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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089               |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>2014</b>                                   |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u> |                                                                                                                                                                                                                                                                                                                                                 |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input checked="" type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).                                                                                            |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                        |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                                                                                                                       |

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                                                           | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                          |
| <b>1a</b> Name of plan<br><u>COMMOLOCO RETIREMENT PLAN</u>                                                                                                                                                                                                               | <b>1b</b> Three-digit plan number (PN) ▶ <u>012</u><br><b>1c</b> Effective date of plan<br><u>01/01/1979</u>                                                                                           |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><u>COMMOLOCO, INC. SPRINGLEAF FINANCIAL SERVICES</u><br><br><u>601 NORTHWEST 2ND STREET</u><br><u>PO BOX 59</u><br><u>EVANSVILLE, IN 47701-0059</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>66-0384086</u><br><b>2c</b> Plan Sponsor's telephone number<br><u>812-468-5673</u><br><b>2d</b> Business code (see instructions)<br><u>522298</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.

|                                                                                                            |                                                          |      |                                                              |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | <u>Filed with authorized/valid electronic signature.</u> |      |                                                              |
|                                                                                                            | <b>Signature of plan administrator</b>                   | Date | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           |                                                          |      |                                                              |
|                                                                                                            | <b>Signature of employer/plan sponsor</b>                | Date | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                          |      |                                                              |
|                                                                                                            | <b>Signature of DFE</b>                                  | Date | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) |                                                          |      | Preparer's telephone number (optional)                       |
|                                                                                                            |                                                          |      |                                                              |

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>SPRINGLEAF FINANCIAL SERVICES RETIREMENT PLAN COMMITTEE<br><br>601 NORTHWEST 2ND STREET<br>PO BOX 59<br>EVANSVILLE, IN 47701-0059                                                                                                                                                                                                | <b>3b</b> Administrator's EIN<br>35-1313922<br><br><b>3c</b> Administrator's telephone number<br>800-804-8502                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><br><b>a</b> Sponsor's name                                                                                                                                                                                                                 | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 564                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                               | <b>6a(1)</b> 41                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                     | <b>6a(2)</b> 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                                   | <b>6b</b> 181                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                                     | <b>6c</b> 362                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ....                                                                                                                                                                                                                                                                                                                                                          | <b>6d</b> 546                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                            | <b>6e</b> 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ....                                                                                                                                                                                                                                                                                                                                                                              | <b>6f</b> 557                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                       | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                            | <b>6h</b> 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                   | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 1I                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

**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 \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div> |
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>COMMOLOCO RETIREMENT PLAN                                                                                        | <b>B</b> Three-digit plan number (PN) 012                                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>COMMOLOCO, INC. SPRINGLEAF FINANCIAL SERVICES                 | <b>D</b> Employer Identification Number (EIN)<br>66-0384086                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                           |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                           |                            |                           |                          |
| <b>1</b> Enter the valuation date: Month 01 Day 01 Year 2014                                                                                                                                              |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                          |                            |                           |                          |
| <b>a</b> Market value                                                                                                                                                                                     |                            | <b>2a</b>                 | 12292348                 |
| <b>b</b> Actuarial value                                                                                                                                                                                  |                            | <b>2b</b>                 | 12292348                 |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                       | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment                                                                                                                                     | 183                        | 8093006                   | 8093006                  |
| <b>b</b> For terminated vested participants                                                                                                                                                               | 340                        | 3129243                   | 3129243                  |
| <b>c</b> For active participants                                                                                                                                                                          | 41                         | 693115                    | 798400                   |
| <b>d</b> Total                                                                                                                                                                                            | 564                        | 11915364                  | 12020649                 |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                          |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions                                                                                                                                       |                            | <b>4a</b>                 |                          |
| <b>b</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 |                            | <b>4b</b>                 |                          |
| <b>5</b> Effective interest rate                                                                                                                                                                          | <b>5</b>                   |                           | 6.55%                    |
| <b>6</b> Target normal cost                                                                                                                                                                               | <b>6</b>                   |                           | 264000                   |

**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.

|                                            |  |                                        |
|--------------------------------------------|--|----------------------------------------|
| <b>SIGN HERE</b>                           |  | 09/25/2015                             |
| Signature of actuary                       |  | Date                                   |
| ALAN D. DANG                               |  | 14-07076                               |
| Type or print name of actuary              |  | Most recent enrollment number          |
| HEWITT ASSOCIATES LLC                      |  | 847-771-6426                           |
| Firm name                                  |  | Telephone number (including area code) |
| 4 OVERLOOK POINT<br>LINCOLNSHIRE, IL 60069 |  |                                        |
| Address of the firm                        |  |                                        |

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b>                                                                                           |                       |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                              | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                     | 1010707               | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                  | 103665                | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                        | 907042                | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of 0.18% .....                                                                                 | 1633                  | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                               |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                              |                       | 0                      |
| <b>b(1)</b> 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 6.73% ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                         |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                              |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                            | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                 | 908675                | 0                      |

| <b>Part III Funding Percentages</b>                                                                                                                                        |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 94.70 %  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 102.26 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 108.96 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

|                                                                                                                                      |            |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |            |                                                                     |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                 | <b>19a</b> | 0                                                                   |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                   | <b>19b</b> | 0                                                                   |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | <b>19c</b> | 0                                                                   |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                          |            |                                                                     |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                                           |            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....              |            | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| <b>c</b> 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                                                             |
|                                                                                                                                      |            |                                                                     |
|                                                                                                                                      |            |                                                                     |
|                                                                                                                                      |            |                                                                     |

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

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.99 % | 2nd segment:<br>6.32 % | 3rd segment:<br>6.99 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 60                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            | <b>31a</b>          | 264000             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..                                                            | <b>34</b>           | 264000             |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 264000              | 0                  | 264000        |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

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

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

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

|                                                                                                                       |                                                                    |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>COMMOLOCO RETIREMENT PLAN</u>                                                             | <b>B</b> Three-digit plan number (PN) ▶ <u>012</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>COMMOLOCO, INC. SPRINGLEAF FINANCIAL SERVICES</u> | <b>D</b> Employer Identification Number (EIN)<br><u>66-0384086</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

ING 7337 E. DOUBLETREE RANCH ROAD  
SCOTTSDALE, AZ 85258

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

JP MORGAN INVESTMENT ADVISORS INC. 270 PARK AVENUE  
42ND FLOOR  
NEW YORK, NY 10017

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

PACIFIC INVESTMENT MGMT CORP. 840 NEWPORT CENTER DRIVE  
NEWPORT BEACH, CA 92660-6397

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

THE VANGUARD GROUP, INC. 100 VANGUARD BLVD  
MALVERN, PA 19355

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

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

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

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

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

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

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

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**(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)

HEWITT ENNISKNUPP

27-2436452

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE                                                                                              | 61431                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MERCER

20-0193209

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 50                  | NONE                                                                                              | 32852                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BANCO POPULAR

66-0175278

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 50                  | NONE                                                                                              | 29971                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

STATE STREET CORPORATION

04-1867445

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 21 25 28 50<br>51 52 68       | NONE                                                                                                     | 17658                                                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                 |

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

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

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

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

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                     |                                                                                                                                                                    |                                           |
| (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<br>(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<br>(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)

|                                                                                             |                                  |
|---------------------------------------------------------------------------------------------|----------------------------------|
| <b>a</b> Name: PRICEWATERHOUSECOOPERS LLP                                                   | <b>b</b> EIN: 13-4008324         |
| <b>c</b> Position: AUDITOR                                                                  |                                  |
| <b>d</b> Address: PRICEWATERHOUSECOOPERS CENTER<br>300 MADISON AVENUE<br>NEW YORK, NY 10017 | <b>e</b> Telephone: 646-471-3000 |
|                                                                                             |                                  |

Explanation: THE CHANGE WAS MADE DUE TO COST.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><u>COMMOLOCO RETIREMENT PLAN</u>                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> <u>012</u>                    |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>COMMOLOCO, INC. SPRINGLEAF FINANCIAL SERVICES</u>                                                                                                                                                    |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>66-0384086</u>                                       |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                              |                 | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                                                                                            |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                                                                              |                 |                       |                 |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total noninterest-bearing cash .....                                                       | <b>1a</b>       | 76631                 | 85403           |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Receivables (less allowance for doubtful accounts):                                        |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Employer contributions.....                                                            | <b>1b(1)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Other.....                                                                             | <b>1b(3)</b>    | 6822                  | 0               |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General investments:                                                                       |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    | 55156                 | 91820           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (4) Corporate stocks (other than employer securities):                                     |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) Common.....                                                                            | <b>1c(4)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (5) Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (6) Real estate (other than employer real property).....                                   | <b>1c(6)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (7) Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (8) Participant loans.....                                                                 | <b>1c(8)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (9) Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (10) Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (11) Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (12) Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (13) Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 12160561              | 12648117        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (14) Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (15) Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 12299170              | 12825340        |

**Liabilities**

|                                                                           |           |        |       |
|---------------------------------------------------------------------------|-----------|--------|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 114128 | 0     |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 3657   | 49565 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |        |       |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |        |       |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 117785 | 49565 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 12181385 | 12775775 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 79         |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 79        |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 666619     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 666619    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            |           |
| (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) |            | 1017772   |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 1684470   |

**Expenses**

|                                                                                     |       |        |         |
|-------------------------------------------------------------------------------------|-------|--------|---------|
| e Benefit payment and payments to provide benefits:                                 |       |        |         |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 826307 |         |
| (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) |        | 826307  |
| 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) | 195508 |         |
| (2) Contract administrator fees.....                                                | 2i(2) |        |         |
| (3) Investment advisory and management fees.....                                    | 2i(3) |        |         |
| (4) Other.....                                                                      | 2i(4) | 68265  |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |        | 263773  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |        | 1090080 |

**Net Income and Reconciliation**

|                                                         |       |  |        |
|---------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 594390 |
| 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: **HARDING, SHYMANSKI & COMPANY, P.S.C**

(2) EIN: **35-1346211**

**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   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          |     | X  |          |
| <b>4c</b>                                                                                                                                                                                                                     |     |    |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                               |     | X  |          |
| <b>4d</b>                                                                                                                                                                                                                     |     |    |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 20000000 |
| <b>4e</b>                                                                                                                                                                                                                     |     |    |          |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |          |
| <b>4f</b>                                                                                                                                                                                                                     |     |    |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                    |     | X  |          |
| <b>4g</b>                                                                                                                                                                                                                     |     |    |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                          |     | X  |          |
| <b>4h</b>                                                                                                                                                                                                                     |     |    |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |          |
| <b>4i</b>                                                                                                                                                                                                                     |     |    |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... |     | X  |          |
| <b>4j</b>                                                                                                                                                                                                                     |     |    |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |          |
| <b>4k</b>                                                                                                                                                                                                                     |     |    |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |          |
| <b>4l</b>                                                                                                                                                                                                                     |     |    |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |          |
| <b>4m</b>                                                                                                                                                                                                                     |     |    |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      |     |    |          |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |          |

