Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information						
For cale	ndar plan year 2016 or fisc	cal plan year beginning 01/01/2016		and ending 12/31/2016		
A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)						
		a single-employer plan	a DFE (specif	· · —		
B This	return/report is:	the first return/report	the final return	•		
		an amended return/report	a short plan y	rear return/report (less than 12 m	onths)	
C If the	plan is a collectively-barg	ained plan, check here				•
D Check box if filing under: ☐ automatic extension				the	e DFVC program	
	special extension (enter description)					
Part II	Basic Plan Infor	mation—enter all requested informa	ition			
	ne of plan	·			1b	Three-digit plan
MECHA	NICAL DYNAMICS AND	ANALYSIS, LTD WELFARE PLAN			<u> </u>	number (PN) ▶ 504
						Effective date of plan 01/01/2014
Mail	ing address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O. Bo: , country, and ZIP or foreign postal co		ructions)	2b	Employer Identification Number (EIN) 20-3400458
,	NICAL DYNAMICS AND A	, ,,	ac (e.e.g, eeee.		2c	Plan Sponsor's telephone number 518-399-3616
19 BRITISH AMERICAN BLVD LATHAM, NY 12110 19 BRITISH AMERICAN BLVD LATHAM, NY 12110				2d	Business code (see instructions) 811310	
Caution	: A penalty for the late o	r incomplete filing of this return/rep	ort will be assessed	unless reasonable cause is es	stablis	shed.
Under pe	enalties of perjury and oth	er penalties set forth in the instructions ell as the electronic version of this retu	s, I declare that I have	e examined this return/report, incl	uding	accompanying schedules,
SIGN	Filed with authorized/valid	d electronic signature.	10/09/2017	JILL FELDMAN		
HERE	Signature of plan adm	inistrator	Date	Enter name of individual signi	ng as	plan administrator
SIGN	Filed with authorized/valid		10/09/2017	ANN UMLAUF		
HERE	Signature of employer		Date	Enter name of individual signi	ial signing as employer or plan sponsor	
	o.ga.a.e o. op.o.o.	practice:	Date	Enter Harne of marriadar eigin	ng ao	omployer or plan operioor
SIGN						
HERE	Signature of DFE		Date	Enter name of individual signi	ing as	DEE
Preparei	•	me, if applicable) and address (include				telephone number

Form 5500 (2016) Page **2**

3a	Plan administrator's name and address X Same as Plan Sponsor		3b Ad	ministrator's EIN
				ministrator's telephone mber
4 a	If the name and/or EIN of the plan sponsor has changed since the last return EIN and the plan number from the last return/report: Sponsor's name	report filed for this plan, enter the name,	4b EII	
_				
5 6	Total number of participants at the beginning of the plan year Number of participants as of the end of the plan year unless otherwise stated	d (welfare plans complete only lines 6a(1),	5	378
	6a(2), 6b, 6c, and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	378
a(2) Total number of active participants at the end of the plan year		6a(2)	378
b	Retired or separated participants receiving benefits		6b	0
С	Other retired or separated participants entitled to future benefits		6c	0
d	Subtotal. Add lines 6a(2), 6b, and 6c		6d	378
е	Deceased participants whose beneficiaries are receiving or are entitled to rec	ceive benefits	6e	0
f	Total. Add lines 6d and 6e		6f	378
g	Number of participants with account balances as of the end of the plan year (complete this item)		6g	
h	Number of participants that terminated employment during the plan year with less than 100% vested		6h	
7	Enter the total number of employers obligated to contribute to the plan (only		7	
b	If the plan provides pension benefits, enter the applicable pension feature could be plan provides welfare benefits, enter the applicable welfare feature cod 4A 4B 4D 4F 4H 4L	les from the List of Plan Characteristics Codes	s in the ir	
9a	Plan funding arrangement (check all that apply) (1)	9b Plan benefit arrangement (check all that (1) Insurance	at apply)	
	(2) Code section 412(e)(3) insurance contracts	(2) Code section 412(e)(3)	insuranc	e contracts
	(3) Trust	(3) Trust		
10	(4) X General assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedules are at	(4) X General assets of the sp		hed (See instructions)
		_	oci attaci	nea. (Occ manachons)
а	Pension Schedules (1) R (Retirement Plan Information)	b General Schedules (1) H (Financial Inforr	nation)	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) I (Financial Inform (3) 7 A (Insurance Inform (4) C (Service Provide	mation)	,
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) D (DFE/Participati (6) G (Financial Trans	-	

