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| <b>Form 5500</b><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>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2015</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                           |                                                                                                                                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                           |                                                                                                                                                                                                                                        |  |
| For calendar plan year 2015 or fiscal plan year beginning <u>07/01/2015</u> and ending <u>06/30/2016</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      |  |
|                                                                                                          | <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; <input 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; <input type="checkbox"/> special extension (enter description)                                 |  |

|                |                                                                                                                                                                                                                                                                                                                                                                  |           |                                                           |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                   |           |                                                           |
| <b>1a</b>      | Name of plan<br><u>THE RUMPKE CONSOLIDATED COMPANIES, INC. &amp; AFFILIATES DEFINED BENEFIT PENSION PLAN</u>                                                                                                                                                                                                                                                     | <b>1b</b> | Three-digit plan number (PN) ▶ <u>002</u>                 |
|                |                                                                                                                                                                                                                                                                                                                                                                  | <b>1c</b> | Effective date of plan<br><u>07/01/1985</u>               |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>RUMPKE CONSOLIDATED COMPANIES, INC.</u><br><br><u>10795 HUGHES ROAD</u><br><u>CINCINNATI, OH 45251</u> | <b>2b</b> | Employer Identification Number (EIN)<br><u>31-1247560</u> |
|                |                                                                                                                                                                                                                                                                                                                                                                  | <b>2c</b> | Plan Sponsor's telephone number<br><u>513-851-0122</u>    |
|                |                                                                                                                                                                                                                                                                                                                                                                  | <b>2d</b> | Business code (see instructions)<br><u>562000</u>         |

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

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

|                                                                                                 |                                                   |            |                                                              |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                | Filed with authorized/valid electronic signature. | 04/11/2017 | PHILIP WEHRMAN                                               |
|                                                                                                 | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                | Filed with authorized/valid electronic signature. | 04/11/2017 | PHILIP WEHRMAN                                               |
|                                                                                                 | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                |                                                   |            |                                                              |
|                                                                                                 | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) |                                                   |            | Preparer's telephone number                                  |
|                                                                                                 |                                                   |            |                                                              |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <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> 1307                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <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> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits.....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 1156<br><b>6a(2)</b> 1068<br><b>6b</b> 11<br><b>6c</b> 151<br><b>6d</b> 1230<br><b>6e</b> 0<br><b>6f</b> 1230<br><b>6g</b><br><b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                            |
| <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<br><br><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><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <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><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <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><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input checked="" type="checkbox"/> <b>5</b> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

|                 |                                                                                   |
|-----------------|-----------------------------------------------------------------------------------|
| <b>Part III</b> | <b>Form M-1 Compliance Information (to be completed by welfare benefit plans)</b> |
|-----------------|-----------------------------------------------------------------------------------|

**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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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><div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury<br/>Internal Revenue Service</div></div><div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                                            |                                                                         |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016                                 |                                                                         |
| <div>A Name of plan</div> <div>THE RUMPKE CONSOLIDATED COMPANIES, INC. &amp; AFFILIATES DEFINED BENEFIT PENSION PLAN</div> | <div>B Three-digit plan number (PN)</div> <div>002</div>                |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>RUMPKE CONSOLIDATED COMPANIES, INC.</div>           | <div>D Employer Identification Number (EIN)</div> <div>31-1247560</div> |

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

|                         |
|-------------------------|
| 1 Coverage Information: |
|-------------------------|

|                                                                           |
|---------------------------------------------------------------------------|
| <div>(a) Name of insurance carrier</div> <div>JACKSON NATIONAL LIFE</div> |
|---------------------------------------------------------------------------|

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|---------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|         |               |                                       |                                                                             | (f) From                | (g) To     |
|         | 65838         | 1018519778                            | 1                                                                           | 07/01/2015              | 06/30/2016 |

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

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

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

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

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

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

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

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

**Part II Investment and Annuity Contract Information**

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

|          |                                                                                               |          |  |
|----------|-----------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration      (2) ☐ immediate participation guarantee  
(3) ☒ guaranteed investment      (4) ☒ other ▶ **VARIABLE RATE ANNUITY**

|                                                                                                         |              |        |
|---------------------------------------------------------------------------------------------------------|--------------|--------|
| <b>b</b> Balance at the end of the previous year .....                                                  | <b>7b</b>    | 0      |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> | 500000 |
| (2) Dividends and credits .....                                                                         | <b>7c(2)</b> |        |
| (3) Interest credited during the year .....                                                             | <b>7c(3)</b> |        |
| (4) Transferred from separate account .....                                                             | <b>7c(4)</b> |        |
| (5) Other (specify below) .....                                                                         | <b>7c(5)</b> | 58908  |
|                                                                                                         |              |        |
| (6) Total additions .....                                                                               | <b>7c(6)</b> | 558908 |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    | 558908 |
| <b>e</b> Deductions:                                                                                    |              |        |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....                         | <b>7e(1)</b> |        |
| (2) Administration charge made by carrier .....                                                         | <b>7e(2)</b> |        |
| (3) Transferred to separate account .....                                                               | <b>7e(3)</b> |        |
| (4) Other (specify below) .....                                                                         | <b>7e(4)</b> |        |
|                                                                                                         |              |        |
| (5) Total deductions .....                                                                              | <b>7e(5)</b> | 0      |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    | 558908 |

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve.....                                                                                          | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged.....                                                                                                                           |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |   |
| (A) Commissions.....                                                                                                                              | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs.....                                                                                                         | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes.....                                                                                                                                    | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges.....                                                                                                                  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves.....                                                                                                                           |                 | <b>9d(2)</b>    |   |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....                                           |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

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

Specify nature of costs ▶

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                  |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><hr/> Department of Labor<br>Employee Benefits Security Administration<br><hr/> Pension Benefit Guaranty Corporation | <b>Insurance 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><br><br><b>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                  | <b>2015</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                  | <b>This Form is Open to Public Inspection</b> |

For calendar plan year 2015 or fiscal plan year beginning **07/01/2015** and ending **06/30/2016**

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

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

**1** Coverage Information:

(a) Name of insurance carrier  
**JOHN HANCOCK**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 01-0233346 | 65838         | 8115184                               | 1                                                                           | 07/01/2015              | 06/30/2016 |

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

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

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

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

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

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

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

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

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

**Part II Investment and Annuity Contract Information**

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

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> |  |

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

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

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

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

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

|                                                                                                        |              |         |
|--------------------------------------------------------------------------------------------------------|--------------|---------|
| <b>b</b> Balance at the end of the previous year .....                                                 | <b>7b</b>    | 1406257 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                  | <b>7c(1)</b> |         |
| (2) Dividends and credits .....                                                                        | <b>7c(2)</b> |         |
| (3) Interest credited during the year .....                                                            | <b>7c(3)</b> |         |
| (4) Transferred from separate account .....                                                            | <b>7c(4)</b> |         |
| (5) Other (specify below).....<br>▶ UNREALIZED GALIN/LOSS                                              | <b>7c(5)</b> | -46436  |
| (6) Total additions .....                                                                              | <b>7c(6)</b> | -46436  |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                  | <b>7d</b>    | 1359821 |
| <b>e</b> Deductions:                                                                                   |              |         |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....                        | <b>7e(1)</b> |         |
| (2) Administration charge made by carrier .....                                                        | <b>7e(2)</b> | 5477    |
| (3) Transferred to separate account .....                                                              | <b>7e(3)</b> | 1349955 |
| (4) Other (specify below).....<br>▶                                                                    | <b>7e(4)</b> | 4389    |
| (5) Total deductions .....                                                                             | <b>7e(5)</b> | 1359821 |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )..... | <b>7f</b>    | 0       |

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve.....                                                                                          | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged.....                                                                                                                           |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |   |
| (A) Commissions.....                                                                                                                              | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs.....                                                                                                         | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes.....                                                                                                                                    | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges.....                                                                                                                  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves.....                                                                                                                           |                 | <b>9d(2)</b>    |   |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....                                           |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

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

Specify nature of costs ▶

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                  |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><hr/> Department of Labor<br>Employee Benefits Security Administration<br><hr/> Pension Benefit Guaranty Corporation | <b>Insurance 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><br><br><b>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                  | <b>2015</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                  | <b>This Form is Open to Public Inspection</b> |

For calendar plan year 2015 or fiscal plan year beginning **07/01/2015** and ending **06/30/2016**

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

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

**1** Coverage Information:

(a) Name of insurance carrier  
**BRIGHTHOUSE LIFE INSURANCE COMPANY**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 54-0696644 | 61050         | 9200035129                            |                                                                             | 07/01/2015              | 06/30/2016 |

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

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

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

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

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

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

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

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

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

**Part II Investment and Annuity Contract Information**

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

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> |  |

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

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

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

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

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

|                                                                                                         |              |        |
|---------------------------------------------------------------------------------------------------------|--------------|--------|
| <b>b</b> Balance at the end of the previous year .....                                                  | <b>7b</b>    | 721336 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> |        |
| (2) Dividends and credits .....                                                                         | <b>7c(2)</b> |        |
| (3) Interest credited during the year .....                                                             | <b>7c(3)</b> |        |
| (4) Transferred from separate account .....                                                             | <b>7c(4)</b> |        |
| (5) Other (specify below) .....                                                                         | <b>7c(5)</b> | 27111  |
| ▶                                                                                                       |              |        |
| (6) Total additions .....                                                                               | <b>7c(6)</b> | 27111  |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    | 748447 |
| <b>e</b> Deductions:                                                                                    |              |        |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....                         | <b>7e(1)</b> |        |
| (2) Administration charge made by carrier .....                                                         | <b>7e(2)</b> |        |
| (3) Transferred to separate account .....                                                               | <b>7e(3)</b> |        |
| (4) Other (specify below) .....                                                                         | <b>7e(4)</b> |        |
| ▶                                                                                                       |              |        |
| (5) Total deductions .....                                                                              | <b>7e(5)</b> | 0      |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    | 748447 |

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve.....                                                                                          | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged.....                                                                                                                           |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |   |
| (A) Commissions.....                                                                                                                              | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs.....                                                                                                         | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes.....                                                                                                                                    | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges.....                                                                                                                  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves.....                                                                                                                           |                 | <b>9d(2)</b>    |   |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....                                           |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

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

Specify nature of costs ▶

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Insurance 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><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

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

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

**1** Coverage Information:

(a) Name of insurance carrier  
JACKSON NATIONAL LIFE

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|---------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|         |               |                                       |                                                                             | (f) From                | (g) To     |
|         |               | 1018538497                            | 1                                                                           | 07/01/2015              | 06/30/2016 |

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

|                                           |                                    |
|-------------------------------------------|------------------------------------|
| (a) Total amount of commissions paid<br>0 | (b) Total amount of fees paid<br>0 |
|-------------------------------------------|------------------------------------|

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

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

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

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

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

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

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

**Part II Investment and Annuity Contract Information**

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

|          |                                                                                                                                                                                                                                                                            |              |        |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end .....                                                                                                                                                                              | <b>4</b>     |        |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end .....                                                                                                                                                                                | <b>5</b>     |        |
| <b>6</b> | Contracts With Allocated Funds:                                                                                                                                                                                                                                            |              |        |
| <b>a</b> | State the basis of premium rates ▶                                                                                                                                                                                                                                         |              |        |
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                                                                                             | <b>6b</b>    |        |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                                                                                       | <b>6c</b>    |        |
| <b>d</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶                                                                      | <b>6d</b>    |        |
| <b>e</b> | Type of contract: (1) <input type="checkbox"/> individual policies      (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶                                                                                              |              |        |
| <b>f</b> | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here <input type="checkbox"/>                                                                                                                                            |              |        |
| <b>7</b> | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)                                                                                                                                                              |              |        |
| <b>a</b> | Type of contract: (1) <input type="checkbox"/> deposit administration      (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment      (4) <input checked="" type="checkbox"/> other ▶ VARIABLE RATE ANNUITY |              |        |
| <b>b</b> | Balance at the end of the previous year .....                                                                                                                                                                                                                              | <b>7b</b>    | 0      |
| <b>c</b> | Additions: (1) Contributions deposited during the year .....                                                                                                                                                                                                               | <b>7c(1)</b> | 500000 |
|          | (2) Dividends and credits .....                                                                                                                                                                                                                                            | <b>7c(2)</b> |        |
|          | (3) Interest credited during the year .....                                                                                                                                                                                                                                | <b>7c(3)</b> |        |
|          | (4) Transferred from separate account .....                                                                                                                                                                                                                                | <b>7c(4)</b> |        |
|          | (5) Other (specify below).....<br>▶ UNREALIZED GAIN/LOSS                                                                                                                                                                                                                   | <b>7c(5)</b> | 34335  |
|          | (6) Total additions .....                                                                                                                                                                                                                                                  | <b>7c(6)</b> | 534335 |
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                                                                                                                                                                                               | <b>7d</b>    | 534335 |
| <b>e</b> | Deductions:                                                                                                                                                                                                                                                                |              |        |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year .....                                                                                                                                                                                            | <b>7e(1)</b> |        |
|          | (2) Administration charge made by carrier .....                                                                                                                                                                                                                            | <b>7e(2)</b> |        |
|          | (3) Transferred to separate account .....                                                                                                                                                                                                                                  | <b>7e(3)</b> |        |
|          | (4) Other (specify below).....<br>▶                                                                                                                                                                                                                                        | <b>7e(4)</b> |        |
|          | (5) Total deductions .....                                                                                                                                                                                                                                                 | <b>7e(5)</b> | 0      |
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....                                                                                                                                                                             | <b>7f</b>    | 534335 |

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve.....                                                                                          | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged.....                                                                                                                           |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |   |
| (A) Commissions.....                                                                                                                              | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs.....                                                                                                         | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes.....                                                                                                                                    | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges.....                                                                                                                  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves.....                                                                                                                           |                 | <b>9d(2)</b>    |   |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....                                           |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

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

Specify nature of costs ▶

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                  |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><hr/> Department of Labor<br>Employee Benefits Security Administration<br><hr/> Pension Benefit Guaranty Corporation | <b>Insurance 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><br><br><b>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                  | <b>2015</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                  | <b>This Form is Open to Public Inspection</b> |

For calendar plan year 2015 or fiscal plan year beginning **07/01/2015** and ending **06/30/2016**

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

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

**1** Coverage Information:

(a) Name of insurance carrier  
**BRIGHTHOUSE LIFE INSURANCE COMPANY**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 54-0696644 | 61050         | 9200028413                            | 1                                                                           | 07/01/2015              | 06/30/2016 |

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

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

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

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

**PHILLIP A. SCHWEGMANN**  
**MORGAN STANLEY SMITH BARNEY**  
**7755 MONTGOMERY ROAD, SUITE 200**  
**CINCINNATI, OH 45236**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             | 7                     |

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

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

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

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

**Part II Investment and Annuity Contract Information**

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

|          |                                                                                                                                                                                                                                                      |              |         |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end .....                                                                                                                                                        | <b>4</b>     |         |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end .....                                                                                                                                                          | <b>5</b>     |         |
| <b>6</b> | Contracts With Allocated Funds:                                                                                                                                                                                                                      |              |         |
| <b>a</b> | State the basis of premium rates ▶                                                                                                                                                                                                                   |              |         |
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                                                                       | <b>6b</b>    |         |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                                                                 | <b>6c</b>    |         |
| <b>d</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶                                                | <b>6d</b>    |         |
| <b>e</b> | Type of contract: (1) <input type="checkbox"/> individual policies      (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶                                                                        |              |         |
| <b>f</b> | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here <input type="checkbox"/>                                                                                                                      |              |         |
| <b>7</b> | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)                                                                                                                                        |              |         |
| <b>a</b> | Type of contract: (1) <input type="checkbox"/> deposit administration      (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input checked="" type="checkbox"/> guaranteed investment      (4) <input type="checkbox"/> other ▶ |              |         |
| <b>b</b> | Balance at the end of the previous year .....                                                                                                                                                                                                        | <b>7b</b>    | 1444115 |
| <b>c</b> | Additions: (1) Contributions deposited during the year .....                                                                                                                                                                                         | <b>7c(1)</b> |         |
|          | (2) Dividends and credits .....                                                                                                                                                                                                                      | <b>7c(2)</b> |         |
|          | (3) Interest credited during the year .....                                                                                                                                                                                                          | <b>7c(3)</b> |         |
|          | (4) Transferred from separate account .....                                                                                                                                                                                                          | <b>7c(4)</b> |         |
|          | (5) Other (specify below) .....                                                                                                                                                                                                                      | <b>7c(5)</b> |         |
|          |                                                                                                                                                                                                                                                      |              | 53627   |
|          | (6) Total additions .....                                                                                                                                                                                                                            | <b>7c(6)</b> | 53627   |
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                                                                                                                                                                         | <b>7d</b>    | 1497742 |
| <b>e</b> | Deductions:                                                                                                                                                                                                                                          |              |         |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year .....                                                                                                                                                                      | <b>7e(1)</b> |         |
|          | (2) Administration charge made by carrier .....                                                                                                                                                                                                      | <b>7e(2)</b> |         |
|          | (3) Transferred to separate account .....                                                                                                                                                                                                            | <b>7e(3)</b> |         |
|          | (4) Other (specify below) .....                                                                                                                                                                                                                      | <b>7e(4)</b> |         |
|          | (5) Total deductions .....                                                                                                                                                                                                                           | <b>7e(5)</b> | 0       |
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....                                                                                                                                                       | <b>7f</b>    | 1497742 |

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve.....                                                                                          | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged.....                                                                                                                           |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |   |
| (A) Commissions.....                                                                                                                              | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs.....                                                                                                         | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes.....                                                                                                                                    | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges.....                                                                                                                  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves.....                                                                                                                           |                 | <b>9d(2)</b>    |   |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....                                           |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

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

Specify nature of costs ▶

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</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>Single-Employer Defined Benefit Plan</b><br><b>Actuarial 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 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

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

|                                                                                                                                                                                                                 |                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                                                           |
| <b>1</b> Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2015</u>                                                                                                                               |                                                                                                                    |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                                                                    |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b> <u>46315592</u>                                                                                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>47395486</u>                                                                                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             |                                                                                                                    |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | (1) Number of participants <u>9</u> (2) Vested Funding Target <u>484218</u> (3) Total Funding Target <u>484218</u> |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <u>142</u> <u>2370050</u> <u>2370050</u>                                                                           |
| <b>c</b> For active participants .....                                                                                                                                                                          | <u>1156</u> <u>49909440</u> <u>49930612</u>                                                                        |
| <b>d</b> Total .....                                                                                                                                                                                            | <u>1307</u> <u>52763708</u> <u>52784880</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>6.05 %</u>                                                                                             |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b> <u>4257512</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.

|                                                                              |  |                                        |
|------------------------------------------------------------------------------|--|----------------------------------------|
| <b>SIGN HERE</b>                                                             |  | <u>04/03/2017</u>                      |
| Signature of actuary                                                         |  | Date                                   |
| <u>JEFFREY A. SCHAPPEL, EA, MAAA</u>                                         |  | <u>14-07786</u>                        |
| Type or print name of actuary                                                |  | Most recent enrollment number          |
| <u>CBIZ BENEFITS &amp; INSURANCE, INC.</u>                                   |  | <u>216-447-9000</u>                    |
| Firm name                                                                    |  | Telephone number (including area code) |
| <u>6050 OAK TREE BLVD.</u><br><u>SUITE 500</u><br><u>CLEVELAND, OH 44131</u> |  |                                        |
| Address of the firm                                                          |  |                                        |

