To Financial Statements (*Continued*)

- Pensions for those participants who were not covered under the above whose employment either terminated prior to the effective date of the plan termination or, had their employment terminated prior to this date, who would have been eligible for any immediate or deferred pension benefits as provided under the Plan.
- Other vested benefits not provided for above.
- Other benefits not provided for above.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (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. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward. Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

7. Present Value Of Accumulated Benefits

The present value of accumulated benefits has been determined by an actuary from Aon Hewitt, and is that amount which results from applying actuarial assumptions to adjust the accumulated benefits 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.

CIC GROUP, INC. EMPLOYEES PENSION PLAN

Notes To Financial Statements (Continued)

The present value of accumulated benefits as of December 1, 2014 and 2013 is as follows:

	December 1,	
	2014	2013
Actuarial Present Value Of Accumulated Plan Benefits		
Vested benefits:		
Participants currently receiving payments	\$ 39,871,567	\$ 33,823,240
Other participants	22,742,773	24,767,042
	62,614,340	58,590,282
Nonvested benefits	2,721,141	3,165,971
	65,335,481	61,756,253
Total Actuarial Present Value Of Accumulated Plan Benefits	\$ 65,335,481	\$ 61,756,253

The present value of accumulated benefits changed from beginning of the year to the end of the year as follows:

	For The Years Ended December 1,	
	2014	2013
Actuarial Present Value Of Accumulated Plan Benefits At Beginning Of Year	\$ 61,756,253	\$ 67,721,708
Increase (Decrease) During The Year Attributable To:		
Interest	2,761,038	2,494,490
Change in actuarial assumptions	7,164,842	(7,471,940)
Benefits accumulated	(255,186)	1,438,286
Benefits paid	(6,091,466)	(2,426,291)
Net Increase (Decrease)	3,579,228	(5,965,455)
Actuarial Present Value Of Accumulated Plan Benefits At End Of Year	\$ 65,335,481	\$ 61,756,253

8. 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 that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

CIC GROUP, INC. EMPLOYEES PENSION PLAN

Notes To Financial Statements *(Continued)*

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 could materially affect the amounts reported and disclosed in the financial statements.

9. Income Tax Status

The Plan received its latest determination letter dated July 16, 2012 in which the Internal Revenue Service (IRS) stated that the Plan and related trust, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the Code). The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, the Plan Administrator believes that the Plan was qualified and the related trust was tax-exempt and that the termination of the Plan does not adversely affect its qualification for federal tax purposes.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's federal tax returns for tax years 2012 and later remain subject to examination by taxing authorities.

10. Party In Interest Transactions

Plan investments consist of mutual funds managed by The Vanguard Group. These transactions qualify as party in interest transactions allowable under ERISA.

Supplemental Schedules

Schedule SB Attachment (Form 5500)—2014 Plan Year
CIC GROUP, INC. EMPLOYEES PENSION PLAN
EIN: 460509421 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of December 1, 2014

Attained Age	Number of Participants and Average Accrued Benefit									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29			1	1						
30-34			15	6						
35-39			9	18	11					
40-44			2	9	7	3	1			
45-49			6	8	6	5	6			
50-54		1	9	11	4	5	7	1	2	
55-59			7	12	4	3	9	7	14	2
60-64			10	6	15	5	4	4	7	3
65-69			1	3	4	1	2			
70+			1		1	2				2

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Schedule SB Attachment (Form 5500)—2014 Plan Year
CIC GROUP, INC. EMPLOYEES PENSION PLAN
EIN: 460509421 PN: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of August 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.99%
2nd Segment Rate	6.32%
3rd Segment Rate	6.99%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of August 2014), without regard to interest rate stabilization
1st Segment Rate	1.15%
2nd Segment Rate	4.06%
3rd Segment Rate	5.14%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy	2014 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Disabled	Revenue Ruling 96-7 mortality table for disability after December 31, 1994
Withdrawal Rates	See Table 2
Disability Rates	50% of 1987 CGDT
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are two years older than their spouses.