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)			
11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.)				
lf "Y€	es" is checked, complete lines 11b and 11c.			
11b Is the	e plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)			
Rece	r the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the eipt 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 eipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)			
Rece	eipt Confirmation Code			

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Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016

Insurance Information

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

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

and ending

12/31/2016

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

A Name of plan MECHANICAL DYNAMICS AND ANALYSIS, LTD WELFARE PLAN				e-digit number (PN)	504		
	Plan sponsor's name as shown on line 2a of Form 5500 ECHANICAL DYNAMICS AND ANALYSIS, LTD				D Employer Identification Number (EIN) 20-3400458		
		ning Insurance Contract Individual contracts grouped a					
1 Coverage Information:							
(a) Name of insurance ca SUN LIFE AND HEALTH IN		DMPANY					
	(c) NAIC	(d) Contract or	(e) Approximate nui		Policy or c	ontract year	
(b) EIN	code	identification number	persons covered at policy or contract		(f) From	(g) To	
06-0893662	80926	823748	350		01/01/2016	12/31/2016	
2 Insurance fee and communication descending order of the		ation. Enter the total fees and tot	al commissions paid. Lis	st in line 3	the agents, brokers, and o	ther persons in	
(a) Total a	amount of comr	missions paid	(b) Total amount of fees paid				
7809 0					0		
3 Persons receiving com		ees. (Complete as many entries					
	(a) Name a	nd address of the agent, broker,		commiss	ions or fees were paid		
AON CONSULTING INC			NETWORK PL GO, IL 60673				
(b) Amount of sales ar	nd hase	Fee	es and other commission	s paid			
commissions pai		(c) Amount	(d) Purpose		(e) Organization code		
	7809	0			3		
	(a) Name a	nd address of the agent, broker,	or other person to whom	n commiss	ions or fees were paid		
(b) Amount of sales ar	nd base	Fee	es and other commission	s paid			
commissions pai		(c) Amount	(d) Purpos	e	(e) Organization code	
For Paperwork Reductio	n Act Notice, s	see the Instructions for Form	5500.		Sche	dule A (Form 5500) 2016 v. 160205	

Schedule A (Form 5500) 2016		Page 2 – 1	
(a) No.	me and address of the agent bro	lker, er ether person to whom commissions or fees were paid	
(a) Nai	me and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Nar	me and address of the agent, bro	sker, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
	me and address of the agent, bro	sker, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nar	me and address of the agent, bro	sker, or other person to whom commissions or fees were paid	
	_		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nar	me and address of the agent, bro	oker, or other person to whom commissions or fees were paid	

(d) Purpose

(c) Amount

(b) Amount of sales and base commissions paid

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חבע	Δ	- 5
ay		•

F	art	II Investment and Annuity Contract Information				
·	u. c	Where individual contracts are provided, the entire group of such individual this report.	idual contrac	ets with each carrier may	be treated	as a unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end		4	
_		ent value of plan's interest under this contract in separate accounts at year e			5	
_		racts With Allocated Funds:			<u> </u>	
	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in co retention of the contract or policy, enter amount			6d	
		Specify nature of costs		!	'	
	е	Type of contract: (1) individual policies (2) group deferre	d annuity			
	•		a aa,			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termination	nating plan, c	heck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	aintained in s	eparate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	ate participati	on guarantee		
		(3) guaranteed investment (4) other	•			
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		>				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6))		i	7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		>	• • •			
		(E) T + 1 1 1 4			70/F)	
		(5) Total deductions			7e(5)	
	t	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7 f	