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

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

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

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

## Part V Trust Information (optional)

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                                                       |                                                                    |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>COMMOLOCO RETIREMENT PLAN</u>                                                             | <b>B</b> Three-digit plan number (PN) ▶<br><u>012</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>COMMOLOCO, INC. SPRINGLEAF FINANCIAL SERVICES</u> | <b>D</b> Employer Identification Number (EIN)<br><u>66-0384086</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>20-2020334</u> |          |          |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                            |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>0</u> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                             |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                             |                                         |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                             | <b>6a</b>                    |                             |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                                 | <b>6b</b>                    |                             |                                         |
| <b>c</b> 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) .....                                                                                                                                                                                                                          | <b>6c</b>                    |                             |                                         |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                             |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....                                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                              |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input checked="" type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

|                                                                                                       |            |      |
|-------------------------------------------------------------------------------------------------------|------------|------|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> | 0.00 |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> | 0.00 |

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%
- b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

# **CommoLoCo Retirement Plan**

**Financial Statements and Supplemental Schedule  
December 31, 2014 and 2013**

# CommoLoCo Retirement Plan

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Note: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

## INDEPENDENT AUDITOR'S REPORT



**HARDING, SHYMANSKI  
& COMPANY, P.S.C.**

Certified Public Accountants  
and Consultants

21 S.E. Third Street, Suite 500  
P.O. Box 3677  
Evansville, IN 47735-3677

(812) 464-9161  
Fax (812) 465-7811

545 S. Third Street, Suite 102  
Louisville, KY 40202-1935

(502) 584-4142  
Fax (502) 581-1653

[www.hscepa.com](http://www.hscepa.com)

An Independently  
Owned Member,  
McGladrey Alliance

To the Trustee, Plan Administrator, and Participants  
CommoLoCo Retirement Plan  
P.O. Box 59  
Evansville, Indiana 47701

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

We were engaged to audit the accompanying financial statements of CommoLoCo Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2014, the related statements 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.

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

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

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Banco Popular, the Trustee of the Plan, and State Street Bank and Trust Company, the Custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee and Custodian hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the Trustee and Custodian as of December 31, 2014 and for the year then ended, that the information provided to the Plan Administrator by the Trustee and Custodian is complete and accurate.

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

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

## ***INDEPENDENT AUDITOR'S REPORT (CONTINUED)***

### ***Other Matter***



The supplemental schedule of assets (held at end of year) as of December 31, 2014 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

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

### ***Other Matter – 2013 Financial Statements***

The financial statements and the supplemental schedule of the Plan as of December 31, 2013, were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the other auditors not to perform and they did not perform any auditing procedures with respect to the information certified by the Trustee and Custodian. Their report, dated October 8, 2014, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee and Custodian, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*Harding, Shymanski & Company, P.S.C.*

October 12, 2015

**CommoLoCo Retirement Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2014 and 2013**

|                                                | <b>2014</b>   | <b>2013</b>   |
|------------------------------------------------|---------------|---------------|
| <b>Assets</b>                                  |               |               |
| Investments, at fair value (Notes 3, 4, and 5) |               |               |
| Short-term investments                         | \$ 91,820     | \$ 55,156     |
| Mutual funds                                   | 12,648,117    | 12,160,561    |
| Total investments                              | 12,739,937    | 12,215,717    |
| Dividends Receivable                           | —             | 6,822         |
| Cash                                           | 85,403        | 76,631        |
| Total assets                                   | 12,825,340    | 12,299,170    |
| <b>Liabilities</b>                             |               |               |
| Due to broker for securities purchased         | —             | 3,657         |
| Accrued expenses                               | 49,565        | 114,128       |
| Total liabilities                              | 49,565        | 117,785       |
| Net assets available for benefits              | \$ 12,775,775 | \$ 12,181,385 |

*See accompanying notes to the financial statements*

**CommoLoCo Retirement Plan**  
**Statements of Changes in Net Assets Available for Benefits**  
**For the Years Ended December 31, 2014 and 2013**

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|                                                                    | 2014                 | 2013                 |
|--------------------------------------------------------------------|----------------------|----------------------|
| <b>Additions:</b>                                                  |                      |                      |
| Investment income                                                  |                      |                      |
| Net appreciation (depreciation) in fair value of investments       | \$ 1,017,772         | \$ (580,739)         |
| Interest                                                           | 79                   | 111                  |
| Dividends                                                          | 666,619              | 726,185              |
| Total additions                                                    | <u>1,684,470</u>     | <u>145,557</u>       |
| <b>Deductions:</b>                                                 |                      |                      |
| Benefits paid directly to Plan participants                        | 826,307              | 965,869              |
| Premiums paid to Pension Benefit Guaranty Corporation              | 68,265               | 12,465               |
|                                                                    | <u>894,572</u>       | <u>978,334</u>       |
| Administrative expenses, including professional fees (see Note 10) | 195,508              | 238,431              |
| Total deductions                                                   | <u>1,090,080</u>     | <u>1,216,765</u>     |
| Net increase (decrease)                                            | 594,390              | (1,071,208)          |
| <b>Net assets available for benefits:</b>                          |                      |                      |
| Beginning of year                                                  | 12,181,385           | 13,252,593           |
| End of year                                                        | <u>\$ 12,775,775</u> | <u>\$ 12,181,385</u> |

*See accompanying notes to the financial statements.*

# **CommoLoCo Retirement Plan**

## **Notes to Financial Statements**

### **December 31, 2014 and 2013**

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#### **1. Description of the Plan**

The following brief description of the CommoLoCo Retirement Plan ("Plan") is provided for general information purposes only. The Plan Sponsor is Springleaf Financial Services. Participants should refer to the Plan Document for a complete description of the Plan's provisions. Copies are available from the Plan Administrator.

#### ***Definition of Terms***

Terms referenced below related to the Plan's provisions are defined in these notes or in Plan documents.

#### ***General***

The Plan was established on August 29, 1980. The Plan was subsequently amended and restated as of January 1, 2008. Effective December 31, 2010, the Plan was amended to be qualified only under the Puerto Rico Internal Revenue Code of 1994, as amended ("PR Code"). Effective as of the close of business on December 31, 2012, the Plan was frozen with respect to both benefit accruals and new participation.

The Plan is a qualified, non-contributory defined benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), the PR Code, and effective January 1, 2011, the Plan is intended to be qualified under the Puerto Rico Internal Revenue Code of 2011, as amended (the "2011 PR Code"). Until December 31, 2010, the Plan was also subject to the provisions of the U.S. Internal Revenue Code of 1986, as amended ("US Code").

On November 30, 2010, FCFI Acquisition LLC indirectly acquired an 80% economic interest in the Springleaf Finance, Inc. ("Springleaf") from AIG Capital Corporation ("ACC"), a direct wholly-owned subsidiary of American International Group, Inc. ("AIG"), through ACC, indirectly retained a 20% economic interest in Springleaf. The Plan Sponsor, CommoLoCo, Inc. ("Company"), is an indirect wholly-owned subsidiary of Springleaf. As a result, a separate trust was established with Banco Popular as the Trustee and State Street Bank and Trust Company ("SSB") was established as the Custodian.

The Plan Administrator is Springleaf Finance Retirement Plans Committee. All salaried employees of the Company who are residents of Puerto Rico and have attained age 21 and completed 12 months of continuous service are eligible to participate in the Plan.

#### ***Plan Benefits***

Employees with five or more years of service are entitled to a monthly life annuity beginning at normal retirement (age 65) equal to 1.00% of their Average Monthly Compensation up to the Average Monthly Covered Compensation multiplied by the years of Benefit Service not in excess of 30 years, plus 1.65% of Average Monthly Compensation in excess of Average Monthly Covered Compensation multiplied by the years of Benefit Service up to 30 years, plus 0.50% of Average Monthly Compensation not in excess of Average Monthly Covered Compensation multiplied by the years of Benefit Service in excess of 30 years but not in excess of 40 years, plus 0.50% of Average Monthly Compensation in excess of Average Monthly Covered Compensation multiplied by the years of Benefit Service in excess of 30 years, but limited to 40 years.

**CommoLoCo Retirement Plan**  
**Notes to Financial Statements**  
**December 31, 2014 and 2013**

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**1. Description of the Plan (Continued)**

The frozen past service benefit accrued through October 31, 2001 is equal to 1.25% of the employee's Final Average Salary multiplied by Benefit Service (up to 20 years), plus 0.75% of his/her Final Average Salary multiplied by a benefit service in excess of 20 years but limited to 40 years. Final Average Salary is determined by using the highest 5 consecutive years of salary over the last 10 years of service.

The employee may elect to receive pension benefits in the form of a 50%, 75%, or 100% Joint and Survivor Annuity, Single Life Annuity, or Life and 10-Year Certain Option.

If employees terminate with less than five years of continuous service, they forfeit the right to receive their portion of accumulated benefits.

Generally, employees with 10 or more years of benefit services may retire early between age 55 and their 65<sup>th</sup> birthday, with an early retirement factor applied to the basic benefit. Other rules may apply to the frozen past service Plan benefits.

For both Plan years presented, the Internal Revenue Service ("IRS") maximum benefit limitation was \$210,000 and the maximum compensation limitation was \$260,000. Other limits under the PR Code and the 2012 PR Code may also apply. Effective January 1, 2013, Average Monthly Compensation is frozen. No compensation paid by the Company on and after January 1, 2013 will be recognized for any purpose under the Plan.

***Death and Disability Benefits***

If the death of the employee who has been married at least 12 months and has completed 5 years of vesting service before the employee reaches his/her early retirement date, the death benefit is paid to the surviving spouse in the form of a monthly pension until the death of the spouse. The benefit is 50% of the benefit that would have been payable at the participant's earliest retirement date on a 50% joint and survivor annuity basis (as if the employee had terminated employment on the earlier of the date of death or the actual date of termination). Monthly payments will begin on the participant's earliest retirement date and will continue for the life of the spouse. If the employee dies after reaching the employee's early or normal retirement date, the death benefit paid to the surviving spouse is a 50% joint and survivor annuity from the date of death.

There are no specific benefits for disability.