Schedule SB Attachment (Form 5500)—2014 Plan Year
CIC GROUP, INC. EMPLOYEES PENSION PLAN
EIN: 460509421 PN: 001

Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2012 Plan Year	7.15%
2013 Plan Year	7.15%, limited to 6.76%
Trust Expenses Included in Target Normal Cost	\$85,000
Actuarial Method	Standard unit credit cost method
Valuation Date	December 1, 2014

Schedule SB Attachment (Form 5500)—2014 Plan Year
CIC GROUP, INC. EMPLOYEES PENSION PLAN
EIN: 460509421 PN: 001

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
55	2.00%
56	2.00%
57	2.00%
58	2.00%
59	2.00%
60	2.00%
61	2.00%
62	25.00%
63	20.00%
64	5.00%
65+	100.00%

Schedule SB Attachment (Form 5500)—2014 Plan Year
CIC GROUP, INC. EMPLOYEES PENSION PLAN
EIN: 460509421 PN: 001

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	15.00%	45	8.00%
16	15.00%	46	7.65%
17	15.00%	47	7.30%
18	15.00%	48	6.95%
19	15.00%	49	6.60%
20	15.00%	50	6.25%
21	15.00%	51	4.50%
22	15.00%	52	4.00%
23	15.00%	53	3.50%
24	15.00%	54	3.00%
25	15.00%	55+	0.00%
26	14.65%		
27	14.30%		
28	13.95%		
29	13.60%		
30	13.25%		
31	12.90%		
32	12.55%		
33	12.20%		
34	11.85%		
35	11.50%		
36	11.15%		
37	10.80%		
38	10.45%		
39	10.10%		
40	9.75%		
41	9.40%		
42	9.05%		
43	8.70%		
44	8.35%		

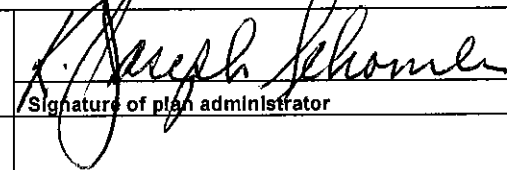
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4085 of the 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: 1.2em; 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>12/01/2014</u> and ending <u>11/30/2015</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 CIC GROUP, INC. EMPLOYEES PENSION PLAN 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) CIC GROUP, INC. P.O. BOX 66714 530 MARYVILLE CENTRE DRIVE SUITE 100 ST. LOUIS MO 63166-6714 ST. LOUIS MO 63141-5801	1b Three-digit plan number (PN) ▶ 001 1c Effective date of plan 11/30/1957 2b Employer Identification Number (EIN) 46-0509421 2c Plan Sponsor's telephone number 314-682-2900 2d Business code (see instructions) 551112

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		9-14-16	K. JOSEPH SCHOMBER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
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:		3c Administrator's telephone number	
a Sponsor's name		4b EIN	
5 Total number of participants at the beginning of the plan year		4c PN	
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).		5 531	
a(1) Total number of active participants at the beginning of the plan year		6a(1) 283	
a(2) Total number of active participants at the end of the plan year		6a(2) 243	
b Retired or separated participants receiving benefits		6b 162	
c Other retired or separated participants entitled to future benefits		6c 95	
d Subtotal. Add lines 6a(2), 6b, and 6c		6d 500	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 24	
f Total. Add lines 6d and 6e		6f 524	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 1	
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 1I			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) ☐ Insurance		(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information - Small Plan)	
(3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☐ 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 _____

CIC GROUP, INC. EMPLOYEES PENSION PLAN

E.I.N. 46-0509421 PLAN 001
SCHEDULE OF REPORTABLE TRANSACTIONS
For The Year Ended November 30, 2015

Description	Total Value Of Purchases		Total Net Selling Price	Expenses Incurred In Transaction	Total Cost Of Assets Sold	Total Current Value Of Assets On Transaction Date	Net Gain (Loss)
Transactions In Excess Of 5% Of Plan Net Assets:							
* Vanguard Total Stock Mkt Idx Inst	\$	—	\$ 3,543,000	\$ —	\$ 3,283,936	\$ 3,543,000	\$ 259,064

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4j.