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

| <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) .....                                                             | 0                     | 2342414                |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 2342414                |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>1.05</u> % .....                                                                                 | 0                     | 24595                  |
| <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) .....                                                                                      |                       | 99148                  |
| <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>6.27</u> % ..... |                       | 6217                   |
| <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 .....                                                                        |                       | 105365                 |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 105365                 |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    |                       |                        |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 2472374                |

| <b>Part III Funding Percentages</b>                                                                                                                                        |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 85.10 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 85.10 % |
| <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> | 93.93 % |
| <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 |
| 06/15/2016                                                                               | 1500000                           | 0                               |                          |                                   |                                 |
| 09/15/2016                                                                               | 1500000                           | 0                               |                          |                                   |                                 |
| 12/15/2016                                                                               | 1500000                           | 0                               |                          |                                   |                                 |
| 03/15/2017                                                                               | 1500000                           | 0                               |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 | <b>Totals ►</b>          | <b>18(b)</b>                      | 6000000                         |
|                                                                                          |                                   |                                 |                          | <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> | 5526238 |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                                 |            |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input checked="" type="checkbox"/> Yes <input 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 checked="" 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 |
| 0                                                                                                                                                                                           | 0          | 0       |
|                                                                                                                                                                                             |            | (4) 4th |
|                                                                                                                                                                                             |            | 0       |

**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>4.72 % | 2nd segment:<br>6.11 % | 3rd segment:<br>6.81 % | <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> 61                                        |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input 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>          | 4257512            |               |
| <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 .....                                                                                                                                | 7861769             | 1711076            |               |
| <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>           | 5968588            |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 442350             | 442350        |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 5526238            |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 5526238            |               |
| <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>          |                    |               |
| <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>                                                                                                               |  |  |

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                             |                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                             | 2015                                    |
|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

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

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

(b)

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

(b)

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

(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

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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)

WALTHALL LLP

34-0644631

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | ACCOUNTANT                                                                                        | 13000                                                                  | 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)

CBIZ BENEFITS & INSURANCE

31-1582098

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     | ACTUARY                                                                                           | 85167                                                                  | 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)

MORGAN STANLEY SMITH BARNEY LLC

26-4310632

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | INVESTMENT MANAGER                                                                                | 200974                                                                 | 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)

| <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 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)

| <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 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)

| <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 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)

| <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 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)

| <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 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)

| <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 checked="" 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:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><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>2015</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2015 or fiscal plan year beginning <u>07/01/2015</u> and ending <u>06/30/2016</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><u>THE RUMPKE CONSOLIDATED COMPANIES, INC. &amp; AFFILIATES DEFINED BENEFIT PENSION PLAN</u>                                                                                                                                                    |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> <u>002</u>                    |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>RUMPKE CONSOLIDATED COMPANIES, INC.</u>                                                                                                                                                              |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>31-1247560</u>                                       |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                 |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       | 158254                | 150507          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>    | 4500000               | 4500000         |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>    | 3041445               | 4508756         |
| <b>(2)</b> U.S. Government securities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(2)</b>    | 0                     |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> | 1111915               | 1076367         |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> | 3415345               | 3622278         |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b> | 22739773              | 21558577        |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 7899638               | 8458412         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   | 3569653               | 3332554         |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   |                       | 444940          |

**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>    | 46436023              | 47652391        |

**Liabilities**

|                                                                           |           |   |        |
|---------------------------------------------------------------------------|-----------|---|--------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |        |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |        |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |        |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   | 168258 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 168258 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 46436023 | 47484133 |
|-----------------------------------------------------------|-----------|----------|----------|

**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> | 6000000    |           |
| <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>    |            | 6000000   |
| <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> | 539        |           |
| <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> | 55348      |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 55887     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> | 190773     |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 550153     |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 377870     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 1118796   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 15197160   |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 15817256   |           |
| <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> |            | -620096   |
| (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> | 478612     |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 478612    |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |           |
| c Other income .....                                                                            | 2c     |            | 38090     |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 7071289   |

**Expenses****e** Benefit payment and payments to provide benefits:

|                                                                                      |       |         |         |
|--------------------------------------------------------------------------------------|-------|---------|---------|
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 5307343 |         |
| (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) |         | 5307343 |
| 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) | 98167   |         |
| (2) Contract administrator fees .....                                                | 2i(2) |         |         |
| (3) Investment advisory and management fees .....                                    | 2i(3) | 200974  |         |
| (4) Other .....                                                                      | 2i(4) | 416695  |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |         | 715836  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |         | 6023179 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 1048110 |
| 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: **MAYER HOFFMAN MCCANN**

(2) EIN: **43-1947695**

**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:

|                                                                                                                                                                                                                                                                                                                  | Yes | No                                  | N/A | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------|-----|--------|
| <b>a</b> 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.) .....                 |     | <input checked="" type="checkbox"/> |     |        |
| <b>b</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.) ..... |     | <input checked="" type="checkbox"/> |     |        |

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

**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

|                                        |                                                     |
|----------------------------------------|-----------------------------------------------------|
| <b>6a</b> Name of trust                | <b>6b</b> Trust's EIN                               |
| <b>6c</b> Name of trustee or custodian | <b>6d</b> Trustee's or custodian's telephone number |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <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>2015</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

|                                                                                                                       |                                                                    |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>THE RUMPKE CONSOLIDATED COMPANIES, INC. &amp; AFFILIATES DEFINED BENEFIT PENSION PLAN</u> | <b>B</b> Three-digit plan number (PN) ▶<br><u>002</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>RUMPKE CONSOLIDATED COMPANIES, INC.</u>           | <b>D</b> Employer Identification Number (EIN)<br><u>31-1247560</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): _____<br><br><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>79</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 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 type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" 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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                      |            |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | 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> |  |
| <b>15</b> | Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:                                                                         |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                           | <b>15b</b> |  |
| <b>16</b> | 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> |  |
| <b>17</b> | 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. .... <input type="checkbox"/> |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/>           |
| <b>19</b> | If the total number of participants is 1,000 or more, complete lines (a) through (c)                                                                                                                                                                                                                                                                                                                            |
|           | <b>a</b> Enter the percentage of plan assets held as:<br>Stock: <u>55.0</u> % Investment-Grade Debt: <u>12.0</u> % High-Yield Debt: <u>0.0</u> % Real Estate: <u>0.0</u> % Other: <u>33.0</u> %                                                                                                                                                                                                                 |
|           | <b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br><input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input checked="" type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more |
|           | <b>c</b> What duration measure was used to calculate line 19(b)?<br><input checked="" type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify):                                                                                                                                                      |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                |                                                          |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| <b>20a</b> Is the plan a 401(k) plan? .....                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>20b</b> If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? .....                                                              | <input type="checkbox"/> Design-based safe harbor method | <input type="checkbox"/> ADP/ACP test                    |
| <b>20c</b> If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? .....                   | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>21a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): .....                                                                                                                                              | <input type="checkbox"/> Ratio percentage test           | <input type="checkbox"/> Average benefit test            |
| <b>21b</b> Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? .....                                                                           | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>22a</b> Has the plan been timely amended for all required tax law changes? .....                                                                                                                                                                                            | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No <input type="checkbox"/> N/A |
| <b>22b</b> Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).                                                                            |                                                          |                                                          |
| <b>22c</b> If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____. |                                                          |                                                          |
| <b>22d</b> If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.                                                                           |                                                          |                                                          |
| <b>23</b> Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? .....                               | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |

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

FINANCIAL STATEMENTS

WITH SUPPLEMENTARY INFORMATION

JUNE 30, 2016 AND 2015

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Insight that yields results.

## **INDEPENDENT AUDITORS' REPORT**

April 5, 2017

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

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

We have audited the accompanying financial statements of The Rumpke Consolidated Companies, Inc. & Affiliates Defined Benefit Pension Plan ("Plan"), which comprise the statements of net assets available for benefits of as of June 30, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

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

### **Auditors' Responsibility**

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

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

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

## **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the plan as of June 30, 2016 and 2015, and the changes in its financial status for the years then ended in accordance with accounting principles generally accepted in the United States of America.

## **Report on Supplemental Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of June 30, 2016 is presented for the purpose of additional analysis and is not a required part of the financial statements, but is supplemental information required by the Department of Labor's Rule and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"). Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, except for the omission discussed in the following paragraph, the information is fairly stated in all material respects in relation to the financial statements as a whole.

The supplemental schedule of assets (held at end of year) as of June 30, 2016, that accompanies the Plan's financial statements does not disclose the historic cost of certain nonparticipant-directed plan assets held by the Plan's custodians. Disclosure of this information is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Walthall, LLP*

Certified Public Accountants

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

Statements of Net Assets Available for Benefits

June 30, 2016 and 2015

**ASSETS**

|                             | <u>2016</u>      | <u>2015</u>      |
|-----------------------------|------------------|------------------|
| <b>Assets</b>               |                  |                  |
| Investments, at fair value: |                  |                  |
| Interest-bearing cash       | \$ 4,508,756     | \$ 3,041,445     |
| Common stocks               | 21,558,577       | 22,739,773       |
| Preferred stocks            | 3,622,278        | 3,415,345        |
| Mutual funds                | 8,458,412        | 7,899,638        |
| Exchange traded funds       | 444,940          | -                |
| Corporate debt instruments  | 1,076,367        | 1,111,915        |
| Annuity contracts           | <u>3,332,554</u> | <u>3,569,653</u> |
|                             | 43,001,884       | 41,777,769       |
| Receivables:                |                  |                  |
| Employer contributions      | 4,500,000        | 4,500,000        |
| Cash                        | <u>150,507</u>   | <u>158,254</u>   |
| <b>Total Assets</b>         | 47,652,391       | 46,436,023       |

**LIABILITIES**

|                                          |                             |                             |
|------------------------------------------|-----------------------------|-----------------------------|
| Pending security purchases               | <u>168,258</u>              | <u>-</u>                    |
| <b>Total Liabilities</b>                 | <u>168,258</u>              | <u>-</u>                    |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><u>\$ 47,484,133</u></u> | <u><u>\$ 46,436,023</u></u> |

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

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

Statements of Changes in Net Assets Available for Benefits

For the Years Ended June 30, 2016 and 2015

|                                                          | <u>2016</u>                     | <u>2015</u>                     |
|----------------------------------------------------------|---------------------------------|---------------------------------|
| <b>Additions</b>                                         |                                 |                                 |
| Investment income:                                       |                                 |                                 |
| Net depreciation in fair value of investments            | \$ (103,394)                    | \$ (701,449)                    |
| Interest and dividends                                   | <u>1,174,683</u>                | <u>1,023,021</u>                |
| Total investment income                                  | 1,071,289                       | 321,572                         |
| Employer contributions                                   | <u>6,000,000</u>                | <u>6,000,000</u>                |
| <br>Total additions                                      | <br>7,071,289                   | <br>6,321,572                   |
| <b>Deductions</b>                                        |                                 |                                 |
| Benefits paid to participants                            | 5,307,343                       | 5,711,896                       |
| Administrative expenses                                  | <u>715,836</u>                  | <u>424,448</u>                  |
| <br>Total deductions                                     | <br><u>6,023,179</u>            | <br><u>6,136,344</u>            |
| <br><b>Net Increase</b>                                  | <br>1,048,110                   | <br>185,228                     |
| <br><b>Net Assets Available for Benefits - Beginning</b> | <br><u>46,436,023</u>           | <br><u>46,250,795</u>           |
| <br><b>Net Assets Available for Benefits - Ending</b>    | <br><u><u>\$ 47,484,133</u></u> | <br><u><u>\$ 46,436,023</u></u> |

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

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

## **Notes to Financial Statements**

June 30, 2016 and 2015

### **Note 1 - Plan Description**

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

#### Nature of Operations

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

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

#### Pension Benefits

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

#### Death and Disability Benefits

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

#### Vesting

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

### **Note 2 - Summary of Significant Accounting Policies**

#### Basis of Accounting

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

## **Note 2 - Summary of Significant Accounting Policies (Continued)**

### Use of Estimates

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

### Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Pension Committee determines the Plan's valuation policies utilizing information provided by the investment custodian. See Note 4 for discussions of fair value measurements.

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

### Payment of Benefits

Benefits are recorded when paid.

### Expenses of the Plan

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

## **Note 3 - Actuarial Present Value of Accumulated Plan Benefits**

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

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

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

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

|                                                            | Years Ended June 30,        |                             |
|------------------------------------------------------------|-----------------------------|-----------------------------|
|                                                            | 2016                        | 2015                        |
| Vested benefits                                            |                             |                             |
| Participants currently receiving payments                  | \$ 1,212,023                | \$ 564,618                  |
| Other participants                                         | 60,372,159                  | 56,279,946                  |
| Total vested benefits                                      | 61,584,182                  | 56,844,564                  |
| Non vested benefits                                        | -                           | 24,063                      |
| Total actuarial present value of accumulated plan benefits | <b><u>\$ 61,584,182</u></b> | <b><u>\$ 56,868,627</u></b> |

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

|                                                                               | Years Ended June 30,        |                             |
|-------------------------------------------------------------------------------|-----------------------------|-----------------------------|
|                                                                               | 2016                        | 2015                        |
| Actuarial present value of accumulated plan benefits at beginning of the year | \$ 56,868,627               | \$ 47,505,714               |
| Increase (decrease) attributable to:                                          |                             |                             |
| Benefits accumulated                                                          | 5,721,882                   | 8,124,188                   |
| Decrease in discount period                                                   | 3,176,616                   | 2,866,875                   |
| Benefits paid                                                                 | (5,320,316)                 | (5,711,896)                 |
| Change in actuarial assumptions                                               | 1,137,373                   | 4,083,746                   |
| Actuarial present value of accumulated plan benefits at end of year           | <b><u>\$ 61,584,182</u></b> | <b><u>\$ 56,868,627</u></b> |

The significant actuarial assumptions used in the June 30, 2016 and 2015 valuations are as follows:

|                          |                                                                                                                          |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Long-term rate of return | 2015 - March 2015 segmented rates, 4.72% - 6.81%<br>2016 - March 2016 segmented rates, 4.43% - 6.65%                     |
| Mortality basis          | 2015 - RP2014 SOA Blue Collar Mortality with Scale MP2014.<br>2016 - RP2014 SOA Blue Collar Mortality with Scale MP2014. |
| Cost method              | Aggregate Method                                                                                                         |
| Retirement               | Beginning at age 55 through age 68                                                                                       |
| Salary scale             | 3% per year                                                                                                              |

#### **Note 4 - Fair Value Measurements**

FASB ASC 820, Fair Value Measurements and Disclosures provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

Level 1- Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2- Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted market prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

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

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

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

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

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered by the Securities and Exchange Commission. These funds are required to publish their daily Net Asset Value ("NAV"), and to transact at that price. The mutual funds held by the plan are deemed to be actively traded.

Annuity contracts: See Note 5.

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

#### Note 4 - Fair Value Measurements (Continued)

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

| Description                | Assets at Fair Value as of June 30, 2016 |                            |                    |                            |
|----------------------------|------------------------------------------|----------------------------|--------------------|----------------------------|
|                            | (Level 1)                                | (Level 2)                  | (Level 3)          | Total                      |
| Interest-bearing cash      | \$ 4,508,756                             | \$ -                       | \$ -               | \$ 4,508,756               |
| Common stocks              | 21,558,577                               | -                          | -                  | 21,558,577                 |
| Preferred stocks           | -                                        | 3,622,278                  | -                  | 3,622,278                  |
| Mutual funds               | 8,458,412                                | -                          | -                  | 8,458,412                  |
| Exchange-traded funds      | 444,940                                  | -                          | -                  | 444,940                    |
| Corporate debt instruments | -                                        | 1,076,367                  | -                  | 1,076,367                  |
| Annuity contracts          |                                          |                            |                    |                            |
| Fixed                      | -                                        | 2,246,007                  | -                  | 2,246,007                  |
| Variable                   | -                                        | 1,086,547                  | -                  | 1,086,547                  |
| Total                      | <b><u>\$34,970,685</u></b>               | <b><u>\$ 8,031,199</u></b> | <b><u>\$ -</u></b> | <b><u>\$43,001,884</u></b> |

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

#### Note 5 - Investment Contracts with Insurance Companies

The Plan holds fixed and variable annuity contracts with a variety of insurance companies. The fixed contracts provide for interest at the base rate of 5.35% annually, and were guaranteed through October 2015. Thereafter, the minimum guaranteed rate is 3.00% through 2030. Withdrawals from the contracts are limited to 10% of the contract value, per year. Any amounts above 10% are subject to withdrawal charges of up to 7% of the excess withdrawn. The Plan may elect to annuitize the contract, but is not required to do so. Additionally, the contract provides for a death benefit amount equal to the account value upon the death of the named insured, which may be paid to the plan in a variety of ways, including a lump sum payment. The account value is defined as the amount held in the contracts, including guaranteed interest and withdrawals, and totals \$2,246,007 and \$2,164,833 as of June 30, 2016 and 2015, respectively.

The variable annuity contracts are invested in sub-accounts which are generally invested in mutual funds. The return on the invested funds is not guaranteed; however, a guaranteed death benefit is in place, which approximates the value of the invested funds as of June 30, 2016. Withdrawals from the contracts are subject to withdrawal charges of up to 8% of the amount withdrawn if withdrawals are made within the first four years of the contract. The value of the sub accounts is \$1,086,547 and \$1,404,820 as of June 30, 2016 and 2015, respectively.

## **Note 6 - Funding Policy**

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2016 and 2015, the Company made contributions of \$6,000,000 each year. The Company's contributions for 2016 and 2015 exceeded the minimum funding requirements of ERISA.

## **Note 7 - Related Party Transactions**

The Plan invests in a mutual fund managed by Morgan Stanley Smith Barney (Morgan Stanley) and maintains certain interest bearing cash accounts at Morgan Stanley and owns preferred stock of Morgan Stanley. Morgan Stanley is the Plan's investment custodian; therefore, these transactions qualify as party-in-interest transactions. During the years ended June 30, 2016 and 2015, the Plan made direct payments to Morgan Stanley totaling \$203,551 and \$186,640, respectively, for investment advisory fees and brokerage commissions.

## **Note 8 - Plan Termination**

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

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

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

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

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

## **Note 9 - Tax Status**

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

**Note 9 - Tax Status (Continued)**

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan, and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for the years prior to 2013.