**CommoLoCo Retirement Plan**  
**Notes to Financial Statements**  
**December 31, 2014 and 2013**

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**2. Summary of Significant Accounting Policies**

**Basis of Accounting**

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

***Use of Estimates***

The preparation of financial statements in conformity with U.S. GAAP requires Plan management to make significant estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosures of assets and liabilities, and the actuarial present value of accumulated Plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

***Investment Valuation and Income Recognition***

Shares of mutual funds are valued at the net asset value ("NAV") of the shares held by the Plan at year-end. The NAV per share is calculated daily by each fund based on the market value of the underlying securities within each fund.

The Plan's short-term investments are stated at amortized cost which approximates fair value.

The net appreciation or depreciation in fair value of investments, including realized gains or losses and net change in unrealized gains or losses, is reflected in the statements of changes in net assets available for benefits. Realized gains or losses on the disposal of investments are determined by specific identification and recognized on the trade date basis. Interest income is recorded on the accrual basis. Dividend income is recognized on the ex-dividend date. Purchases and sales are recorded on a trade date basis.

***Benefit Payments***

Benefits paid directly to Plan participants are recorded upon distribution.

**CommoLoCo Retirement Plan**  
**Notes to Financial Statements**  
**December 31, 2014 and 2013**

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**3. Certified Investment Information**

As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information which appears throughout the financial statements and the supplemental schedule related to the following assets. The financial information as of December 31, 2014 and 2013, and for the years ended December 31, 2014 and 2013 included throughout the Plan's financial statements and the supplemental schedule, that was prepared by or derived from information certified by the Trustee and Custodian, which was furnished to Plan management. Plan management has obtained certifications from the Trustee and Custodian that such information is complete and accurate.

|                                        | <b>December 31, 2014</b> | <b>December 31, 2013</b> |
|----------------------------------------|--------------------------|--------------------------|
| Investments, at fair value             | \$ 12,739,937            | \$ 12,215,717            |
| Dividends receivable                   | \$ —                     | \$ 6,822                 |
| Due to broker for securities purchased | \$ —                     | \$ (3,657)               |
| Net investment income                  | \$ 1,684,470             | \$ 145,557               |

**4. Investments**

The following table presents the types of investments held at fair value. Investments that represent 5 percent or more of the Plan's net assets are separately identified.

|                                       | <b>December 31,</b> |               |
|---------------------------------------|---------------------|---------------|
|                                       | <b>2014</b>         | <b>2013</b>   |
| Short-term investments                | \$ 91,820           | \$ 55,156     |
| Mutual funds                          | 1,185,905           | 1,094,345     |
| PIMCO Long-Term Credit Fund *         | 4,638,039           | 4,521,490     |
| Vanguard Total International Fund *   | 972,554             | 1,015,170     |
| Vanguard Long -Term Investment Fund * | 4,477,035           | 4,280,490     |
| Vanguard 500 Index Fund *             | 724,335             | 637,351       |
| Vanguard Small Cap Index Fund *       | 650,249             | 611,715       |
|                                       | \$ 12,739,937       | \$ 12,215,717 |

\* Investments represent 5 percent or more of the Plan's net assets.

**CommoLoCo Retirement Plan**  
**Notes to Financial Statements**  
**December 31, 2014 and 2013**

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**4. Investments (Continued)**

During 2014 and 2013, the Plan's investments, including gains and losses on investments bought and sold, as well as held during the year appreciated (depreciated) in value as follows:

|              | <b>Year Ended December 31,</b> |                     |
|--------------|--------------------------------|---------------------|
|              | <b>2014</b>                    | <b>2013</b>         |
| Mutual funds | <u>\$ 1,017,772</u>            | <u>\$ (580,739)</u> |

**5. Fair Value Measurements**

The Plan carries its assets at fair value which for disclosure purposes are measured and classified in a hierarchy that prioritizes inputs used in valuation techniques based on whether those inputs are observable or unobservable. Observable inputs, which reflect market data obtained from independent sources, and unobservable inputs, which reflect the Plan's market assumptions, create the following fair value hierarchy:

The Plan measures and classifies instruments in the financial statements in a hierarchy for disclosure purposes consisting of three "Levels" based on the observability of inputs available in the market place used to measure the fair values. In general, the Plan determines the fair value measurements classified as Level 1 based on inputs utilizing quoted prices in active markets for identical instruments that the Plan has the ability to access. The Plan generally obtains market price data from exchange or dealer markets. The Plan does not adjust the quoted price for such instruments.

The Plan determines the fair value measurements as Level 2 based on inputs utilizing other than quoted prices included in Level 1 that are observable for the instruments, either directly or indirectly. Level 2 inputs include quoted prices for similar instruments in active markets, and inputs other than quoted prices that are observable for the instrument, such as interest rates and yield curves that are observable at commonly quoted intervals.

Level 3 inputs are unobservable inputs for the instrument, and include situations where there is little, if any, market activity for the instrument.

This hierarchy requires the Plan to use observable market data, when available, and to minimize the use of unobservable inputs when determining fair value. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Following are descriptions of the valuation methodologies used for instruments carried at fair value in the Plan; the methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other entities within the industry, 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 December 31, 2014 and 2013.

**CommoLoCo Retirement Plan**  
**Notes to Financial Statements**  
**December 31, 2014 and 2013**

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**5. Fair Value Measurements (Continued)**

***Short-Term Investments***

The short-term investments consist of government short-term investment funds ("STIF"). The Plan's investment portfolio includes short-term investments, which are non-registered funds and valued at Level 2.

***Mutual Funds***

The fair value of mutual funds is valued at the NAV of shares held by the Plan at the statements of net assets available for benefits dates. The NAV per share is calculated daily by each fund based on the market value of the underlying securities within each fund. The Plan's investment portfolio includes mutual funds valued at Level 1.

***Assets and Liabilities Measured at Fair Value***

The following tables present information about assets held by the Plan measured at fair value and indicate the level of the fair value measurement based on the level of the inputs used at December 31, 2014 and 2013.

|                            |  | 2014                 |                  |             |                      |
|----------------------------|--|----------------------|------------------|-------------|----------------------|
| <b>Assets</b>              |  | Level 1              | Level 2          | Level 3     | 2014                 |
| Short-Term Investments     |  | \$ —                 | \$ 91,820        | \$ —        | \$ 91,820            |
| Mutual Funds               |  |                      |                  |             |                      |
| Fixed Income Funds         |  | 9,743,100            | —                | —           | 9,743,100            |
| Equity Funds               |  | 1,932,463            | —                | —           | 1,932,463            |
| International Equity Funds |  | 972,554              | —                | —           | 972,554              |
|                            |  | <u>\$ 12,648,117</u> | <u>\$ 91,820</u> | <u>\$ —</u> | <u>\$ 12,739,937</u> |
|                            |  | 2013                 |                  |             |                      |
| <b>Assets</b>              |  | Level 1              | Level 2          | Level 3     | 2013                 |
| Short-Term Investments     |  | \$ —                 | \$ 55,156        | \$ —        | \$ 55,156            |
| Mutual Funds               |  |                      |                  |             |                      |
| Fixed Income Funds         |  | 9,413,695            | —                | —           | 9,413,695            |
| Equity Funds               |  | 1,731,696            | —                | —           | 1,731,696            |
| International Equity Funds |  | 1,015,170            | —                | —           | 1,015,170            |
|                            |  | <u>\$ 12,160,561</u> | <u>\$ 55,156</u> | <u>\$ —</u> | <u>\$ 12,215,717</u> |

There were no transfers of financial instruments between Level 1, Level 2, or Level 3 during the years ended December 31, 2014 and 2013.

**CommoLoCo Retirement Plan**  
**Notes to Financial Statements**  
**December 31, 2014 and 2013**

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**5. Fair Value Measurements (Continued)**

In certain cases, the inputs used to measure the fair value may fall into different levels of the fair value hierarchy. In such cases, the level in the fair value hierarchy within which the fair value measurement in its entirety falls is determined based on the lowest level input that is significant to the fair value measurement. Plan management's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment. In making the assessment, Plan management considers factors specific to the asset or liability.

**6. Tax Status**

The Plan received a favorable determination letter dated March 14, 2008 from the IRS stating that the Plan continues to qualify under the appropriate sections of the US Code and; therefore, the related trust is exempt from U.S. taxation. The Plan has been restated and amended since receiving the determination letter from the IRS. However, the Plan Administrator believes the Plan was designed and operated in material compliance with ERISA and the US Code until December 31, 2010, when the Plan was amended to be qualified only under the PR Code and funded through a trust with a situs in Puerto Rico. The Plan Administrator believes the Plan is currently designed and operated in material compliance with ERISA and the PR Code, and; therefore, believes that the Plan is qualified and the related trust is exempt in Puerto Rico and pursuant to ERISA Section 1022(i), exempt in the U.S.

The Plan, as amended and restated effective November 1, 2001, received a favorable determination letter dated December 31, 2006 from the Puerto Rico Treasury Department ("PR Treasury") stating that the Plan meets the requirements of Section 1165(a) of the PR Code, and that the trust established thereunder is exempt from Puerto Rico income taxes. In addition, the Plan received a further favorable determination letter dated April 25, 2007 from the PR Treasury stating that the adoption of the First, Second, Third, Fourth, and Fifth Amendments of the Plan, as amended and restated effective November 1, 2001, does not affect in any way the determination letter issued on December 13, 2006, regarding the Puerto Rico tax qualified status of the Plan under Section 1165(a) of the PR Code. Although, the Plan has been restated and amended since receiving the determination letter from the PR Treasury, the Plan Administrator believes the Plan has been designed and operated in material compliance with ERISA and the PR Code, and; therefore, the Plan is intended to be qualified and the related trust to be exempt in Puerto Rico and, pursuant to ERISA, exempt in the U.S.

Pursuant to PR Treasury's Circular Letter No. 11-10 of December 16, 2011 ("PR Treasury's Circular Letter"), the Plan shall be treated as having obtained an initial favorable determination letter regarding its qualification under Section 1081.01(a) of the 2011 PR Code. The Plan Administrator intends to amend the Plan to incorporate the new qualification requirements under Section 1081.01(a) of the 2011 PR Code effective as of January 1, 2011, unless otherwise provided by the 2011 PR Code. The Plan administrator intends to request a new or updated favorable determination stating that the Plan is qualified retroactively under Section 1165(a) of the PR Code for Plan years 2008 through 2010, both inclusive, and under Section 1081.01(a) of the 2011 PR Code for Plan years 2011 and thereafter, in conformity with the process and the timetable established by PR Treasury's Circular Letter.