F	ane	Δ

Pa	art	III Welfare Benefit Contract Informati	on				
		If more than one contract covers the same group the information may be combined for reporting employees, the entire group of such individua	purposes if such contr	acts are expe	erience-rated as a unit	. Where co	ontracts cover individual
8	Ben	nefit and contract type (check all applicable boxes)					
	а	Health (other than dental or vision)	Dental	с□	Vision		d Life insurance
	e [Long-term disability		Supplemental unem	olovment	h Prescription drug
	• [Dioyinoni	
	' <u>'</u>	Stop loss (large deductible)	HMO contract	k∐	PPO contract		I Indemnity contract
	m	Other (specify)					
	•	perience-rated contracts:	Г	0.(4)			
	a	Premiums: (1) Amount received		9a(1)			_
		(2) Increase (decrease) in amount due but unpaid		9a(2)			
		(3) Increase (decrease) in unearned premium reserved.	_	9a(3)		02(4)	
	b	(4) Earned ((1) + (2) - (3)) Benefit charges (1) Claims paid	T T	9b(1)		9a(4)	
	D	(2) Increase (decrease) in claim reserves		9b(1) 9b(2)			_
		(3) Incurred claims (add (1) and (2))	<u> </u>			9b(3)	
		(4) Claims charged				9b(4)	
	С	Remainder of premium: (1) Retention charges (on a				02(.)	
		(A) Commissions	· · · · · · · · · · · · · · · · · · ·	9c(1)(A)			
		(B) Administrative service or other fees	l l	9c(1)(B)			
		(C) Other specific acquisition costs	ļ ·	9c(1)(C)			
		(D) Other expenses		9c(1)(D)			
		(E) Taxes		9c(1)(E)			
		(F) Charges for risks or other contingencies		9c(1)(F)			
		(G) Other retention charges		9c(1)(G)			
		(H) Total retention				9c(1)(H)	
		(2) Dividends or retroactive rate refunds. (These ar	mounts were paid in	cash, or	credited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1) A	mount held to provide b	penefits after	retirement	9d(1)	
		(2) Claim reserves				9d(2)	
		(3) Other reserves				9d(3)	
	е	Dividends or retroactive rate refunds due. (Do not i	nclude amount entered	in line 9c(2).	.)	9e	
10	No	onexperience-rated contracts:					
	а	Total premiums or subscription charges paid to care	ier			10a	44095
	b	If the carrier, service, or other organization incurred				401-	
	Sne	retention of the contract or policy, other than reporte ecify nature of costs.	ed in Part I, line 2 above	e, report amo	ount	10b	
	Орс	sony flattare or costs.					
P	art	IV Provision of Information					
		id the insurance company fail to provide any informati	on necessary to comple	ete Schedule	А? П	Yes	X No
		the answer to line 11 is "Yes," specify the information		J.O GOI IEUUIE	/ · · · · · · · · · · · · · · · · · · ·	. 00	
ıZ	ΙII	the answer to line it is it es. specify the information	HOLDIOVIGEG. 🔻				

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

		pursuant to Ef	RISA section 103(a)(2).		Inspection	
For calendar plan year 20	16 or fiscal plar	year beginning 01/01/2016	and er	nding 12/31/2016		
A Name of plan MECHANICAL DYNAMICS AND ANALYSIS, LTD WELFARE PLAN				ee-digit n number (PN)	504	
C Plan sponsor's name as shown on line 2a of Form 5500 MECHANICAL DYNAMICS AND ANALYSIS, LTD D Employer Identification Number (20-3400458					(EIN)	
	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:						
(a) Name of insurance ca	rrier					
//-> FINI	(c) NAIC	(d) Contract or	(e) Approximate number of	Policy or co	ontract year	
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	(g) To	
58-0663085	60380	58-0663085	54	01/01/2016	12/31/2016	
2 Insurance fee and communication descending order of the		ation. Enter the total fees and total	commissions paid. List in line 3	the agents, brokers, and o	ther persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid						
		6310			388	
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	as needed to report all persons).			
	(a) Name a	nd address of the agent, broker, o	•	sions or fees were paid		
JOAN BUTLER		STE 3 #	ESTERN AVE 162 7, NY 12203			
(b) Amount of sales ar	nd hase	Fees	and other commissions paid			
commissions pai		(c) Amount	(d) Purpos	е	(e) Organization code	
1698		135			3	
	(a) Name a	nd address of the agent, broker, o	or other person to whom commiss	sions or fees were paid		
SHAWN TORRES		19749 W	ESTOVER AVE RIVER, OH 44116	·		
(b) Amount of sales ar	nd hase	Fees	and other commissions paid			
commissions pai		(c) Amount	(d) Purpos	e	(e) Organization code	
	938	162			3	
For Donomiconto Dodicatio	n Act Notice	soo the Instructions for Form El	500	Caha	dula A /Farm FEOO) 2016	

Schedule A (Form 5500) 2016		Page 2 – 1	
(a) Name a	nd address of the agent, broker	, or other person to whom commissions or fees were paid	
JOHN SHERELS		DX 755 FIELD, OH 44901	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
589	0		3
(a) Name a	nd address of the agent, broker	, or other person to whom commissions or fees were paid	•
JOSEPH KING		SANDALWOOD CREEK CT COE, MO 63038	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
416	13		3
BETH SERFILIPPI	8 HILL	, or other person to whom commissions or fees were paid STONE CT STON LAKE, NY 12019	
			(a)
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
410	20		3
(a) Name a	nd address of the agent, broker	, or other person to whom commissions or fees were paid	
DANIEL HARDWICK	522 BI	ENNINGTON DRIVE FIELD, OH 44904	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
253	0		3
(a) Nama a	ad addrage of the agent broker	or other person to whom commissions or fees were said	
JEREMY ALFORD	11628	, or other person to whom commissions or fees were paid NW 9TH LN ESVILLE, FL 32606	