**Note 10 - Risks and Uncertainties**

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

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

**Note 11 - Subsequent Events**

In accordance with FASB ASC 855, Subsequent Events, the Plan has evaluated events that have occurred subsequent to the year ended June 30, 2016 through April 5, 2017, which is the date in which the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

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

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

June 30, 2016

Plan No: 002

EIN: 31-1247560

| ( a )                                                 | ( b )                                                                                                  | ( c ) | ( d )            | ( e ) |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------|------------------|-------|
| Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost  | Current Value    |       |
| <b>Interest bearing cash</b>                          |                                                                                                        |       |                  |       |
| * Morgan Stanley                                      | interest bearing cash                                                                                  | **    | \$ 3,434,301     |       |
| * Morgan Stanley Liquid Asset Fund                    | interest bearing cash                                                                                  | **    | 1,074,455        |       |
| <b>Total interest bearing cash</b>                    |                                                                                                        |       | <u>4,508,756</u> |       |
| <b>Common stocks</b>                                  |                                                                                                        |       |                  |       |
| Abbott Laboratories                                   | 1,107 shares                                                                                           | **    | 43,516           |       |
| Accenture PLC Ireland                                 | 768 shares                                                                                             | **    | 87,007           |       |
| Actelion Ltd.                                         | 1,885 shares                                                                                           | **    | 79,189           |       |
| AIA Group Ltd.                                        | 5,310 shares                                                                                           | **    | 127,785          |       |
| AIR Liquide ADR                                       | 3,661 shares                                                                                           | **    | 76,991           |       |
| Alfa Laval AB                                         | 2,244 shares                                                                                           | **    | 35,197           |       |
| Allergan PLC                                          | 637 shares                                                                                             | **    | 147,204          |       |
| Allergan PLC                                          | 564 shares                                                                                             | **    | 130,335          |       |
| Allianz SE ADS                                        | 6,352 shares                                                                                           | **    | 91,469           |       |
| Alphabet Inc. Cl. A                                   | 269 shares                                                                                             | **    | 189,250          |       |
| Altria Group, Inc.                                    | 4,770 shares                                                                                           | **    | 328,939          |       |
| AMC Networks, Inc.                                    | 375 shares                                                                                             | **    | 22,658           |       |
| Amgen, Inc.                                           | 619 shares                                                                                             | **    | 94,181           |       |
| Anadarko PETE                                         | 3,464 shares                                                                                           | **    | 184,458          |       |
| Anheuser Busch Inbev                                  | 966 shares                                                                                             | **    | 127,203          |       |
| Anheuser Busch Inbev                                  | 565 shares                                                                                             | **    | 74,399           |       |
| AON PLC Shares                                        | 611 shares                                                                                             | **    | 66,740           |       |
| Apple, Inc.                                           | 876 shares                                                                                             | **    | 83,746           |       |
| ARM Holdings PLC                                      | 2,143 shares                                                                                           | **    | 97,528           |       |
| Ashtead Group PLC                                     | 399 shares                                                                                             | **    | 23,006           |       |
| ASSA Abloy ADR                                        | 7,356 shares                                                                                           | **    | 75,031           |       |
| Associated British FDS PLC                            | 770 shares                                                                                             | **    | 28,490           |       |
| Astrazeneca PLC                                       | 4,200 shares                                                                                           | **    | 126,798          |       |
| AT&T Inc.                                             | 7,460 shares                                                                                           | **    | 322,347          |       |
| Atlas Copco AS A ADR                                  | 1,976 shares                                                                                           | **    | 51,178           |       |
| Autodesk, Inc.                                        | 1,449 shares                                                                                           | **    | 78,449           |       |
| Baidu, Inc.                                           | 763 shares                                                                                             | **    | 126,009          |       |
| Banca Mediolanum SPA ADR                              | 1,979 shares                                                                                           | **    | 27,290           |       |
| Banco Bilbao Viz Arg SA ADS                           | 5,132 shares                                                                                           | **    | 29,458           |       |
| Bayer AG Spon ADR                                     | 501 shares                                                                                             | **    | 50,426           |       |
| Bayerische Motoren Werke AG                           | 2,041 shares                                                                                           | **    | 50,086           |       |
| BBA Aviation PLC ADR                                  | 1,119 shares                                                                                           | **    | 16,919           |       |
| BCE, Inc.                                             | 5,440 shares                                                                                           | **    | 257,366          |       |
| BHP Billiton, Ltd.                                    | 1,903 shares                                                                                           | **    | 54,350           |       |
| Biogen, Inc.                                          | 473 shares                                                                                             | **    | 114,381          |       |
| Boeing Co.                                            | 1,615 shares                                                                                           | **    | 209,740          |       |

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

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

June 30, 2016

Plan No: 002

EIN: 31-1247560

| ( a ) | ( b )                                                    | ( c )                                                                                                           | ( d ) | ( e )         |
|-------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------|---------------|
|       |                                                          | Description of investment<br>including maturity date,<br>rate of interest, collateral,<br>par or maturity value | Cost  | Current Value |
|       | Identity of issue, borrower, lessor, or similar<br>party |                                                                                                                 |       |               |
|       | Bristol Myers Squibb Co.                                 | 925 shares                                                                                                      | **    | 68,034        |
|       | British American TOB Spon ADR                            | 856 shares                                                                                                      | **    | 110,835       |
|       | Broadcom Corp.                                           | 605 shares                                                                                                      | **    | 94,017        |
|       | Bunge, Ltd.                                              | 1,027 shares                                                                                                    | **    | 60,747        |
|       | Canadian National Railway Co.                            | 1,198 shares                                                                                                    | **    | 70,754        |
|       | Cap Gemini SA ADR                                        | 904 shares                                                                                                      | **    | 39,473        |
|       | Carlsberg AS                                             | 3,023 shares                                                                                                    | **    | 57,588        |
|       | Carnival CP New Paired Com                               | 2,227 shares                                                                                                    | **    | 98,433        |
|       | Celgene Corp.                                            | 990 shares                                                                                                      | **    | 97,644        |
|       | Check Point Software Tech Ltd.                           | 655 shares                                                                                                      | **    | 52,190        |
|       | Chevron Corp.                                            | 2,520 shares                                                                                                    | **    | 264,172       |
|       | Chubb Ltd.                                               | 2,350 shares                                                                                                    | **    | 307,169       |
|       | Cisco Systems, Inc.                                      | 9,000 shares                                                                                                    | **    | 258,210       |
|       | Citrix Systems, Inc.                                     | 990 shares                                                                                                      | **    | 79,289        |
|       | Cognizant Tech Solutions                                 | 935 shares                                                                                                      | **    | 53,519        |
|       | Colgate Palmolive Co.                                    | 1,055 shares                                                                                                    | **    | 77,226        |
|       | Coloplast AS ADR                                         | 4,479 shares                                                                                                    | **    | 33,548        |
|       | Comcast Corp.                                            | 3,692 shares                                                                                                    | **    | 240,681       |
|       | Compagnie Fin Richemontag ADR                            | 4,233 shares                                                                                                    | **    | 24,594        |
|       | Compass Group PLC                                        | 3,514 shares                                                                                                    | **    | 67,117        |
|       | Conocophillips                                           | 3,550 shares                                                                                                    | **    | 154,780       |
|       | Contl AG Spons ADR                                       | 688 shares                                                                                                      | **    | 26,144        |
|       | Corning, Inc.                                            | 8,200 shares                                                                                                    | **    | 167,936       |
|       | Costco Wholesale Corp.                                   | 431 shares                                                                                                      | **    | 67,684        |
|       | Cree Research, Inc.                                      | 2,473 shares                                                                                                    | **    | 60,440        |
|       | CSL, Ltd.                                                | 1,515 shares                                                                                                    | **    | 63,425        |
|       | CVS Health Corp.                                         | 1,106 shares                                                                                                    | **    | 105,888       |
|       | Daiwa House Industries, Ltd.                             | 3,499 shares                                                                                                    | **    | 101,628       |
|       | Dassault Systems SA ADS                                  | 1,751 shares                                                                                                    | **    | 132,988       |
|       | DBS Group Holdings, Ltd.                                 | 1,315 shares                                                                                                    | **    | 61,831        |
|       | Diageo PLC SPON ADR                                      | 1,420 shares                                                                                                    | **    | 160,290       |
|       | Discovery Communications                                 | 1,506 shares                                                                                                    | **    | 37,996        |
|       | Dolby                                                    | 599 shares                                                                                                      | **    | 28,662        |
|       | Dollar General Corp.                                     | 1,038 shares                                                                                                    | **    | 97,572        |
|       | Dollar Tree, Inc.                                        | 1,625 shares                                                                                                    | **    | 153,140       |
|       | Du Pont El De Nemours & Co.                              | 3,820 shares                                                                                                    | **    | 247,536       |
|       | Eclipse Resources Corp.                                  | 500 shares                                                                                                      | **    | 1,670         |
|       | Eli Lilly & Co.                                          | 1,950 shares                                                                                                    | **    | 153,563       |
|       | ENI SPA Amer. Dep. RCPT                                  | 1,513 shares                                                                                                    | **    | 48,946        |
|       | Estee Lauder Co. Inc.                                    | 1,154 shares                                                                                                    | **    | 105,037       |
|       | Exxon Mobil Corp.                                        | 2,110 shares                                                                                                    | **    | 197,791       |
|       | Facebook, Inc.                                           | 1,388 shares                                                                                                    | **    | 158,621       |

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June 30, 2016

Plan No: 002

EIN: 31-1247560

| ( a )                                                 | ( b )                                                                                                  | ( c ) | ( d )         | ( e ) |
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| Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost  | Current Value |       |
| Fanuc Corporation                                     | 1,386 shares                                                                                           | **    | 37,394        |       |
| Fanuc Corporation                                     | 5,039 shares                                                                                           | **    | 135,952       |       |
| Fluor Corp.                                           | 1,450 shares                                                                                           | **    | 71,456        |       |
| Freeport-McMoran, Inc.                                | 5,608 shares                                                                                           | **    | 62,473        |       |
| Fresenius Medical Care AG & Co. (FMS)                 | 1,353 shares                                                                                           | **    | 58,950        |       |
| Fresenius Medical Care AG & Co. (FSNUI)               | 2,929 shares                                                                                           | **    | 53,630        |       |
| Fuchs Petrolub AG                                     | 3,801 shares                                                                                           | **    | 37,174        |       |
| GEA Group AG Spon. ADR                                | 778 shares                                                                                             | **    | 36,729        |       |
| General Electric Co.                                  | 9,650 shares                                                                                           | **    | 303,782       |       |
| Genuine Parts Co.                                     | 2,080 shares                                                                                           | **    | 210,600       |       |
| Gilead Science                                        | 529 shares                                                                                             | **    | 44,129        |       |
| Grifols SA ADR                                        | 1,894 shares                                                                                           | **    | 31,573        |       |
| Grupo Televisa S.A. Global Dep.                       | 1,184 shares                                                                                           | **    | 30,831        |       |
| HCP, Inc.                                             | 5,765 shares                                                                                           | **    | 203,966       |       |
| Honeywell International, Inc.                         | 1,373 shares                                                                                           | **    | 159,707       |       |
| HSBC Holdings PLC                                     | 4,170 shares                                                                                           | **    | 130,563       |       |
| Immunogen, Inc.                                       | 2,912 shares                                                                                           | **    | 8,969         |       |
| Informa PLC                                           | 2,738 shares                                                                                           | **    | 53,856        |       |
| Intel Corp.                                           | 5,255 shares                                                                                           | **    | 172,364       |       |
| Intercontinental Exchange Group                       | 273 shares                                                                                             | **    | 69,877        |       |
| Ionis Pharmaceuticals, Inc.                           | 1,145 shares                                                                                           | **    | 26,667        |       |
| ITAU Unibanco Multiple ADR                            | 5,050 shares                                                                                           | **    | 47,672        |       |
| Japan TOB, Inc.                                       | 4,069 shares                                                                                           | **    | 81,299        |       |
| JGC Corp. Un-sponsored ADR                            | 1,208 shares                                                                                           | **    | 34,174        |       |
| Johnson & Johnson                                     | 2,590 shares                                                                                           | **    | 314,167       |       |
| Johnson Controls, Inc.                                | 1,965 shares                                                                                           | **    | 86,971        |       |
| JP Morgan Chase & Co.                                 | 4,200 shares                                                                                           | **    | 260,988       |       |
| KBC Group NV Un-sponsored ADR                         | 1,058 shares                                                                                           | **    | 26,064        |       |
| KDDI Corp. Un-sponsored ADR                           | 5,072 shares                                                                                           | **    | 76,790        |       |
| Kimberly Clark Corp.                                  | 1,725 shares                                                                                           | **    | 237,153       |       |
| Komatsu, Ltd.                                         | 1,648 shares                                                                                           | **    | 28,395        |       |
| Kone OYJ ADR                                          | 1,393 shares                                                                                           | **    | 31,969        |       |
| Kraft Heinz Co.                                       | 1,438 shares                                                                                           | **    | 127,234       |       |
| Kubota CP ADR                                         | 501 shares                                                                                             | **    | 33,382        |       |
| L'Oreal Co. ADR                                       | 2,544 shares                                                                                           | **    | 97,715        |       |
| L-3 Communications Holdings, Inc.                     | 961 shares                                                                                             | **    | 140,969       |       |
| Liberty Broadband Corp. - A                           | 93 shares                                                                                              | **    | 5,524         |       |
| Liberty Broadband Corp. - C                           | 187 shares                                                                                             | **    | 11,220        |       |
| Liberty Inter Co., Venture SER A                      | 282 shares                                                                                             | **    | 10,454        |       |
| Liberty Interactive Corp.                             | 1,990 shares                                                                                           | **    | 50,486        |       |
| Liberty Media Corp. SER A (LSXMA)                     | 375 shares                                                                                             | **    | 11,760        |       |
| Liberty Media Corp. SER C (LSXMK)                     | 750 shares                                                                                             | **    | 23,153        |       |

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June 30, 2016

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| Liberty Media Corp. S-A                               | 37 shares                                                                                              | **    | 556           |       |
| Liberty Media Corp. S-C                               | 75 shares                                                                                              | **    | 1,100         |       |
| Liberty Media Corp. SER A (LMCA)                      | 93 shares                                                                                              | **    | 1,780         |       |
| Liberty Media Corp. SER C (LMCK)                      | 187 shares                                                                                             | **    | 3,547         |       |
| Linde AG Sponsored ADR                                | 2,875 shares                                                                                           | **    | 40,509        |       |
| Lloyds Banking Group PLC                              | 17,285 shares                                                                                          | **    | 51,336        |       |
| LVMH Moet Hennessy Louis Vuitton                      | 1,127 shares                                                                                           | **    | 34,193        |       |
| Makita Corp., Ltd.                                    | 1,007 shares                                                                                           | **    | 66,512        |       |
| Mastercard, Inc.                                      | 727 shares                                                                                             | **    | 64,020        |       |
| Medtronic PLC                                         | 707 shares                                                                                             | **    | 61,346        |       |
| Medtronic PLC                                         | 1,901 shares                                                                                           | **    | 164,950       |       |
| Merck & Co., Inc.                                     | 5,135 shares                                                                                           | **    | 295,827       |       |
| Metlife, Inc.                                         | 4,620 shares                                                                                           | **    | 184,015       |       |
| Microsoft Corp.                                       | 6,602 shares                                                                                           | **    | 337,824       |       |
| Mitsubishi EST ADR                                    | 1,810 shares                                                                                           | **    | 33,060        |       |
| Mondelez International, Inc.                          | 4,199 shares                                                                                           | **    | 191,096       |       |
| Monotaro Co., Ltd. ADR                                | 1,244 shares                                                                                           | **    | 40,547        |       |
| Monster Beverage Corp.                                | 585 shares                                                                                             | **    | 94,015        |       |
| MTN Group, Ltd. Spons ADR                             | 3,013 shares                                                                                           | **    | 29,347        |       |
| Naspers Limited ADR                                   | 5,350 shares                                                                                           | **    | 82,069        |       |
| National Oilwell Varco, Inc.                          | 893 shares                                                                                             | **    | 30,049        |       |
| Nestle Spon ADR Rep Reg SHR                           | 1,666 shares                                                                                           | **    | 128,798       |       |
| Nextera Energy, Inc.                                  | 2,535 shares                                                                                           | **    | 330,564       |       |
| Nike, Inc.                                            | 700 shares                                                                                             | **    | 38,640        |       |
| Novartis AG ADR                                       | 1,564 shares                                                                                           | **    | 129,046       |       |
| Novo Nordisk A/S ADR                                  | 1,138 shares                                                                                           | **    | 61,202        |       |
| Now, Inc.                                             | 1,118 shares                                                                                           | **    | 20,281        |       |
| Nuance Communications, Inc.                           | 1,955 shares                                                                                           | **    | 30,557        |       |
| Nucor Corporation                                     | 1,676 shares                                                                                           | **    | 82,811        |       |
| Occidental Petroleum Corp. DE                         | 672 shares                                                                                             | **    | 50,776        |       |
| Park24 Co. Ltd.                                       | 1,444 shares                                                                                           | **    | 49,876        |       |
| Paypal Hldgs., Inc.                                   | 2,418 shares                                                                                           | **    | 88,282        |       |
| Pentair PLC                                           | 694 shares                                                                                             | **    | 40,453        |       |
| Pepsico, Inc.                                         | 1,880 shares                                                                                           | **    | 199,167       |       |
| Pfizer, Inc.                                          | 7,110 shares                                                                                           | **    | 250,343       |       |
| Philip Morris International, Inc.                     | 2,750 shares                                                                                           | **    | 279,730       |       |
| Priceline Grp., Inc.                                  | 64 shares                                                                                              | **    | 79,898        |       |
| Prudential PLC ADR                                    | 2,380 shares                                                                                           | **    | 80,944        |       |
| Qualcomm, Inc.                                        | 1,714 shares                                                                                           | **    | 91,819        |       |
| Raytheon Co.                                          | 3,030 shares                                                                                           | **    | 411,929       |       |
| Red Electrica Corp.                                   | 2,821 shares                                                                                           | **    | 50,369        |       |
| Relx PLC Sponsored ADR                                | 3,025 shares                                                                                           | **    | 56,568        |       |