**CommoLoCo Retirement Plan**  
**Notes to Financial Statements**  
**December 31, 2014 and 2013**

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**6. Tax Status (Continued)**

U.S. GAAP require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if Plan management deems it more-likely-than-not that the Plan has taken an uncertain position that would not be sustained upon examination by the respected governmental agencies. As of December 31, 2014, it was determined that there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by the respective governmental agencies; however, there are currently no audits in progress for any tax periods. The Plan Administrator believes the Plan is no longer subject to income tax examinations for years prior to 2011.

**7. Actuarial Present Value of Accumulated Plan Benefits**

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions for the services employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

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

The actuarial present value of accumulated Plan benefits as determined by an actuary from Aon Hewitt is that amount that results from applying actuarial assumptions to adjust the accumulated Plan 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.

The significant actuarial assumptions used in the valuation for the years beginning January 1, 2014 and 2013 for the Plan are as follows:

|                          |                                                                                                           |
|--------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Mortality</b>         | 2014 Plan Year: 2013 Pension Protection Act separate static annuitant and non-annuitant mortality tables. |
|                          | 2013 Plan Year: 2012 Pension Protection Act separate static annuitant and non-annuitant mortality tables. |
| <b>Investment return</b> | 6.20% per annum for 2014.                                                                                 |
|                          | 5.50% per annum for 2013.                                                                                 |
| <b>Retirement age</b>    | Based on retirement probability for various age ranges from ages 55 through 65.                           |

**CommoLoCo Retirement Plan**  
**Notes to Financial Statements**  
**December 31, 2014 and 2013**

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**7. Actuarial Present Value of Accumulated Plan Benefits (Continued)**

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. It is the Plan's policy to have actuarial information prepared as of the beginning of the Plan year.

The actuarial present value of accumulated Plan benefits for the Plan was computed at January 1, 2014 as follows:

|                                                            | <b>January 1, 2014</b> |
|------------------------------------------------------------|------------------------|
| Vested benefits                                            |                        |
| Participants currently receiving payments                  | \$ 8,148,818           |
| Other participants                                         | 4,273,352              |
| Total vested benefits                                      | <u>12,422,170</u>      |
| Non-vested benefits                                        | 99,694                 |
| Total actuarial present value of accumulated Plan benefits | <u>\$ 12,521,864</u>   |

The change in the present value of accumulated plan benefits for the year ended January 1, 2014 was as follows:

|                                                                         | <b>January 1, 2013<br/>to<br/>January 1, 2014</b> |
|-------------------------------------------------------------------------|---------------------------------------------------|
| Actuarial present value of accumulated Plan benefits at January 1, 2013 | \$ 14,227,807                                     |
| Increase (decrease) during year attributable to:                        |                                                   |
| Other changes                                                           | (485,016)                                         |
| Interest accumulation                                                   | 759,037                                           |
| Benefits paid                                                           | (865,869)                                         |
| Changes in actuarial assumptions                                        | (1,114,095)                                       |
| Net decrease                                                            | <u>(1,705,943)</u>                                |
| Actuarial present value of accumulated Plan benefits at January 1, 2014 | <u>\$ 12,521,864</u>                              |

**CommoLoCo Retirement Plan**  
**Notes to Financial Statements**  
**December 31, 2014 and 2013**

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**8. Funding Policy**

The Plan is subject to ERISA's minimum funding requirements. These requirements have been met as of December 31, 2014. The Plan's actuary determined the contribution necessary to meet the minimum funding requirements in accordance with the Pension Protection Act ("PPA"), enacted in 2006. The PPA defines the minimum funding contribution calculation as the sum of the target normal cost of the Plan for the Plan year, the shortfall amortization charge, and the waiver amortization charge. The Company's funding policy is to contribute no less than the minimum required amount and no more than the maximum tax-deductible amount. Contributions above the minimum required amount are at the discretion of the Company. In addition, the Company reserves the right to use available funding credit balances in lieu of cash contributions. During the years ended December 31, 2014 and December 31, 2013, the Company made no contributions to the Plan.

The yield (interest, dividends, and net realized and unrealized gains or losses) on investments of the Plan served to reduce (increase) future contributions that would otherwise be required to provide for the level of defined benefits under the Plan.

**9. Plan Termination**

Although it has not expressed any intention to do so, the Company reserves the right under the Plan to terminate the Plan subject to the provisions set forth under ERISA.

In the event the Plan is terminated pursuant to a standard termination and no successor plan is established, the net assets of the Plan will be allocated among the participants and beneficiaries of the Plan in the order provided for under ERISA. In distributing such assets, the Plan Administrator will either (i) purchase irrevocable commitments from an insurer to provide all benefit liabilities under the Plan or (ii) in accordance with provisions of the Plan and any applicable regulations otherwise fully provide benefit liabilities under the Plan (generally, this could include providing an election to receive a lump-sum, or an annuity).

To the extent unfunded vested benefits remain, the Pension Benefit Guaranty Corporation ("PBGC") will take over the Plan and pay certain benefits under the Plan to participants, up to specified limitations, as described under ERISA. For the 2014 Plan year, the maximum guaranteed monthly and annual benefits are \$4,900 and \$59,500, respectively. 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 as described above.

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

Other rules under the PR Code and the 2012 Code may also apply.

**CommoLoCo Retirement Plan**  
**Notes to Financial Statements**  
**December 31, 2014 and 2013**

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**10. Administrative Expenses**

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments.

**11. Related Party Transactions**

The Plan invests in a short-term investment managed by Banco Popular and State Street Bank and Trust. Banco Popular and State Street Bank and Trust are the Trustee and Custodian, as defined by the Plan and; therefore generate transactions that qualify as party-in-interest transactions. Fees paid by the Plan to the Trustee and Custodian amounted to \$100,605 and \$118,968 for the years ended December 31, 2014 and 2013, respectively. Fees paid to the actuary and other service providers, which are also considered party-in-interest transactions for the years ended December 31, 2014 and 2013 amounted to \$173,067 and \$146,711, respectively.

**12. Risks and Uncertainties**

The Plan includes investment securities that are exposed to various risks, such as interest rate fluctuations, market volatility, and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that such changes in risk in the near-term could materially affect the amounts reported on the statements of net assets available for benefits and the statements of changes in net assets available for benefits. The Plan's exposure to a concentration of credit risk is limited by the diversification of investments held by the Plan.

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 estimations and assumptions process, as well as market performance, it is at least reasonably possible that changes in these factors in the near-term could be material to the financial statements. Contribution decisions are also affected by other factors including the Plan Sponsor's liquidity, asset dispositions, and Plan management's discretion.

**13. Subsequent Events**

The Plan's management evaluated subsequent events through October 12, 2015, the date on which the financial statements were available to be issued, and no additional disclosures were required.

**CommoLoCo Retirement Plan**  
**Plan Sponsor EIN: 66-0384086**  
**Plan Number: 012**  
**Form 5500, Schedule H - Part IV, Line 4i**  
**Schedule of Assets (Held at End of Year)**  
**As of December 31, 2014**

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| Issue                                       | Description                      | Cost                 | Current Value        |    |
|---------------------------------------------|----------------------------------|----------------------|----------------------|----|
| * State Street Bank & Trust Government STIF | Government STIF 18               | \$ 91,820            | \$ 91,820            | ** |
| Voya Global Real Estate Fund                | Equity Mutual Fund               | 449,304              | 557,879              | ** |
| JP Morgan High Yield Fund                   | Fixed Income Mutual Fund         | 676,025              | 628,026              | ** |
| PIMCO Long Term Credit Fund                 | Fixed Income Mutual Fund         | 4,263,452            | 4,638,039            | ** |
| Vanguard Total International Fund           | International Equity Mutual Fund | 950,508              | 972,554              | ** |
| Vanguard Long-Term Investment               | Fixed Income Mutual Fund         | 3,987,472            | 4,477,035            | ** |
| Vanguard Small Cap Index Fund               | Equity Mutual Fund               | 414,801              | 650,249              | ** |
| Vanguard 500 Index Fund                     | Equity Mutual Fund               | 456,007              | 724,335              | ** |
| Total Investments                           |                                  | <u>\$ 11,289,389</u> | <u>\$ 12,739,937</u> |    |

\* Party-in-interest.

\*\* This schedule has been derived from information certified by State Street Bank and Trust, the Custodian, and Banco Popular, the Trustee, as complete and accurate.

Schedule SB Attachment (Form 5500)—2014 Plan Year  
 CommoLoCo Retirement Plan  
 EIN: 66-0384086 PN: 012

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

| Attained Age | Number of Participants and Average Annual 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        |                                                           |     |     |       |       |       |       |       |       |     |
| 30-34        |                                                           | 3   | 1   |       |       |       |       |       |       |     |
| 35-39        |                                                           | 2   | 1   | 3     | 1     |       |       |       |       |     |
| 40-44        |                                                           | 3   |     | 2     | 5     | 1     |       |       |       |     |
| 45-49        |                                                           |     | 2   |       | 2     | 2     |       |       |       |     |
| 50-54        |                                                           |     |     | 3     | 1     | 2     | 1     | 1     |       |     |
| 55-59        |                                                           |     |     |       |       | 3     |       | 2     |       |     |
| 60-64        |                                                           |     |     |       |       |       |       |       |       |     |
| 65-69        |                                                           |     |     |       |       |       |       |       |       |     |
| 70+          |                                                           |     |     |       |       |       |       |       |       |     |

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Schedule SB Attachment (Form 5500)—2014 Plan Year  
 CommoLoCo Retirement Plan  
 EIN: 66-0384086 PN: 012

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

|                                                |                                                                                                                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates                                 | Based on segment rates with a four-month lookback (as of September 2013), 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 September 2013), without regard to interest rate stabilization                                                 |
| 1st Segment Rate                               | 1.37%                                                                                                                                                                   |
| 2nd Segment Rate                               | 4.05%                                                                                                                                                                   |
| 3rd Segment Rate                               | 5.06%                                                                                                                                                                   |
| Salary Increases                               | Not applicable as Plan is frozen.                                                                                                                                       |
| Social Security Wage Base Increases            | Not applicable as Plan is frozen.                                                                                                                                       |
| Optional Payment Form Election Percentage      | 65% life annuity<br>35% joint and 50% survivor annuity                                                                                                                  |
| Optional Payment Form Conversion Interest Rate | 7.50%                                                                                                                                                                   |
| Optional Payment Form Conversion Mortality     | UP-84 Mortality Table for annuities                                                                                                                                     |
| Retirement Age                                 |                                                                                                                                                                         |
| Active Participants                            | See Table 1                                                                                                                                                             |
| Terminated Vested Participants                 | Age 65                                                                                                                                                                  |
| Mortality Rates                                |                                                                                                                                                                         |
| Healthy and Disabled                           | 2014 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)                                                                              |
| Withdrawal Rates                               | See Table 2                                                                                                                                                             |
| Disability Rates                               | None                                                                                                                                                                    |
| Decrement Timing                               | Beginning of year decrements                                                                                                                                            |