(d) Purpose

(c) Amount

(b) Amount of sales and base commissions paid

Page 2 –	2	
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(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
JACKEY MCBRAYER		I MIMOSA SPRING DR	
	TOME	BALL, TX 77377	
		Fees and other commissions paid	(e)
(b) Amount of sales and base		·	Organization
commissions paid	(c) Amount	(d) Purpose	code
195	0		3
(a) Nar	ne and address of the agent, broke	r, or other person to whom commissions or fees were paid	
DARRYL YOUNG		GOLD CITY RD	
DARRETE TOOKS		IKLIN, KY 42134	
		Fees and other commissions paid	(e)
(b) Amount of sales and base		·	Organization
commissions paid	(c) Amount	(d) Purpose	code
152	0		3
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
STUART SCHNIRMAN		STILMORE RD	
		TH EUCLID, OH 44121	
		Fees and other commissions paid	(e)
(b) Amount of sales and base		·	Organization
commissions paid	(c) Amount	(d) Purpose	code
150	0		3
(a) Nar	me and address of the agent broker	r, or other person to whom commissions or fees were paid	
JANINE FOX		HARMONY MILLS WEST	
SAMINE I OX		DES, NY 12047	
		Fees and other commissions paid	(0)
(b) Amount of sales and base		rees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
144	18		3
		r, or other person to whom commissions or fees were paid	
HENSLEY AND ASSOCIATES LLC		SCHROCK RD STE 201 JMBUS, OH 43229	
	COLC	NNB03, 011 43229	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
133	27		3
		1	<u> </u>

(a) Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
CATHERINE HALLIGAN	APT 5	CHESTER RD 503 I, OH 44011	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
124	0		3
(a) Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
ANGEL HILL	520 E STE B	FORT KING ST	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
112	0		3
(a) Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
JOSEPH GUNTHER	LAKE	BBOTTSFORD CT ST LOUIS, MO 63367	(a)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code 3
)
(a) Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
MARC J HAIRE	9885 (GREENHAVEN PARKWAY KSVILLE, OH 44141	
424		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
78	0		3
(a) Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
A C LONG & ASSOCIATES INC		MEDINA RD STE 500 NA, OH 44256	
(h) Amount of calca and have		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
73	0		3

Page	2 –	4	
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(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
CRP BENEFIT SERVICES INC		LOMBARDO CENTER STE 145 N HILLS, OH 44131	
	SEVE	N FILLS, OF 44131	
		Face and other commissions paid	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
71	0		3
		r, or other person to whom commissions or fees were paid	
SHELLY BALL		DUTENBURG DR VALK, OH 44857	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization code
commissions paid 66	0	(1)	3
(a) Nar	ne and address of the agent broker	r, or other person to whom commissions or fees were paid	
VICKI DICKERT		EAVIEW AVE	
	DAYT	ONA BEACH, FL 32118	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
56	0		3
(a) Nar		, or other person to whom commissions or fees were paid	
MICHAEL ELLIS		ARRICK PL LON, MO 63368	
	OTAL	2514, 1810 03300	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid 55	0	(a) i diposo	code 3
33	· ·		3
(a) Nor	no and address of the agent, broken	, or other person to whom commissions or fees were paid	
ALEXANDER MIRO		S 6TH ST STE 110	
7.EE70 (14B E17 MILEO		LOUIS, MO 63104	
(b) Amount of calca and hass		Fees and other commissions paid	(e) Organization
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	code
50	0		3

Page 2 -	5	
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(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
MARYANN MCBRAYER		MIMOSA SPRING DR BALL, TX 77377	
	TOME	DALL, IX II SII	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
49	0		3
		r, or other person to whom commissions or fees were paid	
BRADLEY JONES		RITISH AMERICAN BLVD WEST AM, NY 12110	
(In) Assessment of a class and have		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
43	0		3
		r, or other person to whom commissions or fees were paid	
TIMOTHY QUINLAN		EMICONON LN REW, PA 16053	
			T
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
37	0		3
(a) Nar		r, or other person to whom commissions or fees were paid W TRUMAN BLVD	
VANDEGRIFFE INC		ERSON CITY, MO 65109	
			T
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
30	3		3
(-) No.			
BETH KIMBROUGH		r, or other person to whom commissions or fees were paid N ANDREWS AVE	
BETT KINDROGOTT	STE 2	200	
	FILA	UDERDALE, FL 33309	
		From and other consists of the	1-3
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
24	0		3
			i e