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June 30, 2016

Plan No: 002

EIN: 31-1247560

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| Roche Holdings ADR                                    | 4,034 shares                                                                                           | **    | 132,920       |       |
| Royal Dutch Shell PLC CL B                            | 3,755 shares                                                                                           | **    | 210,280       |       |
| Royal Dutch Shell PLC CL B                            | 2,095 shares                                                                                           | **    | 117,320       |       |
| Royal Dutch Shell PLC (RDSA)                          | 1,257 shares                                                                                           | **    | 69,412        |       |
| Royal KPN NV Spons ADR                                | 8,413 shares                                                                                           | **    | 31,044        |       |
| Ryanair Holdings PLC ADR                              | 553 shares                                                                                             | **    | 38,456        |       |
| Ryohin Keikaku Co. Ltd., ADR                          | 871 shares                                                                                             | **    | 42,230        |       |
| Sampo OYJ Un-sponsored ADR                            | 2,325 shares                                                                                           | **    | 47,302        |       |
| SAP AG                                                | 1,338 shares                                                                                           | **    | 100,377       |       |
| Sasol, Ltd., Sponsored ADR                            | 1,137 shares                                                                                           | **    | 30,835        |       |
| Schlumberger, Ltd.                                    | 1,039 shares                                                                                           | **    | 82,164        |       |
| Seagate Technology PLC                                | 2,989 shares                                                                                           | **    | 72,812        |       |
| Seven & I Holdings Co., Ltd., ADR                     | 2,565 shares                                                                                           | **    | 53,480        |       |
| Shire PLC ADR                                         | 404 shares                                                                                             | **    | 74,368        |       |
| Signet Jewelers, Ltd.                                 | 380 shares                                                                                             | **    | 31,316        |       |
| Softbank Corp. Un-sponsored ADR                       | 2,432 shares                                                                                           | **    | 68,339        |       |
| Sonova Holdings AG Un-sponsored ADR                   | 1,511 shares                                                                                           | **    | 40,004        |       |
| Sony Corp. ADR                                        | 1,512 shares                                                                                           | **    | 44,377        |       |
| Starbucks Corp.                                       | 1,066 shares                                                                                           | **    | 60,890        |       |
| Starz Series A                                        | 375 shares                                                                                             | **    | 11,220        |       |
| Sumitomo Mitsui Financial Group, Inc.                 | 9,662 shares                                                                                           | **    | 55,267        |       |
| Swedbank AB Spons ADR                                 | 2,150 shares                                                                                           | **    | 45,129        |       |
| Symrise AG Un-sponsored ADR                           | 2,696 shares                                                                                           | **    | 46,115        |       |
| Sysmex Corp. Un-sponsored ADR                         | 2,171 shares                                                                                           | **    | 73,727        |       |
| Taiwan Semiconductor Mfg. Co., Ltd ADR                | 5,644 shares                                                                                           | **    | 148,042       |       |
| TE Connectivity, Ltd.                                 | 1,937 shares                                                                                           | **    | 110,622       |       |
| Telenor ASA ADS                                       | 2,241 shares                                                                                           | **    | 37,111        |       |
| Tenaris S.A.                                          | 1,255 shares                                                                                           | **    | 36,194        |       |
| Teva Pharmaceuticals ADR                              | 1,283 shares                                                                                           | **    | 64,445        |       |
| Thermo Fisher Scientific                              | 902 shares                                                                                             | **    | 133,280       |       |
| TJX Cos., Inc.                                        | 1,307 shares                                                                                           | **    | 100,940       |       |
| Travelers Companies, Inc.                             | 1,940 shares                                                                                           | **    | 230,938       |       |
| Turkiye Garanti Bankasi                               | 13,800 shares                                                                                          | **    | 36,018        |       |
| Twitter, Inc.                                         | 5,720 shares                                                                                           | **    | 96,725        |       |
| Tyco International PLC                                | 2,145 shares                                                                                           | **    | 91,377        |       |
| Unilever NV NY                                        | 6,450 shares                                                                                           | **    | 302,763       |       |
| Unilever PLC ADS                                      | 1,511 shares                                                                                           | **    | 72,392        |       |
| Unilever PLC ADS                                      | 1,300 shares                                                                                           | **    | 62,283        |       |
| United Parcel Service, Inc.                           | 1,667 shares                                                                                           | **    | 179,569       |       |
| Unitedhealth Group, Inc.                              | 1,775 shares                                                                                           | **    | 250,630       |       |
| Valeo Sponsored ADR                                   | 2,181 shares                                                                                           | **    | 48,843        |       |
| Vertex Pharmaceuticals                                | 718 shares                                                                                             | **    | 61,762        |       |

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| Vinci SA ADR                                          | 2,731 shares                                                                                           | **    | 48,366        |       |
| Visa, Inc.                                            | 2,371 shares                                                                                           | **    | 175,857       |       |
| Vivendi SA Un-sponsored ADR                           | 1,636 shares                                                                                           | **    | 30,773        |       |
| Vodafone Group PLC                                    | 3,954 shares                                                                                           | **    | 122,139       |       |
| Walgreens Boots Alliance, Inc.                        | 2,100 shares                                                                                           | **    | 174,867       |       |
| Weatherford International, Inc.                       | 11,437 shares                                                                                          | **    | 63,475        |       |
| Wells Fargo & Co.                                     | 4,350 shares                                                                                           | **    | 205,886       |       |
| Welltower, Inc.                                       | 3,050 shares                                                                                           | **    | 232,319       |       |
| Western Digital Corporation                           | 1,776 shares                                                                                           | **    | 83,934        |       |
| Wolseley PLC Jersey Sponsored ADR                     | 11,618 shares                                                                                          | **    | 59,949        |       |
| Wolters Kluwer NV Sponsored ADR                       | 1,463 shares                                                                                           | **    | 59,734        |       |
| Worldpay Group PLC ADR                                | 2,663 shares                                                                                           | **    | 28,630        |       |
| WPP PLC Sponsored New ADR                             | 1,060 shares                                                                                           | **    | 110,791       |       |
| 3M Company                                            | 1,500 shares                                                                                           | **    | 262,680       |       |
| <b>Total common stocks</b>                            |                                                                                                        |       | 21,558,577    |       |
| <b>Preferred stocks</b>                               |                                                                                                        |       |               |       |
| Aegon NV Series 1                                     | 1,178 shares                                                                                           | **    | 29,203        |       |
| Aegon NV 6.375%                                       | 1,309 shares                                                                                           | **    | 34,453        |       |
| Alexandria Real Estate                                | 464 shares                                                                                             | **    | 12,251        |       |
| Allstate Corp (ALL.F)                                 | 496 shares                                                                                             | **    | 14,106        |       |
| Allstate Corp Dep (ALL.C)                             | 959 shares                                                                                             | **    | 26,996        |       |
| Allstate Corp 5.625% (ALL.A)                          | 488 shares                                                                                             | **    | 13,181        |       |
| Allstate Corp 6.625% (ALL.E)                          | 1,518 shares                                                                                           | **    | 43,278        |       |
| Arch Capital Group, Ltd. 6.75% (ARH.C)                | 1,502 shares                                                                                           | **    | 39,863        |       |
| Axis Capital Holdings, Ltd. 5.5% (AXS.D)              | 983 shares                                                                                             | **    | 26,020        |       |
| Axis Capital Holdings, Ltd. 6.875% (AXS.C)            | 1,350 shares                                                                                           | **    | 35,384        |       |
| Bank New York Mellon 5.2% (BK.C)                      | 3,201 shares                                                                                           | **    | 84,794        |       |
| Bank of America Corp. 6.625% (BAC.I)                  | 1,093 shares                                                                                           | **    | 29,424        |       |
| Bank of America Corp. 6.625% (BAC.W)                  | 3,442 shares                                                                                           | **    | 94,311        |       |
| Bank of America Corp. 6.5% (BAC.Y)                    | 3,854 shares                                                                                           | **    | 104,520       |       |
| Bank of America Corp. 6.0% (BAC.A)                    | 1,133 shares                                                                                           | **    | 29,503        |       |
| Bank of America Corp. 6.2% (BAC.C)                    | 907 shares                                                                                             | **    | 23,809        |       |
| BB&T Corp. 5.2% (BBT.G)                               | 1,638 shares                                                                                           | **    | 42,424        |       |
| BB&T Corp. 5.625% (BBT.E)                             | 3,574 shares                                                                                           | **    | 94,175        |       |
| BB&T Corp. 5.85% (BBT.D)                              | 875 shares                                                                                             | **    | 23,546        |       |
| BB&T Corp. 5.625% (BBT.H)                             | 339 shares                                                                                             | **    | 8,950         |       |
| BB&T Corp. 5.2% (BBT.F)                               | 546 shares                                                                                             | **    | 14,065        |       |
| Capital One Financial 6% (COF.P)                      | 3,613 shares                                                                                           | **    | 95,311        |       |
| Capital One Financial 6.7% (COF.D)                    | 1,126 shares                                                                                           | **    | 31,866        |       |
| Capital One 6.25% (COF.C)                             | 1,074 shares                                                                                           | **    | 29,019        |       |
| Charles Schwab Corp. 6% (SCHW.B)                      | 988 shares                                                                                             | **    | 26,577        |       |

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| Charles Schwab Corp. 5.95% (SCHW.D)                   | 665 shares                                                                                             | **    | 17,849        |       |
| Citigroup, Inc. 5.8% (C.C)                            | 1,711 shares                                                                                           | **    | 45,085        |       |
| Citigroup, Inc. 6.875% (C.L)                          | 1,664 shares                                                                                           | **    | 46,193        |       |
| Citigroup, Inc. 6.875% (C.K)                          | 3,333 shares                                                                                           | **    | 94,824        |       |
| Citigroup, Inc. 7.125% (C.J)                          | 1,273 shares                                                                                           | **    | 36,675        |       |
| Deutsche Bank 6.55% (DXB)                             | 1,399 shares                                                                                           | **    | 34,695        |       |
| Digital Realty TR Inc. 5.875%, (DLR.G)                | 492 shares                                                                                             | **    | 12,703        |       |
| Digital Realty TR Inc. 7.0%, (DLR.E)                  | 608 shares                                                                                             | **    | 15,461        |       |
| Digital Realty TR Inc. 6.625%, (DLR.F)                | 435 shares                                                                                             | **    | 11,514        |       |
| Digital Realty TR Inc. 7.375%, (DLR.H)                | 491 shares                                                                                             | **    | 14,214        |       |
| Gabelli Dividend & Income 5.25%, (GABDZ)              | 2,000 shares                                                                                           | **    | 50,000        |       |
| Goldman Sachs Group, Inc. 6.3% (GS.N)                 | 546 shares                                                                                             | **    | 14,726        |       |
| Goldman Sachs Group, Inc. 6.375% (GS.K)               | 1,848 shares                                                                                           | **    | 51,559        |       |
| Goldman Sachs Group, Inc. 5.50% (GS.J)                | 3,502 shares                                                                                           | **    | 92,733        |       |
| Goldman Sachs Group, Inc. 5.95% (GS.I)                | 537 shares                                                                                             | **    | 14,053        |       |
| Hospitality PPTYS (HPT.D)                             | 1,191 shares                                                                                           | **    | 30,680        |       |
| ING Groep NV 6.375% (ISF)                             | 1,111 shares                                                                                           | **    | 28,886        |       |
| ING Groep NV 6.125% (ISG)                             | 675 shares                                                                                             | **    | 17,381        |       |
| JP Morgan Chase & Co. 5.45% (JPM.A)                   | 2,091 shares                                                                                           | **    | 54,638        |       |
| JP Morgan Chase & Co. 6.3% (JPM.E)                    | 1,315 shares                                                                                           | **    | 35,807        |       |
| JP Morgan Chase & Co. 5.5% (JPM.D)                    | 3,210 shares                                                                                           | **    | 83,171        |       |
| JP Morgan Chase & Co. 6.125% (JPM.F)                  | 1,434 shares                                                                                           | **    | 38,431        |       |
| JP Morgan Chase & Co. 6.70% (JPM.B)                   | 1,633 shares                                                                                           | **    | 46,116        |       |
| JP Morgan Chase & Co. 6.15% (JPM.H)                   | 434 shares                                                                                             | **    | 11,610        |       |
| Kimco Realty Corp. 5.50% (KIM.J)                      | 470 shares                                                                                             | **    | 12,145        |       |
| Kimco Realty Corp. 5.625% (KIM.K)                     | 490 shares                                                                                             | **    | 12,671        |       |
| Kimco Realty Corp. 6.0% (KIM.I)                       | 1,314 shares                                                                                           | **    | 34,138        |       |
| * Morgan Stanley Series A (MS.A)                      | 977 shares                                                                                             | **    | 20,224        |       |
| * Morgan Stanley Series 6.625% (MS.G)                 | 2,310 shares                                                                                           | **    | 63,179        |       |
| * Morgan Stanley Series 6.875% (MS.F)                 | 1,164 shares                                                                                           | **    | 33,453        |       |
| * Morgan Stanley Series 7.125% (MS.E)                 | 2,304 shares                                                                                           | **    | 68,360        |       |
| National Genl. Hldg. Corp. 7.5% (NTTNP)               | 5,000 shares                                                                                           | **    | 125,000       |       |
| National Retail Property 6.625% (NNN.D)               | 1,120 shares                                                                                           | **    | 29,344        |       |
| National Retail Property 5.70% (NNN.E)                | 989 shares                                                                                             | **    | 26,406        |       |
| PNC Financial 6.125% FLTS 5/1/22 (PNC.P)              | 4,951 shares                                                                                           | **    | 149,966       |       |
| PS Business Parks, Inc. 5.75% (PSB.U)                 | 291 shares                                                                                             | **    | 7,499         |       |
| PS Business Parks, Inc. 6.45% (PSB.S)                 | 841 shares                                                                                             | **    | 21,656        |       |
| PS Business Parks, Inc. 6.00% (PSB.T)                 | 1,362 shares                                                                                           | **    | 35,548        |       |
| Public Storage 6.375% (PSA.R)                         | 454 shares                                                                                             | **    | 11,432        |       |
| Public Storage 5.20% (PSA.X)                          | 289 shares                                                                                             | **    | 7,580         |       |
| Public Storage 5.375% (PSA.V)                         | 468 shares                                                                                             | **    | 12,205        |       |
| Public Storage 5.625% (PSA.U)                         | 457 shares                                                                                             | **    | 12,115        |       |

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

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

June 30, 2016

Plan No: 002

EIN: 31-1247560

| ( a )                                                 | ( b )                                                                                                  | ( c ) | ( d )         | ( e ) |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------|---------------|-------|
| Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost  | Current Value |       |
| Public Storage 5.75% (PSA.T)                          | 1,497 shares                                                                                           | **    | 39,566        |       |
| Public Storage 5.875% (PSA.A)                         | 315 shares                                                                                             | **    | 8,700         |       |
| Public Storage 5.90% (PSA.S)                          | 1,249 shares                                                                                           | **    | 32,449        |       |
| Public Storage 6.375% (PSA.Y)                         | 587 shares                                                                                             | **    | 16,571        |       |
| Public Storage 6.0% (PSA.Z)                           | 820 shares                                                                                             | **    | 23,116        |       |
| Realty Income Corp. 6.625% (O.F)                      | 1,533 shares                                                                                           | **    | 40,211        |       |
| Regency Centers Co. PFD Ser 7 (REG.G)                 | 289 shares                                                                                             | **    | 7,566         |       |
| Regency Centers Co. Ser 6 (REG.F)                     | 855 shares                                                                                             | **    | 22,256        |       |
| Regions Financial Co. 6.375% (RF.B)                   | 1,357 shares                                                                                           | **    | 38,172        |       |
| Renaissancere Holdings 5.375% (RNR.E)                 | 1,010 shares                                                                                           | **    | 26,351        |       |
| Renaissancere 6.08% (RNR.C)                           | 203 shares                                                                                             | **    | 5,240         |       |
| Royal Bank Scotland Group 5.75% (RBS.L)               | 4,023 shares                                                                                           | **    | 99,730        |       |
| Royal Bank Scotland Group 6.60% (RBS.S)               | 796 shares                                                                                             | **    | 19,932        |       |
| Royal Bank Scotland Group 7.25% (RBS.T)               | 352 shares                                                                                             | **    | 8,874         |       |
| SCE Trust 5.45% (SCE.K)                               | 324 shares                                                                                             | **    | 9,250         |       |
| Schwab Charles Corp. Series C (SCHW.C)                | 2,661 shares                                                                                           | **    | 72,592        |       |
| State Street Co. 5.90% Fxd to Flt (STT.D)             | 1,458 shares                                                                                           | **    | 41,101        |       |
| State Street Co. 5.25% (STT.C)                        | 1,716 shares                                                                                           | **    | 45,234        |       |
| State Street Co. 6.0% (STT.E)                         | 3,031 shares                                                                                           | **    | 84,565        |       |
| Suntrust Banks, Inc. 5.875% (STI.E)                   | 445 shares                                                                                             | **    | 11,708        |       |
| TCF Financial Corp. 7.5% (TCB.B)                      | 1,033 shares                                                                                           | **    | 27,289        |       |
| U.S. Bancorp PFD B (USB.H)                            | 369 shares                                                                                             | **    | 8,911         |       |
| U.S. Bancorp 5.15% (USB.O)                            | 779 shares                                                                                             | **    | 20,924        |       |
| U.S. Bancorp 6.5% FLTS 1/15/22 (USB.M)                | 1,582 shares                                                                                           | **    | 48,726        |       |
| Vornado Realty Trust 6.875% (VNO.J)                   | 565 shares                                                                                             | **    | 14,848        |       |
| Vornado Realty Trust 5.40% (VNO.L)                    | 496 shares                                                                                             | **    | 12,881        |       |
| Vornado Realty Trust 5.70% (VNO.K)                    | 628 shares                                                                                             | **    | 16,353        |       |
| Wells Fargo & Company 5.5% (WFC.X)                    | 1,163 shares                                                                                           | **    | 29,982        |       |
| Wells Fargo & Company 6.625% (WFC.R)                  | 2,329 shares                                                                                           | **    | 69,311        |       |
| Wells Fargo 5.85% Fixed to Flt (WFC.Q)                | 2,961 shares                                                                                           | **    | 81,694        |       |
| Wells Fargo 8.0% Non Cum (WFC.J)                      | 962 shares                                                                                             | **    | 26,715        |       |
| Welltower Inc. Pfd. Ser. J 6.5% (HCN.J)               | 860 shares                                                                                             | **    | 22,506        |       |
| <b>Total preferred stocks</b>                         |                                                                                                        |       | 3,622,278     |       |
| <b>Mutual funds</b>                                   |                                                                                                        |       |               |       |
| EV Floating Rate Hi Income Fund                       | 851,666.104 shares                                                                                     | **    | 7,256,195     |       |
| Principal Capital SEC S                               | 124,582.081 shares                                                                                     | **    | 1,202,217     |       |
| <b>Total mutual funds</b>                             |                                                                                                        |       | 8,458,412     |       |
| <b>Exchange-traded funds</b>                          |                                                                                                        |       |               |       |
| Proshares Ultra Real Estate                           | 1,500 shares                                                                                           | **    | 192,000       |       |
| SPDR Gold Tr. Gold Shs.                               | 2,000 shares                                                                                           | **    | 252,940       |       |