Schedule SB Attachment (Form 5500)—2014 Plan Year  
CommoLoCo Retirement Plan  
EIN: 66-0384086 PN: 012

|                                               |                                                                                                                                                                 |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Surviving Spouse Benefit                      | It is assumed that 80% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.                            |
| Valuation Compensation                        | Not applicable as Plan is frozen.                                                                                                                               |
| Benefit and Compensation Limits               | Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$210,000 and the 401(a)(17) compensation limit of \$260,000. |
| Valuation of Plan Assets                      | Fair Market Value                                                                                                                                               |
| Trust Expenses Included in Target Normal Cost | \$264,000. The expenses included in the Target Normal Cost reflect the current year's expected administrative expenses.                                         |
| Actuarial Method                              | Standard unit credit cost method                                                                                                                                |
| Valuation Date                                | January 1, 2014                                                                                                                                                 |

Schedule SB Attachment (Form 5500)—2014 Plan Year  
CommoLoCo Retirement Plan  
EIN: 66-0384086 PN: 012

Table 1

**Retirement Rates**

| <b><u>Age</u></b> | <b><u>Rate</u></b> |
|-------------------|--------------------|
| 55                | 20.00%             |
| 56                | 10.00%             |
| 57                | 10.00%             |
| 58                | 10.00%             |
| 59                | 10.00%             |
| 60                | 20.00%             |
| 61                | 20.00%             |
| 62                | 50.00%             |
| 63                | 5.00%              |
| 64                | 5.00%              |
| 65+               | 100.00%            |

Schedule SB Attachment (Form 5500)—2014 Plan Year  
CommoLoCo Retirement Plan  
EIN: 66-0384086 PN: 012

Table 2—Page 1 of 2

**Withdrawal Rates**

| Age | Years of Service |        |        |        |       |
|-----|------------------|--------|--------|--------|-------|
|     | 0-1              | 2-3    | 4-6    | 7-9    | 10+   |
| 21  | 25.00%           | 20.00% | 15.00% | 10.00% | 0.00% |
| 22  | 25.00%           | 20.00% | 15.00% | 10.00% | 0.00% |
| 23  | 25.00%           | 20.00% | 15.00% | 10.00% | 0.00% |
| 24  | 25.00%           | 20.00% | 15.00% | 10.00% | 0.00% |
| 25  | 25.00%           | 20.00% | 15.00% | 10.00% | 0.00% |
| 26  | 25.00%           | 20.00% | 15.00% | 10.00% | 0.00% |
| 27  | 25.00%           | 20.00% | 15.00% | 10.00% | 0.00% |
| 28  | 25.00%           | 20.00% | 15.00% | 10.00% | 0.00% |
| 29  | 25.00%           | 20.00% | 15.00% | 10.00% | 0.00% |
| 30  | 25.00%           | 20.00% | 15.00% | 10.00% | 7.00% |
| 31  | 25.00%           | 20.00% | 15.00% | 10.00% | 6.80% |
| 32  | 25.00%           | 20.00% | 15.00% | 10.00% | 6.60% |
| 33  | 25.00%           | 20.00% | 15.00% | 10.00% | 6.40% |
| 34  | 25.00%           | 20.00% | 15.00% | 10.00% | 6.20% |
| 35  | 25.00%           | 20.00% | 15.00% | 10.00% | 6.00% |
| 36  | 25.00%           | 20.00% | 15.00% | 10.00% | 5.80% |
| 37  | 25.00%           | 20.00% | 15.00% | 10.00% | 5.60% |
| 38  | 25.00%           | 20.00% | 15.00% | 10.00% | 5.40% |
| 39  | 25.00%           | 20.00% | 15.00% | 10.00% | 5.20% |
| 40  | 25.00%           | 20.00% | 15.00% | 10.00% | 5.00% |
| 41  | 25.00%           | 20.00% | 15.00% | 10.00% | 4.80% |
| 42  | 25.00%           | 20.00% | 15.00% | 10.00% | 4.60% |
| 43  | 25.00%           | 20.00% | 15.00% | 10.00% | 4.40% |
| 44  | 25.00%           | 20.00% | 15.00% | 10.00% | 4.20% |
| 45  | 25.00%           | 20.00% | 15.00% | 10.00% | 4.00% |
| 46  | 25.00%           | 20.00% | 15.00% | 10.00% | 3.80% |
| 47  | 25.00%           | 20.00% | 15.00% | 10.00% | 3.60% |
| 48  | 25.00%           | 20.00% | 15.00% | 10.00% | 3.40% |
| 49  | 25.00%           | 20.00% | 15.00% | 10.00% | 3.20% |
| 50  | 25.00%           | 20.00% | 15.00% | 10.00% | 3.00% |

Schedule SB Attachment (Form 5500)—2014 Plan Year  
CommoLoCo Retirement Plan  
EIN: 66-0384086 PN: 012

Table 2—Page 2 of 2

**Withdrawal Rates**

| <b>Age</b> | <b>Years of Service</b> |            |            |            |            |
|------------|-------------------------|------------|------------|------------|------------|
|            | <b>0-1</b>              | <b>2-3</b> | <b>4-6</b> | <b>7-9</b> | <b>10+</b> |
| 51         | 25.00%                  | 20.00%     | 15.00%     | 10.00%     | 2.60%      |
| 52         | 25.00%                  | 20.00%     | 15.00%     | 10.00%     | 2.20%      |
| 53         | 25.00%                  | 20.00%     | 15.00%     | 10.00%     | 1.80%      |
| 54         | 25.00%                  | 20.00%     | 15.00%     | 10.00%     | 1.40%      |
| 55         | 25.00%                  | 20.00%     | 15.00%     | 10.00%     | 0.00%      |
| 56         | 25.00%                  | 20.00%     | 15.00%     | 10.00%     | 0.00%      |
| 57         | 25.00%                  | 20.00%     | 15.00%     | 10.00%     | 0.00%      |
| 58         | 25.00%                  | 20.00%     | 15.00%     | 10.00%     | 0.00%      |
| 59         | 25.00%                  | 20.00%     | 15.00%     | 10.00%     | 0.00%      |
| 60         | 25.00%                  | 20.00%     | 15.00%     | 10.00%     | 0.00%      |
| 61+        | 25.00%                  | 20.00%     | 15.00%     | 10.00%     | 0.00%      |

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                 |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b> |
| For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</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)

|                                                                                                                   |                                                                   |                                                                                                                                                                                                                                                                                                                        |                                                              |                                                           |                                                      |  |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------|--|
| <b>Part II</b>                                                                                                    | <b>Basic Plan Information</b> —enter all requested information    |                                                                                                                                                                                                                                                                                                                        |                                                              |                                                           |                                                      |  |
| <b>1a</b> Name of plan                                                                                            | COMMOLOCO RETIREMENT PLAN                                         | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">012</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/>01/01/1979</td> </tr> </table>                      | <b>1b</b> Three-digit plan number (PN) ▶                     | 012                                                       | <b>1c</b> Effective date of plan<br>01/01/1979       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                          | 012                                                               |                                                                                                                                                                                                                                                                                                                        |                                                              |                                                           |                                                      |  |
| <b>1c</b> Effective date of plan<br>01/01/1979                                                                    |                                                                   |                                                                                                                                                                                                                                                                                                                        |                                                              |                                                           |                                                      |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) | COMMOLOCO, INC. SPRINGLEAF FINANCIAL SERVICES                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/>66-0384086</td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/>812-468-5673</td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/>522298</td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br>66-0384086 | <b>2c</b> Plan Sponsor's telephone number<br>812-468-5673 | <b>2d</b> Business code (see instructions)<br>522298 |  |
| <b>2b</b> Employer Identification Number (EIN)<br>66-0384086                                                      |                                                                   |                                                                                                                                                                                                                                                                                                                        |                                                              |                                                           |                                                      |  |
| <b>2c</b> Plan Sponsor's telephone number<br>812-468-5673                                                         |                                                                   |                                                                                                                                                                                                                                                                                                                        |                                                              |                                                           |                                                      |  |
| <b>2d</b> Business code (see instructions)<br>522298                                                              |                                                                   |                                                                                                                                                                                                                                                                                                                        |                                                              |                                                           |                                                      |  |
|                                                                                                                   | 601 NORTHWEST 2ND STREET<br>PO BOX 59<br>EVANSVILLE IN 47701-0059 |                                                                                                                                                                                                                                                                                                                        |                                                              |                                                           |                                                      |  |

**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.

|                                                                                                            |                                                                                     |             |                                                                     |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           |                                                                                     |             |                                                                     |
|                                                                                                            | <b>Signature of plan administrator</b>                                              | <b>Date</b> | <b>Enter name of individual signing as plan administrator</b>       |
| <b>SIGN HERE</b>                                                                                           |  | 9/9/2016    | Barb Trautman                                                       |
|                                                                                                            | <b>Signature of employer/plan sponsor</b>                                           | <b>Date</b> | <b>Enter name of individual signing as employer or plan sponsor</b> |
| <b>SIGN HERE</b>                                                                                           |                                                                                     |             |                                                                     |
|                                                                                                            | <b>Signature of DFE</b>                                                             | <b>Date</b> | <b>Enter name of individual signing as DFE</b>                      |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) |                                                                                     |             | Preparer's telephone number (optional)                              |
|                                                                                                            |                                                                                     |             |                                                                     |

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

Form 5500 (2014)  
v. 140124

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br>SPRINGLEAF FINANCIAL SERVICES RETIREMENT PLAN COMMITTEE<br><br>601 NORTHWEST 2ND STREET<br>PO BOX 59<br>EVANSVILLE IN 47701-0059                                                                                                                                                                                                     | <b>3b</b> Administrator's EIN<br>35-1313922<br><hr/> <b>3c</b> Administrator's telephone number<br>800-804-8502                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                     | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 564                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>6</b> 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).                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                               | <b>6a(1)</b> 41                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                     | <b>6a(2)</b> 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                                   | <b>6b</b> 181                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                    | <b>6c</b> 362                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c. ....                                                                                                                                                                                                                                                                                                                                                                                  | <b>6d</b> 546                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                            | <b>6e</b> 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>f</b> Total. Add lines 6d and 6e. ....                                                                                                                                                                                                                                                                                                                                                                                             | <b>6f</b> 557                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                       | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                           | <b>6h</b> 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 1I                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