*Represents a party-in-interest to the Plan.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2014**This Form is Open to Public
Inspection**For calendar plan year 2014 or fiscal plan year beginning 12/01/2014 and ending 11/30/2015▶ **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 CIC GROUP, INC. EMPLOYEES PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CIC GROUP, INC.		D Employer Identification Number (EIN) 46-0509421
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>12</u> Day <u>01</u> Year <u>2014</u>			
2 Assets:			
a Market value		2a	64,888,794
b Actuarial value		2b	61,409,673
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	177	31,844,864	31,844,864
b For terminated vested participants	71	1,682,896	1,682,896
c For active participants	283	13,233,789	15,126,617
d Total	531	46,761,549	48,654,377
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	6.42%	
6 Target normal cost	6	85,000	

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 JON D. RENAUD, F.S.A., E.A. <i>Jon D. Renaud</i>	09/08/2016
	Type or print name of actuary HEWITT ASSOCIATES LLC	Date 1407468
	Firm name 8182 MARYLAND AVENUE SUITE 1500 ST. LOUIS MO 63105-3916	Most recent enrollment number 314-721-5100
	Address of the firm	Telephone number (including area code)

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 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 63
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	85,000	
b Excess assets, if applicable, but not greater than line 31a	31b	85,000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Schedule SB Attachment (Form 5500)—2014 Plan Year
CIC GROUP, INC. EMPLOYEES PENSION PLAN
EIN: 460509421 PN: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	2.00%	1.0000	1.10
56	2.00%	0.9800	1.10
57	2.00%	0.9604	1.09
58	2.00%	0.9412	1.09
59	2.00%	0.9224	1.09
60	2.00%	0.9039	1.08
61	2.00%	0.8858	1.08
62	25.00%	0.8681	13.46
63	20.00%	0.6511	8.20
64	5.00%	0.5209	1.67
65	100.00%	0.4948	32.16
Weighted Average			63.12

Schedule SB Attachment (Form 5500)—2014 Plan Year
CIC GROUP, INC. EMPLOYEES PENSION PLAN
EIN: 460509421 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of December 1, 2014

Attained Age	Number of Participants and Average Accrued Benefit									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29			1	1						
30-34			15	6						
35-39			9	18	11					
40-44			2	9	7	3	1			
45-49			6	8	6	5	6			
50-54		1	9	11	4	5	7	1	2	
55-59			7	12	4	3	9	7	14	2
60-64			10	6	15	5	4	4	7	3
65-69			1	3	4	1	2			
70+			1		1	2				2

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Schedule SB Attachment (Form 5500)—2014 Plan Year
CIC GROUP, INC. EMPLOYEES PENSION PLAN
EIN: 460509421 PN: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of August 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.99%
2nd Segment Rate	6.32%
3rd Segment Rate	6.99%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of August 2014), without regard to interest rate stabilization
1st Segment Rate	1.15%
2nd Segment Rate	4.06%
3rd Segment Rate	5.14%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy	2014 static mortality table for annuitants and non- annuitants per §1.430(h)(3)-1(e)
Disabled	Revenue Ruling 96-7 mortality table for disability after December 31, 1994
Withdrawal Rates	See Table 2
Disability Rates	50% of 1987 CGDT
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are two years older than their spouses.