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

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

June 30, 2016

Plan No: 002

EIN: 31-1247560

| ( a ) | ( b )                                                 | ( c )                                                                                                  | ( d ) | ( e )         |
|-------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------|---------------|
|       | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost  | Current Value |
|       | <b>Total exchange-traded funds</b>                    |                                                                                                        |       | 444,940       |
|       | <b>Corporate debt instruments</b>                     |                                                                                                        |       |               |
|       | Aegon NV                                              | 32,825 par<br>8.0%, due 2/15/2042                                                                      | **    | 36,515        |
|       | Affiliated Managers Group, Inc.                       | 9,475 par<br>6.375%, due 8/15/2042                                                                     | **    | 10,112        |
|       | AFLAC, Inc.                                           | 44,100 par<br>5.5%, due 9/15/2052                                                                      | **    | 46,993        |
|       | Allstate Corp.                                        | 13,650 par<br>5.1%, due 1/15/2053                                                                      | **    | 14,704        |
|       | American Financial Group                              | 11,550 par<br>6.375%, due 6/12/2042                                                                    | **    | 12,289        |
|       | American Financial Group                              | 6,725 par<br>5.75%, due 8/25/2042                                                                      | **    | 7,016         |
|       | American Financial Group                              | 12,350 par<br>6.25%, due 9/30/2054                                                                     | **    | 13,289        |
|       | Comcast Corp.                                         | 24,625 par<br>5.0%, due 12/15/2061                                                                     | **    | 27,048        |
|       | DTE Energy                                            | 17,450 par<br>5.375%, due 6/1/2076                                                                     | **    | 18,162        |
|       | DTE Energy                                            | 10,725 par<br>6.5%, due 12/1/2061                                                                      | **    | 11,150        |
|       | DTE Energy                                            | 7,425 par<br>5.25%, due 12/1/2062                                                                      | **    | 7,669         |
|       | Duke Energy Corp.                                     | 19,525 par<br>5.125%, due 1/15/2073                                                                    | **    | 21,001        |
|       | Entergy Arkansas, Inc.                                | 7,350 par<br>4.75%, due 6/1/2063                                                                       | **    | 7,456         |
|       | Entergy Arkansas, Inc.                                | 7,950 par<br>4.9%, due 12/1/2052                                                                       | **    | 8,036         |
|       | Entergy Louisiana, LLC                                | 5,675 par<br>5.875%, due 6/15/2041                                                                     | **    | 5,777         |
|       | GATX Corp.                                            | 14,725 par<br>5.625%, due 5/30/2066                                                                    | **    | 14,807        |
|       | General Electric Capital Corp.                        | 54,850 par<br>4.875%, due 10/15/2052                                                                   | **    | 58,843        |
|       | General Electric Capital Corp.                        | 49,325 par<br>4.875%, due 1/29/2053                                                                    | **    | 54,159        |
|       | General Electric Capital Corp.                        | 49,325 par<br>4.7%, due 5/16/2053                                                                      | **    | 52,304        |
|       | Hartford Financial Services Group                     | 27,400 par                                                                                             | **    | 34,535        |

**THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES**  
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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

June 30, 2016

Plan No: 002

EIN: 31-1247560

| ( a ) | ( b )                                                 | ( c )                                                                                                  | ( d ) | ( e )         |
|-------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------|---------------|
|       | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost  | Current Value |
|       |                                                       | 7.875%, due 4/15/2042                                                                                  |       |               |
|       | Nextera Energy Capital Holdings, Inc.                 | 10,200 par                                                                                             | **    | 10,686        |
|       |                                                       | 5.0%, due 1/15/2073                                                                                    |       |               |
|       | Nextera Energy Capital Holdings, Inc.                 | 24,800 par                                                                                             | **    | 26,060        |
|       |                                                       | 5.125%, due 11/15/2072                                                                                 |       |               |
|       | Nextera Energy Capital Holdings, Inc.                 | 11,150 par                                                                                             | **    | 11,623        |
|       |                                                       | 5.625%, due 6/15/2072                                                                                  |       |               |
|       | Nextera Energy Capital Holdings, Inc.                 | 34,825 par                                                                                             | **    | 35,786        |
|       |                                                       | 5.25%, due 6/1/2076                                                                                    |       |               |
|       | Nextera Energy Capital Holdings, Inc.                 | 11,775 par                                                                                             | **    | 12,519        |
|       |                                                       | 5.7%, due 3/1/2072                                                                                     |       |               |
|       | PPL Capital Funding, Inc.                             | 7,575 par                                                                                              | **    | 8,151         |
|       |                                                       | 5.9%, due 4/30/2073                                                                                    |       |               |
|       | Protective Life Corp.                                 | 20,350 par                                                                                             | **    | 21,872        |
|       |                                                       | 6.25%, due 5/15/2042                                                                                   |       |               |
|       | Prudential Financial, Inc.                            | 24,125 par                                                                                             | **    | 25,920        |
|       |                                                       | 5.75%, due 12/15/2052                                                                                  |       |               |
|       | Prudential Financial, Inc.                            | 31,875 par                                                                                             | **    | 33,992        |
|       |                                                       | 5.7%, due 3/15/2053                                                                                    |       |               |
|       | Qwest Corp.                                           | 40,250 par                                                                                             | **    | 42,858        |
|       |                                                       | 7.375%, due 6/1/2051                                                                                   |       |               |
|       | Qwest Corp.                                           | 35,575 par                                                                                             | **    | 36,756        |
|       |                                                       | 7.5%, due 9/15/2051                                                                                    |       |               |
|       | Qwest Corp.                                           | 16,150 par                                                                                             | **    | 16,815        |
|       |                                                       | 7.0%, due 4/1/2052                                                                                     |       |               |
|       | Qwest Corp.                                           | 10,425 par                                                                                             | **    | 10,871        |
|       |                                                       | 7.0%, due 7/1/2052                                                                                     |       |               |
|       | Raymond James Financial                               | 13,075 par                                                                                             | **    | 13,807        |
|       |                                                       | 6.9%, due 3/15/2042                                                                                    |       |               |
|       | Reinsurance Group America, Inc.                       | 14,400 par                                                                                             | **    | 17,142        |
|       |                                                       | 6.2%, due 9/15/2042                                                                                    |       |               |
|       | Senior Housing Property Trust                         | 30,500 par                                                                                             | **    | 31,122        |
|       |                                                       | 5.625%, due 8/1/2042                                                                                   |       |               |
|       | Senior Housing Properties                             | 10,775 par                                                                                             | **    | 11,344        |
|       |                                                       | 6.25%, due 2/1/2046                                                                                    |       |               |
|       | Stanley Black & Decker                                | 42,725 par                                                                                             | **    | 45,203        |
|       |                                                       | 5.75%, due 7/25/2052                                                                                   |       |               |
|       | The Southern Co.                                      | 11,125 par                                                                                             | **    | 12,407        |
|       |                                                       | 6.25%, due 10/15/2075                                                                                  |       |               |
|       | Torchmark Corp.                                       | 14,375 par                                                                                             | **    | 14,703        |
|       |                                                       | 5.875%, due 12/15/2052                                                                                 |       |               |
|       | Ventas Realty LP/Capital Corp.                        | 28,525 par                                                                                             | **    | 31,606        |

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

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

June 30, 2016

Plan No: 002

EIN: 31-1247560

| ( a ) | ( b )                                                 | ( c )                                                                                                  | ( d ) | ( e )         |
|-------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------|---------------|
|       | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost  | Current Value |
|       | Verizon Communications                                | 5.45%, due 3/15/2043<br>63,325 par                                                                     | **    | 69,658        |
|       | W.R. Berkley Corp.                                    | 5.9%, due 2/15/2054<br>28,625 par                                                                      | **    | 29,186        |
|       | W.R. Berkley Corp.                                    | 5.625%, due 4/30/2053<br>43750 par                                                                     | **    | 44,415        |
|       |                                                       | 5.75%, due 6/1/2056                                                                                    |       |               |
|       | <b>Total corporate debt instruments</b>               |                                                                                                        |       | 1,076,367     |
|       | <b>Annuities</b>                                      |                                                                                                        |       |               |
|       | Metlife Annual Renewable Fixed                        |                                                                                                        | **    | 1,497,621     |
|       | Metlife Annual Renewable Fixed                        |                                                                                                        | **    | 748,386       |
|       | Jackson National Variable                             |                                                                                                        | **    | 556,491       |
|       | Jackson National Variable                             |                                                                                                        | **    | 530,056       |
|       | <b>Total annuities</b>                                |                                                                                                        |       | 3,332,554     |
|       | <b>Total investments</b>                              |                                                                                                        |       | \$ 43,001,884 |

\* Party-in-interest as defined by ERISA.

\*\* Information not available.

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

|              | Years of credited service: |          |            |            |            |            |            |           |           |           |              |
|--------------|----------------------------|----------|------------|------------|------------|------------|------------|-----------|-----------|-----------|--------------|
|              | < 1                        | 1 to 4   | 5 to 9     | 10 to 14   | 15 to 19   | 20 to 24   | 25 to 29   | 30 to 34  | 35 to 39  | 40 & up   | <b>Total</b> |
| Attained     |                            |          |            |            |            |            |            |           |           |           |              |
| Age          |                            |          |            |            |            |            |            |           |           |           |              |
| Under        |                            |          |            |            |            |            |            |           |           |           |              |
| 25           | 0                          | 0        | 0          | 0          | 0          | 0          | 0          | 0         | 0         | 0         | <b>0</b>     |
| 25 to 29     | 0                          | 1        | 22         | 3          | 0          | 0          | 0          | 0         | 0         | 0         | <b>26</b>    |
| 30 to 34     | 0                          | 0        | 47         | 33         | 1          | 0          | 0          | 0         | 0         | 0         | <b>81</b>    |
| 35 to 39     | 0                          | 0        | 44         | 44         | 17         | 4          | 0          | 0         | 0         | 0         | <b>109</b>   |
| 40 to 44     | 0                          | 1        | 55         | 48         | 32         | 32         | 2          | 0         | 0         | 0         | <b>170</b>   |
| 45 to 49     | 0                          | 2        | 42         | 63         | 47         | 37         | 14         | 3         | 0         | 0         | <b>208</b>   |
| 50 to 54     | 0                          | 1        | 51         | 57         | 35         | 48         | 41         | 11        | 0         | 0         | <b>244</b>   |
| 55 to 59     | 0                          | 1        | 27         | 43         | 30         | 39         | 22         | 15        | 5         | 3         | <b>185</b>   |
| 60 to 64     | 0                          | 0        | 16         | 18         | 16         | 17         | 15         | 8         | 6         | 7         | <b>103</b>   |
| 65 to 69     | 0                          | 0        | 4          | 2          | 6          | 5          | 6          | 1         | 0         | 2         | <b>26</b>    |
| 70 & up      | 0                          | 0        | 0          | 0          | 2          | 0          | 1          | 0         | 0         | 1         | <b>4</b>     |
| <b>Total</b> | <b>0</b>                   | <b>6</b> | <b>308</b> | <b>311</b> | <b>186</b> | <b>182</b> | <b>101</b> | <b>38</b> | <b>11</b> | <b>13</b> | <b>1,156</b> |

**Schedule SB, line 22 –  
Description of Weighted Average Retirement Age**

| <b>Age</b> | <b>Qr</b> | <b>Paa</b> | <b>Qr x Paa</b> | <b>Qr x Paa x Age</b> |
|------------|-----------|------------|-----------------|-----------------------|
| 55         | 0.10      |            | 0.1000          | 5.5000                |
|            |           | 1.0000     |                 |                       |
| 56         | 0.10      |            | 0.0900          | 5.0400                |
|            |           | 0.9000     |                 |                       |
| 57         | 0.10      |            | 0.0810          | 4.6170                |
|            |           | 0.8100     |                 |                       |
| 58         | 0.10      |            | 0.0729          | 4.2282                |
|            |           | 0.7290     |                 |                       |
| 59         | 0.10      |            | 0.0656          | 3.8710                |
|            |           | 0.6561     |                 |                       |
| 60         | 0.10      |            | 0.0590          | 3.5429                |
|            |           | 0.5905     |                 |                       |
| 61         | 0.10      |            | 0.0531          | 3.2418                |
|            |           | 0.5314     |                 |                       |
| 62         | 0.25      |            | 0.1196          | 7.4136                |
|            |           | 0.4783     |                 |                       |
| 63         | 0.10      |            | 0.0359          | 2.2600                |
|            |           | 0.3587     |                 |                       |
| 64         | 0.10      |            | 0.0323          | 2.0662                |
|            |           | 0.3229     |                 |                       |
| 65         | 0.10      |            | 0.0291          | 1.8887                |
|            |           | 0.2906     |                 |                       |
| 66         | 0.10      |            | 0.0262          | 1.7260                |
|            |           | 0.2615     |                 |                       |
| 67         | 0.10      |            | 0.0235          | 1.5769                |
|            |           | 0.2354     |                 |                       |
| 68         | 1.00      |            | 0.2118          | 14.4039               |
|            |           | 0.2118     |                 |                       |
|            |           |            | 1.00            | <b>61.38</b>          |
|            |           |            |                 | avg ret age           |

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

| <b>Type of<br/>Base</b> | <b>Date Established</b> | <b>Balance at<br/>7/1/2015</b> | <b>Payment</b>   | <b>Years<br/>Remaining at<br/>7/1/2015</b> |
|-------------------------|-------------------------|--------------------------------|------------------|--------------------------------------------|
| Shortfall               | 7/1/2015                | \$4,276,919                    | \$711,265        | 7                                          |
| Shortfall               | 7/1/2014                | \$2,972,387                    | \$559,505        | 6                                          |
| Shortfall               | 1/1/2013                | \$354,727                      | \$77,636         | 5                                          |
| Shortfall               | 1/1/2012                | (\$2,120,810)                  | (\$567,426)      | 4                                          |
| Shortfall               | 1/1/2011                | \$1,507,593                    | \$525,878        | 3                                          |
| Shortfall               | 1/1/2010                | \$955,497                      | \$488,763        | 2                                          |
| Shortfall               | 1/1/2009                | (\$84,545)                     | (\$84,545)       | 1                                          |
| <b>Sub-Total</b>        |                         | <b>7,861,769</b>               | <b>1,711,076</b> |                                            |

|                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</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<br/>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial 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 6059 of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2015 or fiscal plan year beginning <u>07/01/2015</u> and ending <u>06/30/2016</u>                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |

► **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>THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES<br>DEFINED BENEFIT PENSION PLAN                                                                                                                                                                                     | <b>B</b> Three-digit plan number (PN) ►                         | 002 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>RUMPKE CONSOLIDATED COMPANIES, INC.                                                                                                                                                                               | <b>D</b> Employer Identification Number (EIN)<br><br>31-1247560 |     |
| <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 <u>07</u> Day <u>01</u> Year <u>2015</u>                                                                                                                          |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 46,315,592                |                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 47,395,486                |                          |
| <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.....                                                                                                                                      | 9                          | 484,218                   | 484,218                  |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | 142                        | 2,370,050                 | 2,370,050                |
| <b>c</b> For active participants.....                                                                                                                                                                           | 1,156                      | 49,909,440                | 49,930,612               |
| <b>d</b> Total.....                                                                                                                                                                                             | 1,307                      | 52,763,708                | 52,784,880               |
| <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> 6.05%             |                           |                          |
| <b>6</b> Target normal cost.....                                                                                                                                                                                | <b>6</b> 4,257,512         |                           |                          |

**Statement by Enrolled Actuary**

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div style="border: 1px solid black; padding: 5px; display: inline-block;">SIGN HERE</div> <div style="text-align: center; margin-top: 20px;"> <br/>         Signature of actuary<br/>         JEFFREY A. SCHAPPEL, EA, MAAA<br/>         Type or print name of actuary<br/>         CBIZ BENEFITS &amp; INSURANCE, INC.<br/>         Firm name<br/>         6050 OAK TREE BLVD.<br/>         SUITE 500<br/>         CLEVELAND OH 44131<br/>         Address of the firm       </div> | <div style="font-size: 1.5em; margin-bottom: 10px;">4/3/2017</div> Date<br>1407786<br>Most recent enrollment number<br>216-447-9000<br>Telephone number (including area code) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                |                                                            |
|----------------|------------------------------------------------------------|
| <b>Part II</b> | <b>Beginning of Year Carryover and Prefunding Balances</b> |
|----------------|------------------------------------------------------------|

| Part 7      |                                                                                                                                                          | Beginning of Year Carryover and Remaining Balances |                        |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------|
|             |                                                                                                                                                          | (a) Carryover balance                              | (b) Prefunding balance |
| <b>7</b>    | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                          | 0                                                  | 2,342,414              |
| <b>8</b>    | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                       | 0                                                  | 0                      |
| <b>9</b>    | Amount remaining (line 7 minus line 8) .....                                                                                                             | 0                                                  | 2,342,414              |
| <b>10</b>   | Interest on line 9 using prior year's actual return of <u>1.05</u> % .....                                                                               | 0                                                  | 24,595                 |
| <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) .....                                                                                   |                                                    | 99,148                 |
| <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>6.27</u> % ..... |                                                    | 6,217                  |
| <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 .....                                                                     |                                                    | 105,365                |
| <b>d</b>    | Portion of (c) to be added to prefunding balance .....                                                                                                   |                                                    | 105,365                |
| <b>12</b>   | Other reductions in balances due to elections or deemed elections .....                                                                                  |                                                    |                        |
| <b>13</b>   | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                       | 0                                                  | 2,472,374              |

|                 |                            |
|-----------------|----------------------------|
| <b>Part III</b> | <b>Funding Percentages</b> |
|-----------------|----------------------------|

|           |                                                                                                                                                                 |           |        |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>14</b> | Funding target attainment percentage .....                                                                                                                      | <b>14</b> | 85.10% |
| <b>15</b> | Adjusted funding target attainment percentage .....                                                                                                             | <b>15</b> | 85.10% |
| <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> | 93.93% |
| <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</b> | <b>Contributions and Liquidity Shortfalls</b> |
|----------------|-----------------------------------------------|

**18** 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 |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 06/15/2016               | 1,500,000                         | 0                               |                          |                                   |                                 |
| 09/15/2016               | 1,500,000                         | 0                               |                          |                                   |                                 |
| 12/15/2016               | 1,500,000                         | 0                               |                          |                                   |                                 |
| 03/15/2017               | 1,500,000                         | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>          |                                   |                                 | <b>18(b)</b>             | 6,000,000                         | <b>18(c)</b>                    |
|                          |                                   |                                 |                          |                                   | 0                               |

**19** 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> | 5,526,238 |

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? ..... ☒ Yes ☐ No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... ☒ Yes ☐ No

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

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

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

|                                                                                                                                                                                              |                       |                       |                       |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                       |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.72% | 2nd segment:<br>6.11% | 3rd segment:<br>6.81% | <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> 61                                        |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input 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>          | 4,257,512          |               |
| <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 .....                                                                                                                                | 7,861,769           |                    | 1,711,076     |
| <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>           | 5,968,588          |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 442,350            | 442,350       |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 5,526,238          |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 5,526,238          |               |
| <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>          |                    |               |
| <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, Part V –  
Summary of Plan Provisions**

1. Plan Year July 1 to June 30
2. Eligibility Enter July 1 or January 1 following age 21 and one year of service. There are no new entrants after 7/1/2009.
3. Normal Retirement Date The participant's 62<sup>nd</sup> birthday
4. Normal Retirement Benefit A monthly pension for life equal to the sum of 0.7% of compensation plus 0.5% of excess compensation multiplied by years of service (maximum 35 years). Service credited from July 1, 1985.  
  
Plus,  
  
The frozen accrued benefit as of June 30, 1985.
5. Early Retirement Date Age 55 and 10 years of service
6. Early Retirement Benefit Actuarial Equivalent of the monthly retirement income payable under the basic form.
7. Vesting Schedule 100% after 5 years of service.  
  
For those hired before July 1, 2004:  

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

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

1. Employees Excluded from Cost      Participation is frozen as of 7/1/09.
2. Interest Rate      4.72% 1<sup>st</sup> Segment Rate  
6.11% 2<sup>nd</sup> Segment Rate  
6.81% 3<sup>rd</sup> Segment Rate
3. Mortality rates      2015 Static Mortality table was utilized with the following summary of rates (pre-/post-commencement):

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

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

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

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

5. Retirement rates

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

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

6. Salary Scale

3.0% per year.