Page 2 –	6	
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(a) Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
MERCEDES NOBLE REYES		WATERBURY RD WOOD, OH 44107	
	LAKE	WOOD, OH 44107	
		Coopend other commissions said	(0)
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
22	0		3
		, or other person to whom commissions or fees were paid	
MAKOWSKI INS AGCY INC		WOODCHIP LN NDVIEW HTS, OH 44147	
	Ditto.	3 12 17 17 17	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid		(u) Fulpose	code
11	0		3
		, or other person to whom commissions or fees were paid	
HARE AND ASSOCIATES LLC		LDE WORTHINGTON RD STE 250 ERVILLE, OH 43082	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
8	0	, , .	3
	· ·		
(a) Na	me and address of the agent broker	, or other person to whom commissions or fees were paid	
MICHAEL GRASS		KINGSLAND BLVD STE 105	
		, TX 77450	
(h) Amount of sales and base		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
7	0		3
(a) Nar	me and address of the agent, broker	, or other person to whom commissions or fees were paid	
KEVIN MURPHY	11 WI	LLOWBROOK TERRACE	
	CLIFT	ON PARK, NY 12065	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
3	0		3

(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
OPPORTUNITY INC	9404 V BROA	WOODCHIP LN ADVIEW HEIGHTS, OH 44147	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
3	2		3
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
KELLY IRVINE	4480 (GOLDEN LAKE DR ISOTA, FL 34233	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
2	0		3
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
ROBERTA DICKINSON	PO BO	OX 360277 NGSVILLE, OH 44136	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
2	0		3
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	·
JACK SHADE	690 TI	REE BEND CT TERVILLE, OH 43082	
(1) A		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
1	3		3
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	·
JOHN SUSIE	8682 I	HAWICK CT N IN, OH 43017	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
1	2		3

Page 2 ·	8	
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(a) Nar	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
DARREN BRUNO		STONE LAKE DR IN, OH 43016	
	DOBL	IN, 01143010	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
1	0		3
JOHN BACON		r, or other person to whom commissions or fees were paid LEIGHTON HOLLOW DR	
JOHN BACON		DENNE PRAIRIE, MO 63368	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
1	0		3
(a) Nar	ne and address of the agent broker	r, or other person to whom commissions or fees were paid	
TYSON FUNK		ROWN POINTE TERRACE CT	
	WILD	WOOD, MO 63021	
			<u> </u>
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
1	0		3
	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
KEVIN MCINERNEY	580 W	/HITE PLAINS RD STE 600 YTOWN, NY 10591	
	TAKK	110001, 101 10391	
		Fees and other commissions paid	(e)
(b) Amount of sales and base		·	Organization
commissions paid	(c) Amount	(d) Purpose	code
1	0		3
-		r, or other person to whom commissions or fees were paid	
MAEDE MILLER		ROOLL DALE TRAIL ROE, TX 77385	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(c) Amount	(a) i dipose	code 3
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(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid		
KIM SMITH		DEERWOOD LAKE DR BLE, TX 77346		
		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
1	0		3	
(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid		
PRENTISS CASTLE JR		B PENGUIN STREET NOLIA, TX 77355		
		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
1	0		3	
(a) Nai	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	•	
CHERISE WADE	4003 I CAPE	NE 23RD PL CORAL, FL 33909		
(b) Amount of sales and base		Fees and other commissions paid	(e)	
commissions paid	(c) Amount	(d) Purpose	Organization code	
1	0		3	
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid		
JAMES MIRABELLI	APT 8	V MIZNER BLVD 843 A RATON, FL 33432		
		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
1	0		3	
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid		
KEVIN MCCARTHY	197 L	ANG DR TH KINGSTOWN, RI 02852		
		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
1	1		3	
		L		

Schedule A	(Form	5500)	2016
Scriedule A	(FOIIII	5500) ZU IC

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

81 GRAND MERIDIEN FRST

CHESTERFIELD, MO 63005

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	Ī	Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
1	0		3
(a) Nar	me and address of the agent, broker,	or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(c) Amount	(u) i dipose	code
(a) Nar	me and address of the agent, broker,	or other person to whom commissions or fees were paid	
(b) Amount of sales and base	F	Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nar	me and address of the agent broker	or other person to whom commissions or fees were paid	
(a) Ivai	ne and address of the agent, broker,	of other person to whom commissions of fees were paid	
	F	Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Nar	me and address of the agent, broker,	or other person to whom commissions or fees were paid	
	r	Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	(o) Allount	(w) i dipose	code