**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 01/01/2014 and ending 12/31/2014▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><br><u>CommoLoCo Retirement Plan</u>                                                                             | <b>B</b> Three-digit plan number (PN) ▶<br><br><u>012</u>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br><u>CommoLoCo, Inc. Springleaf Financial Services</u>      | <b>D</b> Employer Identification Number (EIN)<br><br><u>66-0384086</u>                                                                                  |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

**Part I Basic Information**

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2014</u>                                                                                                                                 |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | <u>12,292,348</u>         |                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | <u>12,292,348</u>         |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                      | <u>183</u>                 | <u>8,093,006</u>          | <u>8,093,006</u>         |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | <u>340</u>                 | <u>3,129,243</u>          | <u>3,129,243</u>         |
| <b>c</b> For active participants.....                                                                                                                                                                           | <u>41</u>                  | <u>693,115</u>            | <u>798,400</u>           |
| <b>d</b> Total.....                                                                                                                                                                                             | <u>564</u>                 | <u>11,915,364</u>         | <u>12,020,649</u>        |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| <b>b</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 ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   | <u>6.55 %</u>             |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>                   | <u>264,000</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**ALAN D. DANG ADD

Signature of actuary

09/25/2015

Date

Alan D. Dang

Type or print name of actuary

14-07076

Most recent enrollment number

Hewitt Associates LLC

Firm name

(847) 771-6426

Telephone number (including area code)

4 Overlook PointLincolnshire

Address of the firm

IL 60069If 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

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b> |                                                                                                                                                                    | (a) Carryover balance | (b) Prefunding balance |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b>                                                           | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                                    | 1,010,707             | 0                      |
| <b>8</b>                                                           | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                                 | 103,665               | 0                      |
| <b>9</b>                                                           | Amount remaining (line 7 minus line 8) .....                                                                                                                       | 907,042               | 0                      |
| <b>10</b>                                                          | Interest on line 9 using prior year's actual return of <u>0.18%</u> .....                                                                                          | 1633                  | 0                      |
| <b>11</b>                                                          | Prior year's excess contributions to be added to prefunding balance:                                                                                               |                       |                        |
|                                                                    | <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                    |                       | 0                      |
|                                                                    | <b>b(1)</b> 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>6.7%</u> ..... |                       | 0                      |
|                                                                    | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                               |                       | 0                      |
|                                                                    | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                      |                       | 0                      |
|                                                                    | <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                    |                       | 0                      |
| <b>12</b>                                                          | Other reductions in balances due to elections or deemed elections .....                                                                                            | 0                     | 0                      |
| <b>13</b>                                                          | Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....                                                                                 | 908,675               | 0                      |

| <b>Part III Funding Percentages</b> |                                                                                                                                                                  |           |          |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b>                           | Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 94.70 %  |
| <b>15</b>                           | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 102.26 % |
| <b>16</b>                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 108.96 % |
| <b>17</b>                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b>                    |
|                                                                                          |                                   |                                 |                          |                                   | 0                               |

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

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

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.99 % | 2nd segment:<br>6.32 % | 3rd segment:<br>6.99 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 60                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                     |                     |                    |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                  |                     |                    |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                           | <b>31a</b>          | 264,000            |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                          | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                               | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment.....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                           | <b>34</b>           | 264,000            |               |
|                                                                                                                                                                                     | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                               | 264,000             | 0                  | 264,000       |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                 | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                  | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                 |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                      | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                               | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                     | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                 | <b>40</b>           | 0                  |               |

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

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

Schedule SB Attachment (Form 5500)—2014 Plan Year  
 CommoLoCo Retirement Plan  
 EIN: 66-0384086 PN: 012

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)<br>Age       | (b)<br>Rate | (c)<br>Weight | (d)<br>Product<br>(a) × (b) × (c) |
|------------------|-------------|---------------|-----------------------------------|
| 55               | 20.00%      | 1.0000        | 11.00                             |
| 56               | 10.00%      | 0.8000        | 4.48                              |
| 57               | 10.00%      | 0.7200        | 4.10                              |
| 58               | 10.00%      | 0.6480        | 3.76                              |
| 59               | 10.00%      | 0.5832        | 3.44                              |
| 60               | 20.00%      | 0.5249        | 6.30                              |
| 61               | 20.00%      | 0.4199        | 5.12                              |
| 62               | 50.00%      | 0.3359        | 10.41                             |
| 63               | 5.00%       | 0.1680        | 0.53                              |
| 64               | 5.00%       | 0.1596        | 0.51                              |
| 65               | 100.00%     | 0.1516        | 9.85                              |
| Weighted Average |             |               | 59.50                             |

Schedule SB Attachment (Form 5500)—2014 Plan Year  
 CommoLoCo Retirement Plan  
 EIN: 66-0384086 PN: 012

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

|                                                |                                                                                                                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates                                 | Based on segment rates with a four-month lookback (as of September 2013), 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 September 2013), without regard to interest rate stabilization                                                 |
| 1st Segment Rate                               | 1.37%                                                                                                                                                                   |
| 2nd Segment Rate                               | 4.05%                                                                                                                                                                   |
| 3rd Segment Rate                               | 5.06%                                                                                                                                                                   |
| Salary Increases                               | Not applicable as Plan is frozen.                                                                                                                                       |
| Social Security Wage Base Increases            | Not applicable as Plan is frozen.                                                                                                                                       |
| Optional Payment Form Election Percentage      | 65% life annuity<br>35% joint and 50% survivor annuity                                                                                                                  |
| Optional Payment Form Conversion Interest Rate | 7.50%                                                                                                                                                                   |
| Optional Payment Form Conversion Mortality     | UP-84 Mortality Table for annuities                                                                                                                                     |
| Retirement Age                                 |                                                                                                                                                                         |
| Active Participants                            | See Table 1                                                                                                                                                             |
| Terminated Vested Participants                 | Age 65                                                                                                                                                                  |
| Mortality Rates                                |                                                                                                                                                                         |
| Healthy and Disabled                           | 2014 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)                                                                              |
| Withdrawal Rates                               | See Table 2                                                                                                                                                             |
| Disability Rates                               | None                                                                                                                                                                    |
| Decrement Timing                               | Beginning of year decrements                                                                                                                                            |

Schedule SB Attachment (Form 5500)—2014 Plan Year  
CommoLoCo Retirement Plan  
EIN: 66-0384086 PN: 012

|                                               |                                                                                                                                                                 |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Surviving Spouse Benefit                      | It is assumed that 80% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.                            |
| Valuation Compensation                        | Not applicable as Plan is frozen.                                                                                                                               |
| Benefit and Compensation Limits               | Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$210,000 and the 401(a)(17) compensation limit of \$260,000. |
| Valuation of Plan Assets                      | Fair Market Value                                                                                                                                               |
| Trust Expenses Included in Target Normal Cost | \$264,000. The expenses included in the Target Normal Cost reflect the current year's expected administrative expenses.                                         |
| Actuarial Method                              | Standard unit credit cost method                                                                                                                                |
| Valuation Date                                | January 1, 2014                                                                                                                                                 |

Schedule SB Attachment (Form 5500)—2014 Plan Year  
CommoLoCo Retirement Plan  
EIN: 66-0384086 PN: 012

Table 1

**Retirement Rates**

| <b><u>Age</u></b> | <b><u>Rate</u></b> |
|-------------------|--------------------|
| 55                | 20.00%             |
| 56                | 10.00%             |
| 57                | 10.00%             |
| 58                | 10.00%             |
| 59                | 10.00%             |
| 60                | 20.00%             |
| 61                | 20.00%             |
| 62                | 50.00%             |
| 63                | 5.00%              |
| 64                | 5.00%              |
| 65+               | 100.00%            |

Schedule SB Attachment (Form 5500)—2014 Plan Year  
CommoLoCo Retirement Plan  
EIN: 66-0384086 PN: 012

Table 2—Page 1 of 2

**Withdrawal Rates**

| Age | Years of Service |        |        |        |       |
|-----|------------------|--------|--------|--------|-------|
|     | 0-1              | 2-3    | 4-6    | 7-9    | 10+   |
| 21  | 25.00%           | 20.00% | 15.00% | 10.00% | 0.00% |
| 22  | 25.00%           | 20.00% | 15.00% | 10.00% | 0.00% |
| 23  | 25.00%           | 20.00% | 15.00% | 10.00% | 0.00% |
| 24  | 25.00%           | 20.00% | 15.00% | 10.00% | 0.00% |
| 25  | 25.00%           | 20.00% | 15.00% | 10.00% | 0.00% |
| 26  | 25.00%           | 20.00% | 15.00% | 10.00% | 0.00% |
| 27  | 25.00%           | 20.00% | 15.00% | 10.00% | 0.00% |
| 28  | 25.00%           | 20.00% | 15.00% | 10.00% | 0.00% |
| 29  | 25.00%           | 20.00% | 15.00% | 10.00% | 0.00% |
| 30  | 25.00%           | 20.00% | 15.00% | 10.00% | 7.00% |
| 31  | 25.00%           | 20.00% | 15.00% | 10.00% | 6.80% |
| 32  | 25.00%           | 20.00% | 15.00% | 10.00% | 6.60% |
| 33  | 25.00%           | 20.00% | 15.00% | 10.00% | 6.40% |
| 34  | 25.00%           | 20.00% | 15.00% | 10.00% | 6.20% |
| 35  | 25.00%           | 20.00% | 15.00% | 10.00% | 6.00% |
| 36  | 25.00%           | 20.00% | 15.00% | 10.00% | 5.80% |
| 37  | 25.00%           | 20.00% | 15.00% | 10.00% | 5.60% |
| 38  | 25.00%           | 20.00% | 15.00% | 10.00% | 5.40% |
| 39  | 25.00%           | 20.00% | 15.00% | 10.00% | 5.20% |
| 40  | 25.00%           | 20.00% | 15.00% | 10.00% | 5.00% |
| 41  | 25.00%           | 20.00% | 15.00% | 10.00% | 4.80% |
| 42  | 25.00%           | 20.00% | 15.00% | 10.00% | 4.60% |
| 43  | 25.00%           | 20.00% | 15.00% | 10.00% | 4.40% |
| 44  | 25.00%           | 20.00% | 15.00% | 10.00% | 4.20% |
| 45  | 25.00%           | 20.00% | 15.00% | 10.00% | 4.00% |
| 46  | 25.00%           | 20.00% | 15.00% | 10.00% | 3.80% |
| 47  | 25.00%           | 20.00% | 15.00% | 10.00% | 3.60% |
| 48  | 25.00%           | 20.00% | 15.00% | 10.00% | 3.40% |
| 49  | 25.00%           | 20.00% | 15.00% | 10.00% | 3.20% |
| 50  | 25.00%           | 20.00% | 15.00% | 10.00% | 3.00% |