7. Asset Valuation Method

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

8. Expenses

\$200,000 Assumed

9. Marriage

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

10. Form of Payment

100% will elect a Lump sum.

11. Changes to Assumptions

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

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

| Date Paid  | Contribution<br>Amount | Contribution<br>Due Date | Discounted to<br>07/01/2015 |
|------------|------------------------|--------------------------|-----------------------------|
| 6/15/2016  | \$1,500,000            |                          | \$1,405,353                 |
| 9/15/2016  | \$1,500,000            |                          | \$1,387,285                 |
| 12/15/2016 | \$1,500,000            |                          | \$1,376,698                 |
| 3/15/2017  | \$1,500,000            |                          | \$1,356,902                 |
|            | <u>6,000,000</u>       |                          | <u>5,526,238</u>            |

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

FINANCIAL STATEMENTS

WITH SUPPLEMENTARY INFORMATION

JUNE 30, 2016 AND 2015

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Insight that yields results.

## **INDEPENDENT AUDITORS' REPORT**

April 5, 2017

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

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

We have audited the accompanying financial statements of The Rumpke Consolidated Companies, Inc. & Affiliates Defined Benefit Pension Plan ("Plan"), which comprise the statements of net assets available for benefits of as of June 30, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

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

### **Auditors' Responsibility**

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

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

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

## **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the plan as of June 30, 2016 and 2015, and the changes in its financial status for the years then ended in accordance with accounting principles generally accepted in the United States of America.

## **Report on Supplemental Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of June 30, 2016 is presented for the purpose of additional analysis and is not a required part of the financial statements, but is supplemental information required by the Department of Labor's Rule and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"). Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, except for the omission discussed in the following paragraph, the information is fairly stated in all material respects in relation to the financial statements as a whole.

The supplemental schedule of assets (held at end of year) as of June 30, 2016, that accompanies the Plan's financial statements does not disclose the historic cost of certain nonparticipant-directed plan assets held by the Plan's custodians. Disclosure of this information is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

The image shows a handwritten signature in black ink that reads "Walthall, LLP". The script is cursive and fluid, with the letters connected. The "W" is large and prominent, and the "LLP" is written in a similar style.

Certified Public Accountants

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

Statements of Net Assets Available for Benefits

June 30, 2016 and 2015

**ASSETS**

|                             | <u>2016</u>      | <u>2015</u>      |
|-----------------------------|------------------|------------------|
| <b>Assets</b>               |                  |                  |
| Investments, at fair value: |                  |                  |
| Interest-bearing cash       | \$ 4,508,756     | \$ 3,041,445     |
| Common stocks               | 21,558,577       | 22,739,773       |
| Preferred stocks            | 3,622,278        | 3,415,345        |
| Mutual funds                | 8,458,412        | 7,899,638        |
| Exchange traded funds       | 444,940          | -                |
| Corporate debt instruments  | 1,076,367        | 1,111,915        |
| Annuity contracts           | <u>3,332,554</u> | <u>3,569,653</u> |
|                             | 43,001,884       | 41,777,769       |
| Receivables:                |                  |                  |
| Employer contributions      | 4,500,000        | 4,500,000        |
| Cash                        | <u>150,507</u>   | <u>158,254</u>   |
| <b>Total Assets</b>         | 47,652,391       | 46,436,023       |

**LIABILITIES**

|                                          |                             |                             |
|------------------------------------------|-----------------------------|-----------------------------|
| Pending security purchases               | <u>168,258</u>              | <u>-</u>                    |
| <b>Total Liabilities</b>                 | <u>168,258</u>              | <u>-</u>                    |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><u>\$ 47,484,133</u></u> | <u><u>\$ 46,436,023</u></u> |

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

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

Statements of Changes in Net Assets Available for Benefits

For the Years Ended June 30, 2016 and 2015

|                                                          | <u>2016</u>                     | <u>2015</u>                     |
|----------------------------------------------------------|---------------------------------|---------------------------------|
| <b>Additions</b>                                         |                                 |                                 |
| Investment income:                                       |                                 |                                 |
| Net depreciation in fair value of investments            | \$ (103,394)                    | \$ (701,449)                    |
| Interest and dividends                                   | <u>1,174,683</u>                | <u>1,023,021</u>                |
| Total investment income                                  | 1,071,289                       | 321,572                         |
| Employer contributions                                   | <u>6,000,000</u>                | <u>6,000,000</u>                |
| <br>Total additions                                      | <br>7,071,289                   | <br>6,321,572                   |
| <b>Deductions</b>                                        |                                 |                                 |
| Benefits paid to participants                            | 5,307,343                       | 5,711,896                       |
| Administrative expenses                                  | <u>715,836</u>                  | <u>424,448</u>                  |
| <br>Total deductions                                     | <br><u>6,023,179</u>            | <br><u>6,136,344</u>            |
| <br><b>Net Increase</b>                                  | <br>1,048,110                   | <br>185,228                     |
| <br><b>Net Assets Available for Benefits - Beginning</b> | <br><u>46,436,023</u>           | <br><u>46,250,795</u>           |
| <br><b>Net Assets Available for Benefits - Ending</b>    | <br><u><u>\$ 47,484,133</u></u> | <br><u><u>\$ 46,436,023</u></u> |

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

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

## **Notes to Financial Statements**

June 30, 2016 and 2015

### **Note 1 - Plan Description**

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

#### Nature of Operations

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

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

#### Pension Benefits

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

#### Death and Disability Benefits

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

#### Vesting

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

### **Note 2 - Summary of Significant Accounting Policies**

#### Basis of Accounting

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

## **Note 2 - Summary of Significant Accounting Policies (Continued)**

### Use of Estimates

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

### Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Pension Committee determines the Plan's valuation policies utilizing information provided by the investment custodian. See Note 4 for discussions of fair value measurements.

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

### Payment of Benefits

Benefits are recorded when paid.

### Expenses of the Plan

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

## **Note 3 - Actuarial Present Value of Accumulated Plan Benefits**

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

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

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

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

|                                                            | Years Ended June 30,        |                             |
|------------------------------------------------------------|-----------------------------|-----------------------------|
|                                                            | 2016                        | 2015                        |
| Vested benefits                                            |                             |                             |
| Participants currently receiving payments                  | \$ 1,212,023                | \$ 564,618                  |
| Other participants                                         | 60,372,159                  | 56,279,946                  |
| Total vested benefits                                      | 61,584,182                  | 56,844,564                  |
| Non vested benefits                                        | -                           | 24,063                      |
| Total actuarial present value of accumulated plan benefits | <b><u>\$ 61,584,182</u></b> | <b><u>\$ 56,868,627</u></b> |

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

|                                                                               | Years Ended June 30,        |                             |
|-------------------------------------------------------------------------------|-----------------------------|-----------------------------|
|                                                                               | 2016                        | 2015                        |
| Actuarial present value of accumulated plan benefits at beginning of the year | \$ 56,868,627               | \$ 47,505,714               |
| Increase (decrease) attributable to:                                          |                             |                             |
| Benefits accumulated                                                          | 5,721,882                   | 8,124,188                   |
| Decrease in discount period                                                   | 3,176,616                   | 2,866,875                   |
| Benefits paid                                                                 | (5,320,316)                 | (5,711,896)                 |
| Change in actuarial assumptions                                               | 1,137,373                   | 4,083,746                   |
| Actuarial present value of accumulated plan benefits at end of year           | <b><u>\$ 61,584,182</u></b> | <b><u>\$ 56,868,627</u></b> |

The significant actuarial assumptions used in the June 30, 2016 and 2015 valuations are as follows:

|                          |                                                                                                                          |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Long-term rate of return | 2015 - March 2015 segmented rates, 4.72% - 6.81%<br>2016 - March 2016 segmented rates, 4.43% - 6.65%                     |
| Mortality basis          | 2015 - RP2014 SOA Blue Collar Mortality with Scale MP2014.<br>2016 - RP2014 SOA Blue Collar Mortality with Scale MP2014. |
| Cost method              | Aggregate Method                                                                                                         |
| Retirement               | Beginning at age 55 through age 68                                                                                       |
| Salary scale             | 3% per year                                                                                                              |

#### **Note 4 - Fair Value Measurements**

FASB ASC 820, Fair Value Measurements and Disclosures provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

Level 1- Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2- Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted market prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

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

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

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

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

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered by the Securities and Exchange Commission. These funds are required to publish their daily Net Asset Value ("NAV"), and to transact at that price. The mutual funds held by the plan are deemed to be actively traded.

Annuity contracts: See Note 5.

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

#### Note 4 - Fair Value Measurements (Continued)

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

| Description                | Assets at Fair Value as of June 30, 2016 |                            |                    |                            |
|----------------------------|------------------------------------------|----------------------------|--------------------|----------------------------|
|                            | (Level 1)                                | (Level 2)                  | (Level 3)          | Total                      |
| Interest-bearing cash      | \$ 4,508,756                             | \$ -                       | \$ -               | \$ 4,508,756               |
| Common stocks              | 21,558,577                               | -                          | -                  | 21,558,577                 |
| Preferred stocks           | -                                        | 3,622,278                  | -                  | 3,622,278                  |
| Mutual funds               | 8,458,412                                | -                          | -                  | 8,458,412                  |
| Exchange-traded funds      | 444,940                                  | -                          | -                  | 444,940                    |
| Corporate debt instruments | -                                        | 1,076,367                  | -                  | 1,076,367                  |
| Annuity contracts          |                                          |                            |                    |                            |
| Fixed                      | -                                        | 2,246,007                  | -                  | 2,246,007                  |
| Variable                   | -                                        | 1,086,547                  | -                  | 1,086,547                  |
| Total                      | <b><u>\$34,970,685</u></b>               | <b><u>\$ 8,031,199</u></b> | <b><u>\$ -</u></b> | <b><u>\$43,001,884</u></b> |

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

#### Note 5 - Investment Contracts with Insurance Companies

The Plan holds fixed and variable annuity contracts with a variety of insurance companies. The fixed contracts provide for interest at the base rate of 5.35% annually, and were guaranteed through October 2015. Thereafter, the minimum guaranteed rate is 3.00% through 2030. Withdrawals from the contracts are limited to 10% of the contract value, per year. Any amounts above 10% are subject to withdrawal charges of up to 7% of the excess withdrawn. The Plan may elect to annuitize the contract, but is not required to do so. Additionally, the contract provides for a death benefit amount equal to the account value upon the death of the named insured, which may be paid to the plan in a variety of ways, including a lump sum payment. The account value is defined as the amount held in the contracts, including guaranteed interest and withdrawals, and totals \$2,246,007 and \$2,164,833 as of June 30, 2016 and 2015, respectively.

The variable annuity contracts are invested in sub-accounts which are generally invested in mutual funds. The return on the invested funds is not guaranteed; however, a guaranteed death benefit is in place, which approximates the value of the invested funds as of June 30, 2016. Withdrawals from the contracts are subject to withdrawal charges of up to 8% of the amount withdrawn if withdrawals are made within the first four years of the contract. The value of the sub accounts is \$1,086,547 and \$1,404,820 as of June 30, 2016 and 2015, respectively.

## **Note 6 - Funding Policy**

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2016 and 2015, the Company made contributions of \$6,000,000 each year. The Company's contributions for 2016 and 2015 exceeded the minimum funding requirements of ERISA.

## **Note 7 - Related Party Transactions**

The Plan invests in a mutual fund managed by Morgan Stanley Smith Barney (Morgan Stanley) and maintains certain interest bearing cash accounts at Morgan Stanley and owns preferred stock of Morgan Stanley. Morgan Stanley is the Plan's investment custodian; therefore, these transactions qualify as party-in-interest transactions. During the years ended June 30, 2016 and 2015, the Plan made direct payments to Morgan Stanley totaling \$203,551 and \$186,640, respectively, for investment advisory fees and brokerage commissions.

## **Note 8 - Plan Termination**

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

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

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

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

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

## **Note 9 - Tax Status**

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

**Note 9 - Tax Status (Continued)**

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan, and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for the years prior to 2013.

**Note 10 - Risks and Uncertainties**

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

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

**Note 11 - Subsequent Events**

In accordance with FASB ASC 855, Subsequent Events, the Plan has evaluated events that have occurred subsequent to the year ended June 30, 2016 through April 5, 2017, which is the date in which the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

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

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

June 30, 2016

Plan No: 002

EIN: 31-1247560

| ( a )                                                 | ( b )                                                                                                  | ( c ) | ( d )            | ( e ) |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------|------------------|-------|
| Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost  | Current Value    |       |
| <b>Interest bearing cash</b>                          |                                                                                                        |       |                  |       |
| * Morgan Stanley                                      | interest bearing cash                                                                                  | **    | \$ 3,434,301     |       |
| * Morgan Stanley Liquid Asset Fund                    | interest bearing cash                                                                                  | **    | 1,074,455        |       |
| <b>Total interest bearing cash</b>                    |                                                                                                        |       | <u>4,508,756</u> |       |
| <b>Common stocks</b>                                  |                                                                                                        |       |                  |       |
| Abbott Laboratories                                   | 1,107 shares                                                                                           | **    | 43,516           |       |
| Accenture PLC Ireland                                 | 768 shares                                                                                             | **    | 87,007           |       |
| Actelion Ltd.                                         | 1,885 shares                                                                                           | **    | 79,189           |       |
| AIA Group Ltd.                                        | 5,310 shares                                                                                           | **    | 127,785          |       |
| AIR Liquide ADR                                       | 3,661 shares                                                                                           | **    | 76,991           |       |
| Alfa Laval AB                                         | 2,244 shares                                                                                           | **    | 35,197           |       |
| Allergan PLC                                          | 637 shares                                                                                             | **    | 147,204          |       |
| Allergan PLC                                          | 564 shares                                                                                             | **    | 130,335          |       |
| Allianz SE ADS                                        | 6,352 shares                                                                                           | **    | 91,469           |       |
| Alphabet Inc. Cl. A                                   | 269 shares                                                                                             | **    | 189,250          |       |
| Altria Group, Inc.                                    | 4,770 shares                                                                                           | **    | 328,939          |       |
| AMC Networks, Inc.                                    | 375 shares                                                                                             | **    | 22,658           |       |
| Amgen, Inc.                                           | 619 shares                                                                                             | **    | 94,181           |       |
| Anadarko PETE                                         | 3,464 shares                                                                                           | **    | 184,458          |       |
| Anheuser Busch Inbev                                  | 966 shares                                                                                             | **    | 127,203          |       |
| Anheuser Busch Inbev                                  | 565 shares                                                                                             | **    | 74,399           |       |
| AON PLC Shares                                        | 611 shares                                                                                             | **    | 66,740           |       |
| Apple, Inc.                                           | 876 shares                                                                                             | **    | 83,746           |       |
| ARM Holdings PLC                                      | 2,143 shares                                                                                           | **    | 97,528           |       |
| Ashtead Group PLC                                     | 399 shares                                                                                             | **    | 23,006           |       |
| ASSA Abloy ADR                                        | 7,356 shares                                                                                           | **    | 75,031           |       |
| Associated British FDS PLC                            | 770 shares                                                                                             | **    | 28,490           |       |
| Astrazeneca PLC                                       | 4,200 shares                                                                                           | **    | 126,798          |       |
| AT&T Inc.                                             | 7,460 shares                                                                                           | **    | 322,347          |       |
| Atlas Copco AS A ADR                                  | 1,976 shares                                                                                           | **    | 51,178           |       |
| Autodesk, Inc.                                        | 1,449 shares                                                                                           | **    | 78,449           |       |
| Baidu, Inc.                                           | 763 shares                                                                                             | **    | 126,009          |       |
| Banca Mediolanum SPA ADR                              | 1,979 shares                                                                                           | **    | 27,290           |       |
| Banco Bilbao Viz Arg SA ADS                           | 5,132 shares                                                                                           | **    | 29,458           |       |
| Bayer AG Spon ADR                                     | 501 shares                                                                                             | **    | 50,426           |       |
| Bayerische Motoren Werke AG                           | 2,041 shares                                                                                           | **    | 50,086           |       |
| BBA Aviation PLC ADR                                  | 1,119 shares                                                                                           | **    | 16,919           |       |
| BCE, Inc.                                             | 5,440 shares                                                                                           | **    | 257,366          |       |
| BHP Billiton, Ltd.                                    | 1,903 shares                                                                                           | **    | 54,350           |       |
| Biogen, Inc.                                          | 473 shares                                                                                             | **    | 114,381          |       |
| Boeing Co.                                            | 1,615 shares                                                                                           | **    | 209,740          |       |

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

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

June 30, 2016

Plan No: 002

EIN: 31-1247560

| ( a )                                                 | ( b )                                                                                                  | ( c ) | ( d )         | ( e ) |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------|---------------|-------|
| Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost  | Current Value |       |
| Bristol Myers Squibb Co.                              | 925 shares                                                                                             | **    | 68,034        |       |
| British American TOB Spon ADR                         | 856 shares                                                                                             | **    | 110,835       |       |
| Broadcom Corp.                                        | 605 shares                                                                                             | **    | 94,017        |       |
| Bunge, Ltd.                                           | 1,027 shares                                                                                           | **    | 60,747        |       |
| Canadian National Railway Co.                         | 1,198 shares                                                                                           | **    | 70,754        |       |
| Cap Gemini SA ADR                                     | 904 shares                                                                                             | **    | 39,473        |       |
| Carlsberg AS                                          | 3,023 shares                                                                                           | **    | 57,588        |       |
| Carnival CP New Paired Com                            | 2,227 shares                                                                                           | **    | 98,433        |       |
| Celgene Corp.                                         | 990 shares                                                                                             | **    | 97,644        |       |
| Check Point Software Tech Ltd.                        | 655 shares                                                                                             | **    | 52,190        |       |
| Chevron Corp.                                         | 2,520 shares                                                                                           | **    | 264,172       |       |
| Chubb Ltd.                                            | 2,350 shares                                                                                           | **    | 307,169       |       |
| Cisco Systems, Inc.                                   | 9,000 shares                                                                                           | **    | 258,210       |       |
| Citrix Systems, Inc.                                  | 990 shares                                                                                             | **    | 79,289        |       |
| Cognizant Tech Solutions                              | 935 shares                                                                                             | **    | 53,519        |       |
| Colgate Palmolive Co.                                 | 1,055 shares                                                                                           | **    | 77,226        |       |
| Coloplast AS ADR                                      | 4,479 shares                                                                                           | **    | 33,548        |       |
| Comcast Corp.                                         | 3,692 shares                                                                                           | **    | 240,681       |       |
| Compagnie Fin Richemontag ADR                         | 4,233 shares                                                                                           | **    | 24,594        |       |
| Compass Group PLC                                     | 3,514 shares                                                                                           | **    | 67,117        |       |
| Conocophillips                                        | 3,550 shares                                                                                           | **    | 154,780       |       |
| Contl AG Spons ADR                                    | 688 shares                                                                                             | **    | 26,144        |       |
| Corning, Inc.                                         | 8,200 shares                                                                                           | **    | 167,936       |       |
| Costco Wholesale Corp.                                | 431 shares                                                                                             | **    | 67,684        |       |
| Cree Research, Inc.                                   | 2,473 shares                                                                                           | **    | 60,440        |       |
| CSL, Ltd.                                             | 1,515 shares                                                                                           | **    | 63,425        |       |
| CVS Health Corp.                                      | 1,106 shares                                                                                           | **    | 105,888       |       |
| Daiwa House Industries, Ltd.                          | 3,499 shares                                                                                           | **    | 101,628       |       |
| Dassault Systems SA ADS                               | 1,751 shares                                                                                           | **    | 132,988       |       |
| DBS Group Holdings, Ltd.                              | 1,315 shares                                                                                           | **    | 61,831        |       |
| Diageo PLC SPON ADR                                   | 1,420 shares                                                                                           | **    | 160,290       |       |
| Discovery Communications                              | 1,506 shares                                                                                           | **    | 37,996        |       |
| Dolby                                                 | 599 shares                                                                                             | **    | 28,662        |       |
| Dollar General Corp.                                  | 1,038 shares                                                                                           | **    | 97,572        |       |
| Dollar Tree, Inc.                                     | 1,625 shares                                                                                           | **    | 153,140       |       |
| Du Pont El De Nemours & Co.                           | 3,820 shares                                                                                           | **    | 247,536       |       |
| Eclipse Resources Corp.                               | 500 shares                                                                                             | **    | 1,670         |       |
| Eli Lilly & Co.                                       | 1,950 shares                                                                                           | **    | 153,563       |       |
| ENI SPA Amer. Dep. RCPT                               | 1,513 shares                                                                                           | **    | 48,946        |       |
| Estee Lauder Co. Inc.                                 | 1,154 shares                                                                                           | **    | 105,037       |       |
| Exxon Mobil Corp.                                     | 2,110 shares                                                                                           | **    | 197,791       |       |
| Facebook, Inc.                                        | 1,388 shares                                                                                           | **    | 158,621       |       |