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F	art	II Investment and Annuity Contract Information				
·	u. c	Where individual contracts are provided, the entire group of such individual this report.	idual contrac	ets with each carrier may	be treated	as a unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end		4	
_		ent value of plan's interest under this contract in separate accounts at year e			5	
_		racts With Allocated Funds:		<u> </u>		
	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in co retention of the contract or policy, enter amount			6d	
		Specify nature of costs		!	'	
	е	Type of contract: (1) individual policies (2) group deferre	d annuity			
	•		a aa			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termination	nating plan, c	heck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	aintained in s	eparate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	ate participati	on guarantee		
		(3) guaranteed investment (4) other	•			
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		>				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6))		i	7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		>	• • •			
		(E) T + 1 1 1 4			70/F)	
		(5) Total deductions			7e(5)	
	t	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7 f	

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Pa	art l	III Welfare Benefit Contract Information						
		If more than one contract covers the same group the information may be combined for reporting pu employees, the entire group of such individual cor	rposes if such conti	racts are expe	erience-rated as a un	t. Where co	ntracts cove	
8	Ben	nefit and contract type (check all applicable boxes)						
	аΓ	Health (other than dental or vision) b	Dental	с□	Vision		d ☐ Life in:	surance
	e		Long-term disabilit		Supplemental unem	nlovment	h Prescr	
	. r		_	_ =		ployment		-
	'		HMO contract	k∐	PPO contract		I Indem	nity contract
	m	Other (specify) ►CANCER, CRITICAL ILLNESS, AC	CCIDENT					
^ -	_							
	•	erience-rated contracts:		0-(4)			_	
		Premiums: (1) Amount received		9a(1)			_	
		(2) Increase (decrease) in amount due but unpaid		9a(2) 9a(3)			-	
		(3) Increase (decrease) in unearned premium reserve (4) Earned ((1) + (2) - (3))				9a(4)		
	b	Benefit charges (1) Claims paid		9b(1)		3a(4)		
		(2) Increase (decrease) in claim reserves		9b(2)			1	
		(3) Incurred claims (add (1) and (2))		. , ,		9b(3)		
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (on an a						
		(A) Commissions		9c(1)(A)				
		(B) Administrative service or other fees		9c(1)(B)				
		(C) Other specific acquisition costs		9c(1)(C)				
		(D) Other expenses		9c(1)(D)				
		(E) Taxes		9c(1)(E)				
		(F) Charges for risks or other contingencies						
		(G) Other retention charges		9c(1)(G)				
		(H) Total retention	_	_		9c(1)(H)		
		(2) Dividends or retroactive rate refunds. (These amou	nts were paid in	cash, or	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1) Amo	unt held to provide	benefits after	retirement	9d(1)		
		(2) Claim reserves				9d(2)		
		(3) Other reserves				9d(3)		
40		Dividends or retroactive rate refunds due. (Do not inclu-	ide amount entered	I in line 9c(2) .)	9e		
10		onexperience-rated contracts:				40		
		Total premiums or subscription charges paid to carrier.				10a		38217
	b	If the carrier, service, or other organization incurred any				10b		
	Spe	retention of the contract or policy, other than reported in ecify nature of costs.	i Fait i, iiile 2 abov	e, report amo	unt	100		
	Opo	vally material of cooler						
_	- r-1 "	IV Previous of Information						
	art I							
11	Dic	d the insurance company fail to provide any information	necessary to compl	ete Schedule	A?	Yes	X No	
12	If t	the answer to line 11 is "Yes," specify the information not	provided.					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