Schedule SB Attachment (Form 5500)—2014 Plan Year
CIC GROUP, INC. EMPLOYEES PENSION PLAN
EIN: 460509421 PN: 001

Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2012 Plan Year	7.15%
2013 Plan Year	7.15%, limited to 6.76%
Trust Expenses Included in Target Normal Cost	\$85,000
Actuarial Method	Standard unit credit cost method
Valuation Date	December 1, 2014

Schedule SB Attachment (Form 5500)—2014 Plan Year
CIC GROUP, INC. EMPLOYEES PENSION PLAN
EIN: 460509421 PN: 001

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
55	2.00%
56	2.00%
57	2.00%
58	2.00%
59	2.00%
60	2.00%
61	2.00%
62	25.00%
63	20.00%
64	5.00%
65+	100.00%

Schedule SB Attachment (Form 5500)—2014 Plan Year
CIC GROUP, INC. EMPLOYEES PENSION PLAN
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Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	15.00%	45	8.00%
16	15.00%	46	7.65%
17	15.00%	47	7.30%
18	15.00%	48	6.95%
19	15.00%	49	6.60%
20	15.00%	50	6.25%
21	15.00%	51	4.50%
22	15.00%	52	4.00%
23	15.00%	53	3.50%
24	15.00%	54	3.00%
25	15.00%	55+	0.00%
26	14.65%		
27	14.30%		
28	13.95%		
29	13.60%		
30	13.25%		
31	12.90%		
32	12.55%		
33	12.20%		
34	11.85%		
35	11.50%		
36	11.15%		
37	10.80%		
38	10.45%		
39	10.10%		
40	9.75%		
41	9.40%		
42	9.05%		
43	8.70%		
44	8.35%		

Schedule SB Attachment (Form 5500)—2014 Plan Year
CIC GROUP, INC. EMPLOYEES PENSION PLAN
EIN: 460509421 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

The following plan provisions reflect the plan document as restated on December 31, 2011.

Participation

Covered Employees	All salaried employees and officers
Participation Date	December 1 or June 1 next following attainment of age 18, 12 months, and completion of 1,000 hours of service Plan participation is closed to employees who were not participants as of December 1, 2007.

Definitions

Vesting Service	Prior to November 30, 1976, completed years of continuous service accrued after attainment of age 18 with a partial year exceeding five months considered a complete year After November 30, 1976, one year for each plan year in which the participant has at least 1,000 hours of service, disregarding hours of service accrued prior to the year in which the employee attains age 18
Credited Service	Prior to November 30, 1976, a period of continuous employment accrued after the participant's 18th birthday After November 30, 1976, a month for each 160 hours of service completed by an eligible participant not to exceed the number of months for which he was employed in that year Credited service was frozen as of November 30, 2007.
Basic Salary	Regular monthly rate of compensation in effect on the last day of the plan year
Pensionable Pay	Average monthly basic salary for any five consecutive plan years Pensionable pay was frozen as of November 30, 2007.
Normal Retirement Date	Last day of the month in which the participant attains age 65 and completes five years of vesting service

Schedule SB Attachment (Form 5500)—2014 Plan Year
CIC GROUP, INC. EMPLOYEES PENSION PLAN
EIN: 460509421 PN: 001

Monthly Pension Benefit	<p>Greater of 1% of pensionable salary or \$15 multiplied by projected credited service at Normal Retirement Date (maximum 35 years.) This amount is then multiplied by credited service at pension determination date and divided by credited service at Normal Retirement Date.</p> <p>Employee members of the Board of Directors who have served on the Board for five years are eligible for a Special Normal Retirement Pension. The pension benefit for such members is determined as 1.0% of pensionable salary plus 1.0% of pensionable salary in excess of the Integration Level multiplied by credited service. The Integration Level is equal to 2/3 of the 5-year average of the 401(a)(17) pay limit.</p> <p>The monthly pension benefit is payable for the participant's lifetime, but in no event less than 120 monthly payments.</p>
Monthly Preretirement Death Benefit	<p>50% of the monthly pension benefit as of the date of death, determined as if the participant had attained his Normal Retirement Date on the date of death, reduced by the 50% joint and survivor election</p>
Eligibility for Benefits	
Normal Retirement	<p>Retirement at Normal Retirement Date</p>
Early Retirement	<p>Retirement before Normal Retirement Date and on or after both attaining age 55 and completing ten years of vesting service, or attaining age 62</p>
Postponed Retirement	<p>Retirement after Normal Retirement Date</p>
Deferred Vested	<p>Termination for reasons other than death, disability or retirement after completing five years of vesting service</p>
Disability	<p>Termination for reason of total and permanent disability after attaining age 35 and completing 10 years of vesting service</p>
Preretirement Death Benefit	<p>Death while eligible for deferred vested, early, normal, or postponed retirement benefits, with a surviving spouse</p>
Retirement Benefits	
Normal Retirement	<p>Monthly pension benefit determined as of Normal Retirement Date</p>