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

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

June 30, 2016

Plan No: 002

EIN: 31-1247560

| ( a )                                                 | ( b )                                                                                                  | ( c ) | ( d )         | ( e ) |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------|---------------|-------|
| Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost  | Current Value |       |
| Fanuc Corporation                                     | 1,386 shares                                                                                           | **    | 37,394        |       |
| Fanuc Corporation                                     | 5,039 shares                                                                                           | **    | 135,952       |       |
| Fluor Corp.                                           | 1,450 shares                                                                                           | **    | 71,456        |       |
| Freeport-McMoran, Inc.                                | 5,608 shares                                                                                           | **    | 62,473        |       |
| Fresenius Medical Care AG & Co. (FMS)                 | 1,353 shares                                                                                           | **    | 58,950        |       |
| Fresenius Medical Care AG & Co. (FSNUI)               | 2,929 shares                                                                                           | **    | 53,630        |       |
| Fuchs Petrolub AG                                     | 3,801 shares                                                                                           | **    | 37,174        |       |
| GEA Group AG Spon. ADR                                | 778 shares                                                                                             | **    | 36,729        |       |
| General Electric Co.                                  | 9,650 shares                                                                                           | **    | 303,782       |       |
| Genuine Parts Co.                                     | 2,080 shares                                                                                           | **    | 210,600       |       |
| Gilead Science                                        | 529 shares                                                                                             | **    | 44,129        |       |
| Grifols SA ADR                                        | 1,894 shares                                                                                           | **    | 31,573        |       |
| Grupo Televisa S.A. Global Dep.                       | 1,184 shares                                                                                           | **    | 30,831        |       |
| HCP, Inc.                                             | 5,765 shares                                                                                           | **    | 203,966       |       |
| Honeywell International, Inc.                         | 1,373 shares                                                                                           | **    | 159,707       |       |
| HSBC Holdings PLC                                     | 4,170 shares                                                                                           | **    | 130,563       |       |
| Immunogen, Inc.                                       | 2,912 shares                                                                                           | **    | 8,969         |       |
| Informa PLC                                           | 2,738 shares                                                                                           | **    | 53,856        |       |
| Intel Corp.                                           | 5,255 shares                                                                                           | **    | 172,364       |       |
| Intercontinental Exchange Group                       | 273 shares                                                                                             | **    | 69,877        |       |
| Ionis Pharmaceuticals, Inc.                           | 1,145 shares                                                                                           | **    | 26,667        |       |
| ITAU Unibanco Multiple ADR                            | 5,050 shares                                                                                           | **    | 47,672        |       |
| Japan TOB, Inc.                                       | 4,069 shares                                                                                           | **    | 81,299        |       |
| JGC Corp. Un-sponsored ADR                            | 1,208 shares                                                                                           | **    | 34,174        |       |
| Johnson & Johnson                                     | 2,590 shares                                                                                           | **    | 314,167       |       |
| Johnson Controls, Inc.                                | 1,965 shares                                                                                           | **    | 86,971        |       |
| JP Morgan Chase & Co.                                 | 4,200 shares                                                                                           | **    | 260,988       |       |
| KBC Group NV Un-sponsored ADR                         | 1,058 shares                                                                                           | **    | 26,064        |       |
| KDDI Corp. Un-sponsored ADR                           | 5,072 shares                                                                                           | **    | 76,790        |       |
| Kimberly Clark Corp.                                  | 1,725 shares                                                                                           | **    | 237,153       |       |
| Komatsu, Ltd.                                         | 1,648 shares                                                                                           | **    | 28,395        |       |
| Kone OYJ ADR                                          | 1,393 shares                                                                                           | **    | 31,969        |       |
| Kraft Heinz Co.                                       | 1,438 shares                                                                                           | **    | 127,234       |       |
| Kubota CP ADR                                         | 501 shares                                                                                             | **    | 33,382        |       |
| L'Oreal Co. ADR                                       | 2,544 shares                                                                                           | **    | 97,715        |       |
| L-3 Communications Holdings, Inc.                     | 961 shares                                                                                             | **    | 140,969       |       |
| Liberty Broadband Corp. - A                           | 93 shares                                                                                              | **    | 5,524         |       |
| Liberty Broadband Corp. - C                           | 187 shares                                                                                             | **    | 11,220        |       |
| Liberty Inter Co., Venture SER A                      | 282 shares                                                                                             | **    | 10,454        |       |
| Liberty Interactive Corp.                             | 1,990 shares                                                                                           | **    | 50,486        |       |
| Liberty Media Corp. SER A (LSXMA)                     | 375 shares                                                                                             | **    | 11,760        |       |
| Liberty Media Corp. SER C (LSXMK)                     | 750 shares                                                                                             | **    | 23,153        |       |

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June 30, 2016

Plan No: 002

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| ( a )                                                 | ( b )                                                                                                  | ( c ) | ( d )         | ( e ) |
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| Liberty Media Corp. S-A                               | 37 shares                                                                                              | **    | 556           |       |
| Liberty Media Corp. S-C                               | 75 shares                                                                                              | **    | 1,100         |       |
| Liberty Media Corp. SER A (LMCA)                      | 93 shares                                                                                              | **    | 1,780         |       |
| Liberty Media Corp. SER C (LMCK)                      | 187 shares                                                                                             | **    | 3,547         |       |
| Linde AG Sponsored ADR                                | 2,875 shares                                                                                           | **    | 40,509        |       |
| Lloyds Banking Group PLC                              | 17,285 shares                                                                                          | **    | 51,336        |       |
| LVMH Moet Hennessy Louis Vuitton                      | 1,127 shares                                                                                           | **    | 34,193        |       |
| Makita Corp., Ltd.                                    | 1,007 shares                                                                                           | **    | 66,512        |       |
| Mastercard, Inc.                                      | 727 shares                                                                                             | **    | 64,020        |       |
| Medtronic PLC                                         | 707 shares                                                                                             | **    | 61,346        |       |
| Medtronic PLC                                         | 1,901 shares                                                                                           | **    | 164,950       |       |
| Merck & Co., Inc.                                     | 5,135 shares                                                                                           | **    | 295,827       |       |
| Metlife, Inc.                                         | 4,620 shares                                                                                           | **    | 184,015       |       |
| Microsoft Corp.                                       | 6,602 shares                                                                                           | **    | 337,824       |       |
| Mitsubishi EST ADR                                    | 1,810 shares                                                                                           | **    | 33,060        |       |
| Mondelez International, Inc.                          | 4,199 shares                                                                                           | **    | 191,096       |       |
| Monotaro Co., Ltd. ADR                                | 1,244 shares                                                                                           | **    | 40,547        |       |
| Monster Beverage Corp.                                | 585 shares                                                                                             | **    | 94,015        |       |
| MTN Group, Ltd. Spons ADR                             | 3,013 shares                                                                                           | **    | 29,347        |       |
| Naspers Limited ADR                                   | 5,350 shares                                                                                           | **    | 82,069        |       |
| National Oilwell Varco, Inc.                          | 893 shares                                                                                             | **    | 30,049        |       |
| Nestle Spon ADR Rep Reg SHR                           | 1,666 shares                                                                                           | **    | 128,798       |       |
| Nextera Energy, Inc.                                  | 2,535 shares                                                                                           | **    | 330,564       |       |
| Nike, Inc.                                            | 700 shares                                                                                             | **    | 38,640        |       |
| Novartis AG ADR                                       | 1,564 shares                                                                                           | **    | 129,046       |       |
| Novo Nordisk A/S ADR                                  | 1,138 shares                                                                                           | **    | 61,202        |       |
| Now, Inc.                                             | 1,118 shares                                                                                           | **    | 20,281        |       |
| Nuance Communications, Inc.                           | 1,955 shares                                                                                           | **    | 30,557        |       |
| Nucor Corporation                                     | 1,676 shares                                                                                           | **    | 82,811        |       |
| Occidental Petroleum Corp. DE                         | 672 shares                                                                                             | **    | 50,776        |       |
| Park24 Co. Ltd.                                       | 1,444 shares                                                                                           | **    | 49,876        |       |
| Paypal Hldgs., Inc.                                   | 2,418 shares                                                                                           | **    | 88,282        |       |
| Pentair PLC                                           | 694 shares                                                                                             | **    | 40,453        |       |
| Pepsico, Inc.                                         | 1,880 shares                                                                                           | **    | 199,167       |       |
| Pfizer, Inc.                                          | 7,110 shares                                                                                           | **    | 250,343       |       |
| Philip Morris International, Inc.                     | 2,750 shares                                                                                           | **    | 279,730       |       |
| Priceline Grp., Inc.                                  | 64 shares                                                                                              | **    | 79,898        |       |
| Prudential PLC ADR                                    | 2,380 shares                                                                                           | **    | 80,944        |       |
| Qualcomm, Inc.                                        | 1,714 shares                                                                                           | **    | 91,819        |       |
| Raytheon Co.                                          | 3,030 shares                                                                                           | **    | 411,929       |       |
| Red Electrica Corp.                                   | 2,821 shares                                                                                           | **    | 50,369        |       |
| Relx PLC Sponsored ADR                                | 3,025 shares                                                                                           | **    | 56,568        |       |

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| Roche Holdings ADR                                    | 4,034 shares                                                                                           | **    | 132,920       |       |
| Royal Dutch Shell PLC CL B                            | 3,755 shares                                                                                           | **    | 210,280       |       |
| Royal Dutch Shell PLC CL B                            | 2,095 shares                                                                                           | **    | 117,320       |       |
| Royal Dutch Shell PLC (RDSA)                          | 1,257 shares                                                                                           | **    | 69,412        |       |
| Royal KPN NV Spons ADR                                | 8,413 shares                                                                                           | **    | 31,044        |       |
| Ryanair Holdings PLC ADR                              | 553 shares                                                                                             | **    | 38,456        |       |
| Ryohin Keikaku Co. Ltd., ADR                          | 871 shares                                                                                             | **    | 42,230        |       |
| Sampo OYJ Un-sponsored ADR                            | 2,325 shares                                                                                           | **    | 47,302        |       |
| SAP AG                                                | 1,338 shares                                                                                           | **    | 100,377       |       |
| Sasol, Ltd., Sponsored ADR                            | 1,137 shares                                                                                           | **    | 30,835        |       |
| Schlumberger, Ltd.                                    | 1,039 shares                                                                                           | **    | 82,164        |       |
| Seagate Technology PLC                                | 2,989 shares                                                                                           | **    | 72,812        |       |
| Seven & I Holdings Co., Ltd., ADR                     | 2,565 shares                                                                                           | **    | 53,480        |       |
| Shire PLC ADR                                         | 404 shares                                                                                             | **    | 74,368        |       |
| Signet Jewelers, Ltd.                                 | 380 shares                                                                                             | **    | 31,316        |       |
| Softbank Corp. Un-sponsored ADR                       | 2,432 shares                                                                                           | **    | 68,339        |       |
| Sonova Holdings AG Un-sponsored ADR                   | 1,511 shares                                                                                           | **    | 40,004        |       |
| Sony Corp. ADR                                        | 1,512 shares                                                                                           | **    | 44,377        |       |
| Starbucks Corp.                                       | 1,066 shares                                                                                           | **    | 60,890        |       |
| Starz Series A                                        | 375 shares                                                                                             | **    | 11,220        |       |
| Sumitomo Mitsui Financial Group, Inc.                 | 9,662 shares                                                                                           | **    | 55,267        |       |
| Swedbank AB Spons ADR                                 | 2,150 shares                                                                                           | **    | 45,129        |       |
| Symrise AG Un-sponsored ADR                           | 2,696 shares                                                                                           | **    | 46,115        |       |
| Sysmex Corp. Un-sponsored ADR                         | 2,171 shares                                                                                           | **    | 73,727        |       |
| Taiwan Semiconductor Mfg. Co., Ltd ADR                | 5,644 shares                                                                                           | **    | 148,042       |       |
| TE Connectivity, Ltd.                                 | 1,937 shares                                                                                           | **    | 110,622       |       |
| Telenor ASA ADS                                       | 2,241 shares                                                                                           | **    | 37,111        |       |
| Tenaris S.A.                                          | 1,255 shares                                                                                           | **    | 36,194        |       |
| Teva Pharmaceuticals ADR                              | 1,283 shares                                                                                           | **    | 64,445        |       |
| Thermo Fisher Scientific                              | 902 shares                                                                                             | **    | 133,280       |       |
| TJX Cos., Inc.                                        | 1,307 shares                                                                                           | **    | 100,940       |       |
| Travelers Companies, Inc.                             | 1,940 shares                                                                                           | **    | 230,938       |       |
| Turkiye Garanti Bankasi                               | 13,800 shares                                                                                          | **    | 36,018        |       |
| Twitter, Inc.                                         | 5,720 shares                                                                                           | **    | 96,725        |       |
| Tyco International PLC                                | 2,145 shares                                                                                           | **    | 91,377        |       |
| Unilever NV NY                                        | 6,450 shares                                                                                           | **    | 302,763       |       |
| Unilever PLC ADS                                      | 1,511 shares                                                                                           | **    | 72,392        |       |
| Unilever PLC ADS                                      | 1,300 shares                                                                                           | **    | 62,283        |       |
| United Parcel Service, Inc.                           | 1,667 shares                                                                                           | **    | 179,569       |       |
| Unitedhealth Group, Inc.                              | 1,775 shares                                                                                           | **    | 250,630       |       |
| Valeo Sponsored ADR                                   | 2,181 shares                                                                                           | **    | 48,843        |       |
| Vertex Pharmaceuticals                                | 718 shares                                                                                             | **    | 61,762        |       |

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| Vinci SA ADR                                          | 2,731 shares                                                                                           | **    | 48,366        |       |
| Visa, Inc.                                            | 2,371 shares                                                                                           | **    | 175,857       |       |
| Vivendi SA Un-sponsored ADR                           | 1,636 shares                                                                                           | **    | 30,773        |       |
| Vodafone Group PLC                                    | 3,954 shares                                                                                           | **    | 122,139       |       |
| Walgreens Boots Alliance, Inc.                        | 2,100 shares                                                                                           | **    | 174,867       |       |
| Weatherford International, Inc.                       | 11,437 shares                                                                                          | **    | 63,475        |       |
| Wells Fargo & Co.                                     | 4,350 shares                                                                                           | **    | 205,886       |       |
| Welltower, Inc.                                       | 3,050 shares                                                                                           | **    | 232,319       |       |
| Western Digital Corporation                           | 1,776 shares                                                                                           | **    | 83,934        |       |
| Wolseley PLC Jersey Sponsored ADR                     | 11,618 shares                                                                                          | **    | 59,949        |       |
| Wolters Kluwer NV Sponsored ADR                       | 1,463 shares                                                                                           | **    | 59,734        |       |
| Worldpay Group PLC ADR                                | 2,663 shares                                                                                           | **    | 28,630        |       |
| WPP PLC Sponsored New ADR                             | 1,060 shares                                                                                           | **    | 110,791       |       |
| 3M Company                                            | 1,500 shares                                                                                           | **    | 262,680       |       |
| <b>Total common stocks</b>                            |                                                                                                        |       | 21,558,577    |       |
| <b>Preferred stocks</b>                               |                                                                                                        |       |               |       |
| Aegon NV Series 1                                     | 1,178 shares                                                                                           | **    | 29,203        |       |
| Aegon NV 6.375%                                       | 1,309 shares                                                                                           | **    | 34,453        |       |
| Alexandria Real Estate                                | 464 shares                                                                                             | **    | 12,251        |       |
| Allstate Corp (ALL.F)                                 | 496 shares                                                                                             | **    | 14,106        |       |
| Allstate Corp Dep (ALL.C)                             | 959 shares                                                                                             | **    | 26,996        |       |
| Allstate Corp 5.625% (ALL.A)                          | 488 shares                                                                                             | **    | 13,181        |       |
| Allstate Corp 6.625% (ALL.E)                          | 1,518 shares                                                                                           | **    | 43,278        |       |
| Arch Capital Group, Ltd. 6.75% (ARH.C)                | 1,502 shares                                                                                           | **    | 39,863        |       |
| Axis Capital Holdings, Ltd. 5.5% (AXS.D)              | 983 shares                                                                                             | **    | 26,020        |       |
| Axis Capital Holdings, Ltd. 6.875% (AXS.C)            | 1,350 shares                                                                                           | **    | 35,384        |       |
| Bank New York Mellon 5.2% (BK.C)                      | 3,201 shares                                                                                           | **    | 84,794        |       |
| Bank of America Corp. 6.625% (BAC.I)                  | 1,093 shares                                                                                           | **    | 29,424        |       |
| Bank of America Corp. 6.625% (BAC.W)                  | 3,442 shares                                                                                           | **    | 94,311        |       |
| Bank of America Corp. 6.5% (BAC.Y)                    | 3,854 shares                                                                                           | **    | 104,520       |       |
| Bank of America Corp. 6.0% (BAC.A)                    | 1,133 shares                                                                                           | **    | 29,503        |       |
| Bank of America Corp. 6.2% (BAC.C)                    | 907 shares                                                                                             | **    | 23,809        |       |
| BB&T Corp. 5.2% (BBT.G)                               | 1,638 shares                                                                                           | **    | 42,424        |       |
| BB&T Corp. 5.625% (BBT.E)                             | 3,574 shares                                                                                           | **    | 94,175        |       |
| BB&T Corp. 5.85% (BBT.D)                              | 875 shares                                                                                             | **    | 23,546        |       |
| BB&T Corp. 5.625% (BBT.H)                             | 339 shares                                                                                             | **    | 8,950         |       |
| BB&T Corp. 5.2% (BBT.F)                               | 546 shares                                                                                             | **    | 14,065        |       |
| Capital One Financial 6% (COF.P)                      | 3,613 shares                                                                                           | **    | 95,311        |       |
| Capital One Financial 6.7% (COF.D)                    | 1,126 shares                                                                                           | **    | 31,866        |       |
| Capital One 6.25% (COF.C)                             | 1,074 shares                                                                                           | **    | 29,019        |       |
| Charles Schwab Corp. 6% (SCHW.B)                      | 988 shares                                                                                             | **    | 26,577        |       |