, ,			RISA section 103(a)(2).	This For	rm is Open to Public Inspection
For calendar plan year 20	16 or fiscal plan	year beginning 01/01/2016	and er	nding 12/31/2016	
A Name of plan MECHANICAL DYNAMIC	S AND ANALY	SIS, LTD WELFARE PLAN		ee-digit n number (PN)	504
C Plan sponsor's name a MECHANICAL DYNAMICS				oyer Identification Number 3400458	(EIN)
		ning Insurance Contract (. Individual contracts grouped as			
1 Coverage Information:					
(a) Name of insurance ca	rrier				
a > ===	(c) NAIC	(d) Contract or	(e) Approximate number of	Policy or c	ontract year
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	(g) To
52-0807803	60380	52-0807803	18	01/01/2016	12/31/2016
2 Insurance fee and communication descending order of the		ation. Enter the total fees and total	commissions paid. List in line 3	the agents, brokers, and c	other persons in
(a) Total a	amount of comm		(b) To	otal amount of fees paid	
		2651			84
3 Persons receiving com		ees. (Complete as many entries a			
	(a) Name a	nd address of the agent, broker, o	<u>'</u>	sions or fees were paid	
JOAN BUTLER			STERN AVE STE 3 #162 , NY 12203		
(b) Amount of sales ar	nd base	Fees	and other commissions paid		
commissions pai	d	(c) Amount	(d) Purpos	(e) Organization code	
	1583	58		3	
	(a) Name a	nd address of the agent, broker, c	or other person to whom commiss	sions or fees were paid	
BETH SERFILIPPI			FONE CT ON LAKE, NY 12019		
(b) Amount of sales ar	nd hase	Fees	and other commissions paid	_	
commissions pai		(c) Amount	(d) Purpos	e	(e) Organization code
·	465	12			3
For Paperwork Reductio	n Act Notice. s	see the Instructions for Form 55	500.	Sche	dule A (Form 5500) 2016

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· · · · · · · · · · · · · · · · · · ·			
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
DARRYL YOUNG		GOLD CITY RD KLIN, KY 42134	
	LIVAN	INCIN, KT 42134	
		Fees and other commissions paid	(e)
(b) Amount of sales and base			Organization
commissions paid	(c) Amount	(d) Purpose	code
183	0		3
(1)			
MARY COLEMAN		r, or other person to whom commissions or fees were paid	
WART COLLWAN		SSELAER, NY 12144	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
169	0	.,,	3
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
JANINE FOX	5303 I	HARMONY MILLS WEST	
	COHO	DES, NY 12047	
		Francisco de effecto e constituir de la	(-)
(b) Amount of sales and base	Fees and other commissions paid		(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
143	12		3
BRAD JONES AND ASSOCIATES IN		r, or other person to whom commissions or fees were paid	
BRAD JONES AND ASSOCIATES IN		ITISH AMERICAN BLVD AM, NY 12110	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
52	0	, , ,	3
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
BENITO A ROTONDI II INC	•	RANKLIN AVE	
	SUITE GARD	E 312 DEN CITY, NY 11530	
	OAKL		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
15	0		3

(a) Nam	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
MERRIAM CHARLES W & SON INC	PO BO	ROADWAY DX 1038 NECTADY, NY 12301	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
15	0		3
(a) Nam	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
SUSAN BRIMHALL		CAPE SAN BLAS RD SAINT JOE, FL 32456	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
8	0		3
(a) Nam	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
KELLY IRVINE	333 G	LEN STREET SUITE 201 S FALLS, NY 12801	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
5	0		3
(a) Nam	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	•
DEBORAH TALLMAN	316A (GULF RD ES, NY 12047	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
4	0		3
(a) Nam	ne and address of the agent, broker	, or other person to whom commissions or fees were paid	
KEVIN MURPHY	11 WII	LLOWBROOK TERRACE ON PARK, NY 12065	
(h) Amount of color		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
4	0		3

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(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
KRISTA GRASSIA	5 PIN	E WEST PLZ STE 503 NY, NY 12205	
	ALDA	111, 111 12200	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid 3	(c) Amount	(u) Fulpose	code 3
3	0		3
(a) Nor	no and address of the agent broken	r, or other person to whom commissions or fees were paid	
TOMAS FLORES		15TH ST	
	APT 1		
	TOKI	LLL, NS 07024	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
1	1		3
-		r, or other person to whom commissions or fees were paid	
KEVIN MCCARTHY	197 L NORT	ANG DR TH KINGSTOWN, RI 02852	
		(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
1	1		3
(a) Nar	ne and address of the agent, broker	r, or other person to whom commissions or fees were paid	
IRMA WOODARD		STATE ROUTE 66 IILL PARK, NY 12018	
	AVEN	ILL PARK, NT 12010	
		Fees and other commissions paid	(e)
(b) Amount of sales and base	(c) Amount	(d) Purpose	Organization
commissions paid	0	(a) i diposo	code 3
•	Ü		Ŭ
(a) Nar	ne and address of the agent, broke	r, or other person to whom commissions or fees were paid	
(a) real	The aria address of the agent, protest	, or other percent to whem commissions or roce were paid	
		Canada at an annual at an annua	1-1
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
		1	<u> </u>