Schedule SB Attachment (Form 5500)—2014 Plan Year  
CommoLoCo Retirement Plan  
EIN: 66-0384086 PN: 012

Table 2—Page 2 of 2

**Withdrawal Rates**

| <b>Age</b> | <b>Years of Service</b> |            |            |            |            |
|------------|-------------------------|------------|------------|------------|------------|
|            | <b>0-1</b>              | <b>2-3</b> | <b>4-6</b> | <b>7-9</b> | <b>10+</b> |
| 51         | 25.00%                  | 20.00%     | 15.00%     | 10.00%     | 2.60%      |
| 52         | 25.00%                  | 20.00%     | 15.00%     | 10.00%     | 2.20%      |
| 53         | 25.00%                  | 20.00%     | 15.00%     | 10.00%     | 1.80%      |
| 54         | 25.00%                  | 20.00%     | 15.00%     | 10.00%     | 1.40%      |
| 55         | 25.00%                  | 20.00%     | 15.00%     | 10.00%     | 0.00%      |
| 56         | 25.00%                  | 20.00%     | 15.00%     | 10.00%     | 0.00%      |
| 57         | 25.00%                  | 20.00%     | 15.00%     | 10.00%     | 0.00%      |
| 58         | 25.00%                  | 20.00%     | 15.00%     | 10.00%     | 0.00%      |
| 59         | 25.00%                  | 20.00%     | 15.00%     | 10.00%     | 0.00%      |
| 60         | 25.00%                  | 20.00%     | 15.00%     | 10.00%     | 0.00%      |
| 61+        | 25.00%                  | 20.00%     | 15.00%     | 10.00%     | 0.00%      |

Schedule SB Attachment (Form 5500)—2014 Plan Year  
CommoLoCo Retirement Plan  
EIN: 66-0384086 PN: 012

Schedule SB, Part V—Summary of Plan Provisions

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date          | Restated effective as of January 1, 2008. The plan year is the calendar year. The most recent amendment freezing the plan is effective December 31, 2012.                                                                                                                                                                                                                                                                                                                                                                                                                |
| Participating Employees | <p>Puerto Rican residents who are employed by CommoLoCo Inc. become participants on the November 1 or May 1 coincident with or next following the later of age 21 and the completion of one year of service.</p> <p>Effective December 31, 2012, the plan is closed to new entrants.</p>                                                                                                                                                                                                                                                                                 |
| Contributions           | <p>The company will pay to the Trustee such sums of money as the enrolled actuary shall certify as the amounts necessary to meet the minimum required contribution within the meaning of IRC section 430. The company may also provide, from time to time, additional sums of money to the Trustee as deemed appropriate.</p> <p>Employee contributions are neither required nor permitted under the plan.</p>                                                                                                                                                           |
| Definitions             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Vesting Service         | Completed years of service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Benefit Service         | <p>One year of benefit service is credited for each accrual computation period (years from date of hire) during which a participant is credited with 12 months of service. One-twelfth of a year of benefit service for each month of service is credited for each accrual computation period during which a participant is credited with six or more, but less than 12 months of service. In the year of retirement, one-twelfth of a year of benefit service is credited for each month of service.</p> <p>Effective December 31, 2012, benefit service is frozen.</p> |
| Month of Service        | A month of service is credited for any month in which a participant is credited with an hour of service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Compensation            | Total remuneration including base pay, annual cash incentive (bonuses), and overtime.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

Schedule SB Attachment (Form 5500)—2014 Plan Year  
CommoLoCo Retirement Plan  
EIN: 66-0384086 PN: 012

|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Average Monthly Compensation         | <p>One-twelfth of the average of the highest five-consecutive completed calendar years within the last 10 completed calendar years of employment. A partial year may be considered in the year of termination if it results in a higher average.</p> <p>Effective December 31, 2012, average monthly compensation is frozen.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Average Monthly Covered Compensation | <p>One-twelfth of the average of the Social Security taxable wage bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the participant attains (or will attain) Social Security retirement age.</p> <p>Effective December 31, 2012, average monthly covered compensation is frozen.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Normal Retirement Eligibility        | <p>Termination of employment following the later of a participant's sixty-fifth birthday or the fifth anniversary of the date of participation.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Benefit                              | <p>The benefit accrued as of October 31, 2001 under the prior plan, plus:</p> <ul style="list-style-type: none"><li>(A) 1% of average monthly compensation not in excess of average monthly covered compensation multiplied by years of benefit service not in excess of 30 years; plus</li><li>(B) 1.65% of average monthly compensation in excess of average monthly covered compensation multiplied by years of benefit service not in excess of 30 years; plus</li><li>(C) 0.5% of average monthly compensation not in excess of average monthly covered compensation multiplied by years of benefit service in excess of 30 years but not in excess of 40 years; plus</li><li>(D) 0.5% of average monthly compensation in excess of average monthly covered compensation multiplied by years of benefit service in excess of 30 years but not in excess of 40 years.</li></ul> <p>Effective December 31, 2012, the normal retirement benefit is frozen.</p> |

Schedule SB Attachment (Form 5500)—2014 Plan Year  
CommoLoCo Retirement Plan  
EIN: 66-0384086 PN: 012

Early Retirement  
Eligibility

Termination of employment after attaining age 55 and completing 10 years of vesting service, but prior to normal retirement eligibility. For the benefit accrued through November 1, 2001, termination after attaining age 55 and completing five years of benefit service.

Benefit

The normal retirement benefit reduced to reflect the age of the participant at the time of commencement. The benefit is reduced by multiplying by a factor as follows:

| Early Retirement Factors |                                     |      |         |  |
|--------------------------|-------------------------------------|------|---------|--|
| Commencement Age         | October 31, 2001<br>Accrued Benefit | E    | F       |  |
| 65                       | 1.00                                | 1.00 | 1.00000 |  |
| 64                       | 1.00                                | 1.00 | 0.93333 |  |
| 63                       | 1.00                                | 0.96 | 0.86667 |  |
| 62                       | 1.00                                | 0.89 | 0.80000 |  |
| 61                       | 1.00                                | 0.82 | 0.73333 |  |
| 60                       | 1.00                                | 0.75 | 0.66667 |  |
| 59                       | 0.94                                | 0.70 | 0.63333 |  |
| 58                       | 0.88                                | 0.66 | 0.60000 |  |
| 57                       | 0.82                                | 0.62 | 0.56667 |  |
| 56                       | 0.76                                | 0.58 | 0.53333 |  |
| 55                       | 0.70                                | 0.54 | 0.50000 |  |

Factor E applies to parts (A) and (C) of the normal retirement benefit. Factor F applies to parts (B) and (D) of the normal retirement benefit.

Deferred Vested Pension  
Eligibility

Termination of employment after the completion of five years of vesting service, but prior to normal or early retirement eligibility.

Schedule SB Attachment (Form 5500)—2014 Plan Year  
 CommoLoCo Retirement Plan  
 EIN: 66-0384086 PN: 012

Benefit

The normal retirement benefit deferred to normal retirement date. If the participant terminated with ten or more years of vesting service, a reduced benefit payable starting at age 55 or later is available. The benefit is reduced by multiplying by a factor as follows:

| Commencement Age | Early Commencement Factors |
|------------------|----------------------------|
| 65               | 1.00000                    |
| 64               | 0.88930                    |
| 63               | 0.79305                    |
| 62               | 0.70906                    |
| 61               | 0.63552                    |
| 60               | 0.57091                    |
| 59               | 0.51398                    |
| 58               | 0.46365                    |
| 57               | 0.41904                    |
| 56               | 0.37938                    |
| 55               | 0.34406                    |

Reductions for the October 31, 2001 accrued benefits are 6% per year prior to age 65.

Preretirement Death Benefit  
 Eligibility

Surviving spouse of an active participant who died after completing five years of vesting service. The surviving spouse must have been married to the participant for at least one year.

Benefit

50% of the normal retirement benefit calculated as if the participant had terminated employment on the earlier of the actual date of termination or the date of death, survived until their earliest retirement date, elected to receive a 50% joint and survivor annuity beginning at their earliest retirement date and died on the day after their earliest retirement date.

Disability

There are no specific benefits for disability. Termination from employment due to disability is treated as any other termination.

Schedule SB Attachment (Form 5500)—2014 Plan Year  
CommoLoCo Retirement Plan  
EIN: 66-0384086 PN: 012

Forms of Payment

The normal form of payment is a life annuity if single, or an actuarially equivalent 50% joint and survivor annuity if married. In lieu of the normal form, participants may elect to receive their benefit as a 50%, 75%, or 100% joint and survivor annuity, or a 10-year certain and life annuity. The October 31, 2001 accrued benefit is payable as an unreduced 40% joint and survivor annuity if married. Additionally, the October 31, 2001 accrued benefit is available as a 50%, 75%, or 100% joint and survivor annuity, or a Social Security level income annuity.

Actuarial Equivalence for Alternative Forms of Payment

Amount of an alternative form of benefit (other than a lump sum and Social Security leveling option) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed on the basis of a 7.5% compound annual interest rate and the UP-84 Mortality Table.