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| Charles Schwab Corp. 5.95% (SCHW.D)                   | 665 shares                                                                                             | **    | 17,849        |       |
| Citigroup, Inc. 5.8% (C.C)                            | 1,711 shares                                                                                           | **    | 45,085        |       |
| Citigroup, Inc. 6.875% (C.L)                          | 1,664 shares                                                                                           | **    | 46,193        |       |
| Citigroup, Inc. 6.875% (C.K)                          | 3,333 shares                                                                                           | **    | 94,824        |       |
| Citigroup, Inc. 7.125% (C.J)                          | 1,273 shares                                                                                           | **    | 36,675        |       |
| Deutsche Bank 6.55% (DXB)                             | 1,399 shares                                                                                           | **    | 34,695        |       |
| Digital Realty TR Inc. 5.875%, (DLR.G)                | 492 shares                                                                                             | **    | 12,703        |       |
| Digital Realty TR Inc. 7.0%, (DLR.E)                  | 608 shares                                                                                             | **    | 15,461        |       |
| Digital Realty TR Inc. 6.625%, (DLR.F)                | 435 shares                                                                                             | **    | 11,514        |       |
| Digital Realty TR Inc. 7.375%, (DLR.H)                | 491 shares                                                                                             | **    | 14,214        |       |
| Gabelli Dividend & Income 5.25%, (GABDZ)              | 2,000 shares                                                                                           | **    | 50,000        |       |
| Goldman Sachs Group, Inc. 6.3% (GS.N)                 | 546 shares                                                                                             | **    | 14,726        |       |
| Goldman Sachs Group, Inc. 6.375% (GS.K)               | 1,848 shares                                                                                           | **    | 51,559        |       |
| Goldman Sachs Group, Inc. 5.50% (GS.J)                | 3,502 shares                                                                                           | **    | 92,733        |       |
| Goldman Sachs Group, Inc. 5.95% (GS.I)                | 537 shares                                                                                             | **    | 14,053        |       |
| Hospitality PPTYS (HPT.D)                             | 1,191 shares                                                                                           | **    | 30,680        |       |
| ING Groep NV 6.375% (ISF)                             | 1,111 shares                                                                                           | **    | 28,886        |       |
| ING Groep NV 6.125% (ISG)                             | 675 shares                                                                                             | **    | 17,381        |       |
| JP Morgan Chase & Co. 5.45% (JPM.A)                   | 2,091 shares                                                                                           | **    | 54,638        |       |
| JP Morgan Chase & Co. 6.3% (JPM.E)                    | 1,315 shares                                                                                           | **    | 35,807        |       |
| JP Morgan Chase & Co. 5.5% (JPM.D)                    | 3,210 shares                                                                                           | **    | 83,171        |       |
| JP Morgan Chase & Co. 6.125% (JPM.F)                  | 1,434 shares                                                                                           | **    | 38,431        |       |
| JP Morgan Chase & Co. 6.70% (JPM.B)                   | 1,633 shares                                                                                           | **    | 46,116        |       |
| JP Morgan Chase & Co. 6.15% (JPM.H)                   | 434 shares                                                                                             | **    | 11,610        |       |
| Kimco Realty Corp. 5.50% (KIM.J)                      | 470 shares                                                                                             | **    | 12,145        |       |
| Kimco Realty Corp. 5.625% (KIM.K)                     | 490 shares                                                                                             | **    | 12,671        |       |
| Kimco Realty Corp. 6.0% (KIM.I)                       | 1,314 shares                                                                                           | **    | 34,138        |       |
| * Morgan Stanley Series A (MS.A)                      | 977 shares                                                                                             | **    | 20,224        |       |
| * Morgan Stanley Series 6.625% (MS.G)                 | 2,310 shares                                                                                           | **    | 63,179        |       |
| * Morgan Stanley Series 6.875% (MS.F)                 | 1,164 shares                                                                                           | **    | 33,453        |       |
| * Morgan Stanley Series 7.125% (MS.E)                 | 2,304 shares                                                                                           | **    | 68,360        |       |
| National Genl. Hldg. Corp. 7.5% (NTTNP)               | 5,000 shares                                                                                           | **    | 125,000       |       |
| National Retail Property 6.625% (NNN.D)               | 1,120 shares                                                                                           | **    | 29,344        |       |
| National Retail Property 5.70% (NNN.E)                | 989 shares                                                                                             | **    | 26,406        |       |
| PNC Financial 6.125% FLTS 5/1/22 (PNC.P)              | 4,951 shares                                                                                           | **    | 149,966       |       |
| PS Business Parks, Inc. 5.75% (PSB.U)                 | 291 shares                                                                                             | **    | 7,499         |       |
| PS Business Parks, Inc. 6.45% (PSB.S)                 | 841 shares                                                                                             | **    | 21,656        |       |
| PS Business Parks, Inc. 6.00% (PSB.T)                 | 1,362 shares                                                                                           | **    | 35,548        |       |
| Public Storage 6.375% (PSA.R)                         | 454 shares                                                                                             | **    | 11,432        |       |
| Public Storage 5.20% (PSA.X)                          | 289 shares                                                                                             | **    | 7,580         |       |
| Public Storage 5.375% (PSA.V)                         | 468 shares                                                                                             | **    | 12,205        |       |
| Public Storage 5.625% (PSA.U)                         | 457 shares                                                                                             | **    | 12,115        |       |

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| Public Storage 5.75% (PSA.T)                          | 1,497 shares                                                                                           | **    | 39,566        |       |
| Public Storage 5.875% (PSA.A)                         | 315 shares                                                                                             | **    | 8,700         |       |
| Public Storage 5.90% (PSA.S)                          | 1,249 shares                                                                                           | **    | 32,449        |       |
| Public Storage 6.375% (PSA.Y)                         | 587 shares                                                                                             | **    | 16,571        |       |
| Public Storage 6.0% (PSA.Z)                           | 820 shares                                                                                             | **    | 23,116        |       |
| Realty Income Corp. 6.625% (O.F)                      | 1,533 shares                                                                                           | **    | 40,211        |       |
| Regency Centers Co. PFD Ser 7 (REG.G)                 | 289 shares                                                                                             | **    | 7,566         |       |
| Regency Centers Co. Ser 6 (REG.F)                     | 855 shares                                                                                             | **    | 22,256        |       |
| Regions Financial Co. 6.375% (RF.B)                   | 1,357 shares                                                                                           | **    | 38,172        |       |
| Renaissancere Holdings 5.375% (RNR.E)                 | 1,010 shares                                                                                           | **    | 26,351        |       |
| Renaissancere 6.08% (RNR.C)                           | 203 shares                                                                                             | **    | 5,240         |       |
| Royal Bank Scotland Group 5.75% (RBS.L)               | 4,023 shares                                                                                           | **    | 99,730        |       |
| Royal Bank Scotland Group 6.60% (RBS.S)               | 796 shares                                                                                             | **    | 19,932        |       |
| Royal Bank Scotland Group 7.25% (RBS.T)               | 352 shares                                                                                             | **    | 8,874         |       |
| SCE Trust 5.45% (SCE.K)                               | 324 shares                                                                                             | **    | 9,250         |       |
| Schwab Charles Corp. Series C (SCHW.C)                | 2,661 shares                                                                                           | **    | 72,592        |       |
| State Street Co. 5.90% Fxd to Flt (STT.D)             | 1,458 shares                                                                                           | **    | 41,101        |       |
| State Street Co. 5.25% (STT.C)                        | 1,716 shares                                                                                           | **    | 45,234        |       |
| State Street Co. 6.0% (STT.E)                         | 3,031 shares                                                                                           | **    | 84,565        |       |
| Suntrust Banks, Inc. 5.875% (STI.E)                   | 445 shares                                                                                             | **    | 11,708        |       |
| TCF Financial Corp. 7.5% (TCB.B)                      | 1,033 shares                                                                                           | **    | 27,289        |       |
| U.S. Bancorp PFD B (USB.H)                            | 369 shares                                                                                             | **    | 8,911         |       |
| U.S. Bancorp 5.15% (USB.O)                            | 779 shares                                                                                             | **    | 20,924        |       |
| U.S. Bancorp 6.5% FLTS 1/15/22 (USB.M)                | 1,582 shares                                                                                           | **    | 48,726        |       |
| Vornado Realty Trust 6.875% (VNO.J)                   | 565 shares                                                                                             | **    | 14,848        |       |
| Vornado Realty Trust 5.40% (VNO.L)                    | 496 shares                                                                                             | **    | 12,881        |       |
| Vornado Realty Trust 5.70% (VNO.K)                    | 628 shares                                                                                             | **    | 16,353        |       |
| Wells Fargo & Company 5.5% (WFC.X)                    | 1,163 shares                                                                                           | **    | 29,982        |       |
| Wells Fargo & Company 6.625% (WFC.R)                  | 2,329 shares                                                                                           | **    | 69,311        |       |
| Wells Fargo 5.85% Fixed to Flt (WFC.Q)                | 2,961 shares                                                                                           | **    | 81,694        |       |
| Wells Fargo 8.0% Non Cum (WFC.J)                      | 962 shares                                                                                             | **    | 26,715        |       |
| Welltower Inc. Pfd. Ser. J 6.5% (HCN.J)               | 860 shares                                                                                             | **    | 22,506        |       |
| <b>Total preferred stocks</b>                         |                                                                                                        |       | 3,622,278     |       |
| <b>Mutual funds</b>                                   |                                                                                                        |       |               |       |
| EV Floating Rate Hi Income Fund                       | 851,666.104 shares                                                                                     | **    | 7,256,195     |       |
| Principal Capital SEC S                               | 124,582.081 shares                                                                                     | **    | 1,202,217     |       |
| <b>Total mutual funds</b>                             |                                                                                                        |       | 8,458,412     |       |
| <b>Exchange-traded funds</b>                          |                                                                                                        |       |               |       |
| Proshares Ultra Real Estate                           | 1,500 shares                                                                                           | **    | 192,000       |       |
| SPDR Gold Tr. Gold Shs.                               | 2,000 shares                                                                                           | **    | 252,940       |       |

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

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

June 30, 2016

Plan No: 002

EIN: 31-1247560

| ( a )                                                 | ( b )                                                                                                  | ( c ) | ( d )         | ( e )   |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------|---------------|---------|
| Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost  | Current Value |         |
| <b>Total exchange-traded funds</b>                    |                                                                                                        |       |               | 444,940 |
| <b>Corporate debt instruments</b>                     |                                                                                                        |       |               |         |
| Aegon NV                                              | 32,825 par<br>8.0%, due 2/15/2042                                                                      | **    |               | 36,515  |
| Affiliated Managers Group, Inc.                       | 9,475 par<br>6.375%, due 8/15/2042                                                                     | **    |               | 10,112  |
| AFLAC, Inc.                                           | 44,100 par<br>5.5%, due 9/15/2052                                                                      | **    |               | 46,993  |
| Allstate Corp.                                        | 13,650 par<br>5.1%, due 1/15/2053                                                                      | **    |               | 14,704  |
| American Financial Group                              | 11,550 par<br>6.375%, due 6/12/2042                                                                    | **    |               | 12,289  |
| American Financial Group                              | 6,725 par<br>5.75%, due 8/25/2042                                                                      | **    |               | 7,016   |
| American Financial Group                              | 12,350 par<br>6.25%, due 9/30/2054                                                                     | **    |               | 13,289  |
| Comcast Corp.                                         | 24,625 par<br>5.0%, due 12/15/2061                                                                     | **    |               | 27,048  |
| DTE Energy                                            | 17,450 par<br>5.375%, due 6/1/2076                                                                     | **    |               | 18,162  |
| DTE Energy                                            | 10,725 par<br>6.5%, due 12/1/2061                                                                      | **    |               | 11,150  |
| DTE Energy                                            | 7,425 par<br>5.25%, due 12/1/2062                                                                      | **    |               | 7,669   |
| Duke Energy Corp.                                     | 19,525 par<br>5.125%, due 1/15/2073                                                                    | **    |               | 21,001  |
| Entergy Arkansas, Inc.                                | 7,350 par<br>4.75%, due 6/1/2063                                                                       | **    |               | 7,456   |
| Entergy Arkansas, Inc.                                | 7,950 par<br>4.9%, due 12/1/2052                                                                       | **    |               | 8,036   |
| Entergy Louisiana, LLC                                | 5,675 par<br>5.875%, due 6/15/2041                                                                     | **    |               | 5,777   |
| GATX Corp.                                            | 14,725 par<br>5.625%, due 5/30/2066                                                                    | **    |               | 14,807  |
| General Electric Capital Corp.                        | 54,850 par<br>4.875%, due 10/15/2052                                                                   | **    |               | 58,843  |
| General Electric Capital Corp.                        | 49,325 par<br>4.875%, due 1/29/2053                                                                    | **    |               | 54,159  |
| General Electric Capital Corp.                        | 49,325 par<br>4.7%, due 5/16/2053                                                                      | **    |               | 52,304  |
| Hartford Financial Services Group                     | 27,400 par                                                                                             | **    |               | 34,535  |

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|       | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost  | Current Value |
|       |                                                       | 7.875%, due 4/15/2042                                                                                  |       |               |
|       | Nextera Energy Capital Holdings, Inc.                 | 10,200 par                                                                                             | **    | 10,686        |
|       |                                                       | 5.0%, due 1/15/2073                                                                                    |       |               |
|       | Nextera Energy Capital Holdings, Inc.                 | 24,800 par                                                                                             | **    | 26,060        |
|       |                                                       | 5.125%, due 11/15/2072                                                                                 |       |               |
|       | Nextera Energy Capital Holdings, Inc.                 | 11,150 par                                                                                             | **    | 11,623        |
|       |                                                       | 5.625%, due 6/15/2072                                                                                  |       |               |
|       | Nextera Energy Capital Holdings, Inc.                 | 34,825 par                                                                                             | **    | 35,786        |
|       |                                                       | 5.25%, due 6/1/2076                                                                                    |       |               |
|       | Nextera Energy Capital Holdings, Inc.                 | 11,775 par                                                                                             | **    | 12,519        |
|       |                                                       | 5.7%, due 3/1/2072                                                                                     |       |               |
|       | PPL Capital Funding, Inc.                             | 7,575 par                                                                                              | **    | 8,151         |
|       |                                                       | 5.9%, due 4/30/2073                                                                                    |       |               |
|       | Protective Life Corp.                                 | 20,350 par                                                                                             | **    | 21,872        |
|       |                                                       | 6.25%, due 5/15/2042                                                                                   |       |               |
|       | Prudential Financial, Inc.                            | 24,125 par                                                                                             | **    | 25,920        |
|       |                                                       | 5.75%, due 12/15/2052                                                                                  |       |               |
|       | Prudential Financial, Inc.                            | 31,875 par                                                                                             | **    | 33,992        |
|       |                                                       | 5.7%, due 3/15/2053                                                                                    |       |               |
|       | Qwest Corp.                                           | 40,250 par                                                                                             | **    | 42,858        |
|       |                                                       | 7.375%, due 6/1/2051                                                                                   |       |               |
|       | Qwest Corp.                                           | 35,575 par                                                                                             | **    | 36,756        |
|       |                                                       | 7.5%, due 9/15/2051                                                                                    |       |               |
|       | Qwest Corp.                                           | 16,150 par                                                                                             | **    | 16,815        |
|       |                                                       | 7.0%, due 4/1/2052                                                                                     |       |               |
|       | Qwest Corp.                                           | 10,425 par                                                                                             | **    | 10,871        |
|       |                                                       | 7.0%, due 7/1/2052                                                                                     |       |               |
|       | Raymond James Financial                               | 13,075 par                                                                                             | **    | 13,807        |
|       |                                                       | 6.9%, due 3/15/2042                                                                                    |       |               |
|       | Reinsurance Group America, Inc.                       | 14,400 par                                                                                             | **    | 17,142        |
|       |                                                       | 6.2%, due 9/15/2042                                                                                    |       |               |
|       | Senior Housing Property Trust                         | 30,500 par                                                                                             | **    | 31,122        |
|       |                                                       | 5.625%, due 8/1/2042                                                                                   |       |               |
|       | Senior Housing Properties                             | 10,775 par                                                                                             | **    | 11,344        |
|       |                                                       | 6.25%, due 2/1/2046                                                                                    |       |               |
|       | Stanley Black & Decker                                | 42,725 par                                                                                             | **    | 45,203        |
|       |                                                       | 5.75%, due 7/25/2052                                                                                   |       |               |
|       | The Southern Co.                                      | 11,125 par                                                                                             | **    | 12,407        |
|       |                                                       | 6.25%, due 10/15/2075                                                                                  |       |               |
|       | Torchmark Corp.                                       | 14,375 par                                                                                             | **    | 14,703        |
|       |                                                       | 5.875%, due 12/15/2052                                                                                 |       |               |
|       | Ventas Realty LP/Capital Corp.                        | 28,525 par                                                                                             | **    | 31,606        |

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June 30, 2016

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|       | Verizon Communications                                | 5.45%, due 3/15/2043<br>63,325 par                                                                     | **    | 69,658        |
|       | W.R. Berkley Corp.                                    | 5.9%, due 2/15/2054<br>28,625 par                                                                      | **    | 29,186        |
|       | W.R. Berkley Corp.                                    | 5.625%, due 4/30/2053<br>43750 par                                                                     | **    | 44,415        |
|       |                                                       | 5.75%, due 6/1/2056                                                                                    |       |               |
|       | <b>Total corporate debt instruments</b>               |                                                                                                        |       | 1,076,367     |
|       | <b>Annuities</b>                                      |                                                                                                        |       |               |
|       | Metlife Annual Renewable Fixed                        |                                                                                                        | **    | 1,497,621     |
|       | Metlife Annual Renewable Fixed                        |                                                                                                        | **    | 748,386       |
|       | Jackson National Variable                             |                                                                                                        | **    | 556,491       |
|       | Jackson National Variable                             |                                                                                                        | **    | 530,056       |
|       | <b>Total annuities</b>                                |                                                                                                        |       | 3,332,554     |
|       | <b>Total investments</b>                              |                                                                                                        |       | \$ 43,001,884 |

\* Party-in-interest as defined by ERISA.

\*\* Information not available.