Schedule SB Attachment (Form 5500)—2014 Plan Year
CIC GROUP, INC. EMPLOYEES PENSION PLAN
EIN: 460509421 PN: 001

Early Retirement	Monthly pension determined as of early retirement date, actuarially reduced for each month to age 55 that commencement of payments precedes the participant's Normal Retirement Date, if participant terminated prior to age 62; or Monthly pension determined as of early retirement date, as if the participant had attained his Normal Retirement Date, based on actual credited service at his termination date, if participant terminated after age 62
Postponed Retirement	Monthly pension benefit actuarially increased to actual retirement date
Termination with Deferred Vested Benefit	Monthly pension determined as of termination date, actuarially reduced for each year that commencement of payments precedes the participant's Normal Retirement Date to age 55
Disability Retirement	Monthly pension benefit determined as of disability date, as if the participant continued employment to Normal Retirement Date
Preretirement Death	Retirement after Normal Retirement Date
Deferred Vested	Termination for reasons other than death, disability or retirement after completing five years of vesting service
Disability	Termination for reason of total and permanent disability after attaining age 35 and completing 10 years of vesting service
Preretirement Death Benefit	Monthly preretirement spouse benefit is payable. In-service death and death after termination or retirement is company-paid
Forms of Payment	
Normal Form	Single life annuity with 120 payments guaranteed
Qualified Joint and Survivor Annuity	A participant who is married as of the date payments commence shall receive in lieu of the Normal Form the identical pension amount payable monthly during the lifetime of the participant with 50% of the monthly amount payable to the spouse following the participant's death

Schedule SB Attachment (Form 5500)—2014 Plan Year
CIC GROUP, INC. EMPLOYEES PENSION PLAN
EIN: 460509421 PN: 001

Plan Changes Since the Prior Year

The funding, financial accounting, and plan reporting valuations do not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

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Eligibility for Benefits

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Postponed Retirement	Retirement after Normal Retirement Date
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Disability	Termination for reason of total and permanent disability after attaining age 35 and completing 10 years of vesting service
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Retirement Benefits

Normal Retirement	Monthly pension benefit determined as of Normal Retirement Date
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Deferred Vested	Termination for reasons other than death, disability or retirement after completing five years of vesting service
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CIC GROUP, INC. EMPLOYEES PENSION PLAN

E.I.N. 46-0509421 PLAN 001 SCHEDULE OF ASSETS HELD AT END OF YEAR

	Shares, Units, Or Face Value	Description	Cost	Current Value
*	79,092.00	Vangaurd European Stock Index Adm	**	\$ 5,088,796
*	2,000,165	Vanguard Long-Term Invest-Gr Adm	**	20,241,666
*	73,337	Vanguard Pacific Stock Index Adm	**	5,216,437
*	590,165	Vanguard Total Stock Mkt Idx Inst	**	<u>30,777,097</u>
Total Investments				<u><u>\$ 61,323,996</u></u>

* Represents a party-in-interest to the Plan.

** Cost information was not provided to the Plan's custodian

The above information is a required disclosure for IRS Form 5500, Schedule H, Part IV, line 4i.