Actuarial Equivalence for Lump Sum and Social Security Level Income Option

PPA mortality and interest rates equal to the three-PPA mortality and interest rates equal to the three-tiered minimum present value segment rate for the two months preceding the plan year in which the benefit commencement date occurs and reflecting appropriate phase-ins.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2014 Plan Year  
 CommoLoCo Retirement Plan  
 EIN: 66-0384086 PN: 012

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

| Attained Age | Number of Participants and Average Annual 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        |                                                           |     |     |       |       |       |       |       |       |     |
| 30-34        |                                                           | 3   | 1   |       |       |       |       |       |       |     |
| 35-39        |                                                           | 2   | 1   | 3     | 1     |       |       |       |       |     |
| 40-44        |                                                           | 3   |     | 2     | 5     | 1     |       |       |       |     |
| 45-49        |                                                           |     | 2   |       | 2     | 2     |       |       |       |     |
| 50-54        |                                                           |     |     | 3     | 1     | 2     | 1     | 1     |       |     |
| 55-59        |                                                           |     |     |       |       | 3     |       | 2     |       |     |
| 60-64        |                                                           |     |     |       |       |       |       |       |       |     |
| 65-69        |                                                           |     |     |       |       |       |       |       |       |     |
| 70+          |                                                           |     |     |       |       |       |       |       |       |     |

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Schedule SB Attachment (Form 5500)—2014 Plan Year  
CommoLoCo Retirement Plan  
EIN: 66-0384086 PN: 012

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)              | (b)     | (c)    | (d)                        |
|------------------|---------|--------|----------------------------|
| Age              | Rate    | Weight | Product<br>(a) × (b) × (c) |
| 55               | 20.00%  | 1.0000 | 11.00                      |
| 56               | 10.00%  | 0.8000 | 4.48                       |
| 57               | 10.00%  | 0.7200 | 4.10                       |
| 58               | 10.00%  | 0.6480 | 3.76                       |
| 59               | 10.00%  | 0.5832 | 3.44                       |
| 60               | 20.00%  | 0.5249 | 6.30                       |
| 61               | 20.00%  | 0.4199 | 5.12                       |
| 62               | 50.00%  | 0.3359 | 10.41                      |
| 63               | 5.00%   | 0.1680 | 0.53                       |
| 64               | 5.00%   | 0.1596 | 0.51                       |
| 65               | 100.00% | 0.1516 | 9.85                       |
| Weighted Average |         |        | 59.50                      |

Schedule SB Attachment (Form 5500)—2014 Plan Year  
CommoLoCo Retirement Plan  
EIN: 66-0384086 PN: 012

Schedule SB, Part V—Summary of Plan Provisions

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date          | Restated effective as of January 1, 2008. The plan year is the calendar year. The most recent amendment freezing the plan is effective December 31, 2012.                                                                                                                                                                                                                                                                                                                                                                                                                |
| Participating Employees | <p>Puerto Rican residents who are employed by CommoLoCo Inc. become participants on the November 1 or May 1 coincident with or next following the later of age 21 and the completion of one year of service.</p> <p>Effective December 31, 2012, the plan is closed to new entrants.</p>                                                                                                                                                                                                                                                                                 |
| Contributions           | <p>The company will pay to the Trustee such sums of money as the enrolled actuary shall certify as the amounts necessary to meet the minimum required contribution within the meaning of IRC section 430. The company may also provide, from time to time, additional sums of money to the Trustee as deemed appropriate.</p> <p>Employee contributions are neither required nor permitted under the plan.</p>                                                                                                                                                           |
| Definitions             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Vesting Service         | Completed years of service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Benefit Service         | <p>One year of benefit service is credited for each accrual computation period (years from date of hire) during which a participant is credited with 12 months of service. One-twelfth of a year of benefit service for each month of service is credited for each accrual computation period during which a participant is credited with six or more, but less than 12 months of service. In the year of retirement, one-twelfth of a year of benefit service is credited for each month of service.</p> <p>Effective December 31, 2012, benefit service is frozen.</p> |
| Month of Service        | A month of service is credited for any month in which a participant is credited with an hour of service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Compensation            | Total remuneration including base pay, annual cash incentive (bonuses), and overtime.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

Schedule SB Attachment (Form 5500)—2014 Plan Year  
CommoLoCo Retirement Plan  
EIN: 66-0384086 PN: 012

|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Average Monthly Compensation         | <p>One-twelfth of the average of the highest five-consecutive completed calendar years within the last 10 completed calendar years of employment. A partial year may be considered in the year of termination if it results in a higher average.</p> <p>Effective December 31, 2012, average monthly compensation is frozen.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Average Monthly Covered Compensation | <p>One-twelfth of the average of the Social Security taxable wage bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the participant attains (or will attain) Social Security retirement age.</p> <p>Effective December 31, 2012, average monthly covered compensation is frozen.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Normal Retirement Eligibility        | <p>Termination of employment following the later of a participant's sixty-fifth birthday or the fifth anniversary of the date of participation.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Benefit                              | <p>The benefit accrued as of October 31, 2001 under the prior plan, plus:</p> <ul style="list-style-type: none"><li>(A) 1% of average monthly compensation not in excess of average monthly covered compensation multiplied by years of benefit service not in excess of 30 years; plus</li><li>(B) 1.65% of average monthly compensation in excess of average monthly covered compensation multiplied by years of benefit service not in excess of 30 years; plus</li><li>(C) 0.5% of average monthly compensation not in excess of average monthly covered compensation multiplied by years of benefit service in excess of 30 years but not in excess of 40 years; plus</li><li>(D) 0.5% of average monthly compensation in excess of average monthly covered compensation multiplied by years of benefit service in excess of 30 years but not in excess of 40 years.</li></ul> <p>Effective December 31, 2012, the normal retirement benefit is frozen.</p> |

Schedule SB Attachment (Form 5500)—2014 Plan Year  
 CommoLoCo Retirement Plan  
 EIN: 66-0384086 PN: 012

Early Retirement  
 Eligibility

Termination of employment after attaining age 55 and completing 10 years of vesting service, but prior to normal retirement eligibility. For the benefit accrued through November 1, 2001, termination after attaining age 55 and completing five years of benefit service.

Benefit

The normal retirement benefit reduced to reflect the age of the participant at the time of commencement. The benefit is reduced by multiplying by a factor as follows:

| Early Retirement Factors |                                     |      |         |  |
|--------------------------|-------------------------------------|------|---------|--|
| Commencement Age         | October 31, 2001<br>Accrued Benefit | E    | F       |  |
| 65                       | 1.00                                | 1.00 | 1.00000 |  |
| 64                       | 1.00                                | 1.00 | 0.93333 |  |
| 63                       | 1.00                                | 0.96 | 0.86667 |  |
| 62                       | 1.00                                | 0.89 | 0.80000 |  |
| 61                       | 1.00                                | 0.82 | 0.73333 |  |
| 60                       | 1.00                                | 0.75 | 0.66667 |  |
| 59                       | 0.94                                | 0.70 | 0.63333 |  |
| 58                       | 0.88                                | 0.66 | 0.60000 |  |
| 57                       | 0.82                                | 0.62 | 0.56667 |  |
| 56                       | 0.76                                | 0.58 | 0.53333 |  |
| 55                       | 0.70                                | 0.54 | 0.50000 |  |

Factor E applies to parts (A) and (C) of the normal retirement benefit. Factor F applies to parts (B) and (D) of the normal retirement benefit.

Deferred Vested Pension  
 Eligibility

Termination of employment after the completion of five years of vesting service, but prior to normal or early retirement eligibility.

Schedule SB Attachment (Form 5500)—2014 Plan Year  
 CommoLoCo Retirement Plan  
 EIN: 66-0384086 PN: 012

Benefit

The normal retirement benefit deferred to normal retirement date. If the participant terminated with ten or more years of vesting service, a reduced benefit payable starting at age 55 or later is available. The benefit is reduced by multiplying by a factor as follows:

| Commencement Age | Early Commencement Factors |
|------------------|----------------------------|
| 65               | 1.00000                    |
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| 59               | 0.51398                    |
| 58               | 0.46365                    |
| 57               | 0.41904                    |
| 56               | 0.37938                    |
| 55               | 0.34406                    |

Reductions for the October 31, 2001 accrued benefits are 6% per year prior to age 65.

Preretirement Death Benefit  
 Eligibility

Surviving spouse of an active participant who died after completing five years of vesting service. The surviving spouse must have been married to the participant for at least one year.

Benefit

50% of the normal retirement benefit calculated as if the participant had terminated employment on the earlier of the actual date of termination or the date of death, survived until their earliest retirement date, elected to receive a 50% joint and survivor annuity beginning at their earliest retirement date and died on the day after their earliest retirement date.

Disability

There are no specific benefits for disability. Termination from employment due to disability is treated as any other termination.

Schedule SB Attachment (Form 5500)—2014 Plan Year  
CommoLoCo Retirement Plan  
EIN: 66-0384086 PN: 012

Forms of Payment

The normal form of payment is a life annuity if single, or an actuarially equivalent 50% joint and survivor annuity if married. In lieu of the normal form, participants may elect to receive their benefit as a 50%, 75%, or 100% joint and survivor annuity, or a 10-year certain and life annuity. The October 31, 2001 accrued benefit is payable as an unreduced 40% joint and survivor annuity if married. Additionally, the October 31, 2001 accrued benefit is available as a 50%, 75%, or 100% joint and survivor annuity, or a Social Security level income annuity.

Actuarial Equivalence for Alternative Forms of Payment

Amount of an alternative form of benefit (other than a lump sum and Social Security leveling option) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed on the basis of a 7.5% compound annual interest rate and the UP-84 Mortality Table.

Actuarial Equivalence for Lump Sum and Social Security Level Income Option

PPA mortality and interest rates equal to the three-PPA mortality and interest rates equal to the three-tiered minimum present value segment rate for the two months preceding the plan year in which the benefit commencement date occurs and reflecting appropriate phase-ins.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

**CommoLoCo Retirement Plan**  
**Plan Sponsor EIN: 66-0384086**  
**Plan Number: 012**  
**Form 5500, Schedule H - Part IV, Line 4i**  
**Schedule of Assets (Held at End of Year)**  
**As of December 31, 2014**

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| Issue                                       | Description                      | Cost                 | Current Value        |    |
|---------------------------------------------|----------------------------------|----------------------|----------------------|----|
| * State Street Bank & Trust Government STIF | Government STIF 18               | \$ 91,820            | \$ 91,820            | ** |
| Voya Global Real Estate Fund                | Equity Mutual Fund               | 449,304              | 557,879              | ** |
| JP Morgan High Yield Fund                   | Fixed Income Mutual Fund         | 676,025              | 628,026              | ** |
| PIMCO Long Term Credit Fund                 | Fixed Income Mutual Fund         | 4,263,452            | 4,638,039            | ** |
| Vanguard Total International Fund           | International Equity Mutual Fund | 950,508              | 972,554              | ** |
| Vanguard Long-Term Investment               | Fixed Income Mutual Fund         | 3,987,472            | 4,477,035            | ** |
| Vanguard Small Cap Index Fund               | Equity Mutual Fund               | 414,801              | 650,249              | ** |
| Vanguard 500 Index Fund                     | Equity Mutual Fund               | 456,007              | 724,335              | ** |
| Total Investments                           |                                  | <u>\$ 11,289,389</u> | <u>\$ 12,739,937</u> |    |

\* Party-in-interest.

\*\* This schedule has been derived from information certified by State Street Bank and Trust, the Custodian, and Banco Popular, the Trustee, as complete and accurate.