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F	art	II Investment and Annuity Contract Information				
·	u. c	Where individual contracts are provided, the entire group of such individual this report.	idual contrac	ets with each carrier may	be treated	as a unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end		4	
_		ent value of plan's interest under this contract in separate accounts at year e			5	
_		racts With Allocated Funds:			<u> </u>	
	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in co retention of the contract or policy, enter amount			6d	
		Specify nature of costs		!	'	
	е	Type of contract: (1) individual policies (2) group deferre	d annuity			
	•		a aa,			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termination	nating plan, c	heck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	aintained in s	eparate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	ate participati	on guarantee		
		(3) guaranteed investment (4) other	•			
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		>				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6))		i	7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		>	• • •			
		(E) T + 1 1 1 4			70/F)	
		(5) Total deductions			7e(5)	
	t	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7 f	

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Pa	art I	III Welfare Benefit Contract Information						
		If more than one contract covers the same group of empthe information may be combined for reporting purposes employees, the entire group of such individual contracts	s if such contrac	cts are expe	rience-rated as a uni	t. Where co	ntracts co	over individual
8	Bene	nefit and contract type (check all applicable boxes)						
	аΓ	Health (other than dental or vision) b Denta	al	с	Vision		d Life	insurance
	e >		-term disability		Supplemental unem	plovment	h ☐ Pre	scription drug
	· [contract		PPO contract	p.0)o	=	emnity contract
	m∫		Contract	К□	11 O contract		• Ua	Jilling Contract
	Ľ	<u> </u>						
9 [Ехре	erience-rated contracts:						
	a i	Premiums: (1) Amount received		9a(1)			1	
		(2) Increase (decrease) in amount due but unpaid		9a(2)			1	
		(3) Increase (decrease) in unearned premium reserve		9a(3)				
		(4) Earned ((1) + (2) - (3))	<u></u>			. 9a(4)		
	b	Benefit charges (1) Claims paid		9b(1)			_	
		(2) Increase (decrease) in claim reserves		9b(2)				
		(3) Incurred claims (add (1) and (2))				9b(3)		
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (on an accrual	l basis)				_	
		(A) Commissions		9c(1)(A)				
		(B) Administrative service or other fees		0c(1)(B)				
		(C) Other specific acquisition costs	———	0c(1)(C)			4	
		(D) Other expenses		c(1)(D)			_	
		(E) Taxes		0c(1)(E)			_	
		(F) Charges for risks or other contingencies					4	
		(G) Other retention charges				0. (4)(1)		
		(H) Total retention	_	_		9c(1)(H)		
	_	(2) Dividends or retroactive rate refunds. (These amounts we				9c(2)		
	d	Status of policyholder reserves at end of year: (1) Amount he	•			9d(1)		
		(2) Claim reserves				9d(2)		
		(3) Other reserves				9d(3)		
40		Dividends or retroactive rate refunds due. (Do not include an	nount entered in	n line 9c(2) .)	9e		
10		onexperience-rated contracts:				40-		1.1000
		Total premiums or subscription charges paid to carrier				10a		14909
	b	If the carrier, service, or other organization incurred any spec retention of the contract or policy, other than reported in Part				10b		
	Spe	ecify nature of costs.	i, iiio 2 abovo,	roport arrio	uiit			
	•	•						
Pa	art I	IV Provision of Information						
11	Dic	d the insurance company fail to provide any information necess	sary to complete	e Schedule	A?	Yes	X No	
12	If th	the answer to line 11 is "Yes," specify the information not provide	ded.	_				

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

•			ERISA section 103(a)(2)		ion		m is Open to Public Inspection
For calendar plan year 20°	16 or fiscal pla	n year beginning 01/01/2016		and en	ding 12/31/	2016	
A Name of plan MECHANICAL DYNAMICS AND ANALYSIS, LTD WELFARE PLAN				B Three plan	e-digit number (PN))	504
C Plan sponsor's name a MECHANICAL DYNAMICS					oyer Identificat 3400458	tion Number ((EIN)
on a separa		rning Insurance Contract A. Individual contracts grouped					
1 Coverage Information:							
(a) Name of insurance car CIGNA LIFE INSURANCE		YORK					
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate nu persons covered a			Policy or co	ontract year
(b) EIN	code	identification number	policy or contract		(f) F	rom	(g) To
13-2556568	64548	BNK960008	378		01/01/2016		12/31/2016
2 Insurance fee and commodescending order of the		ation. Enter the total fees and to	otal commissions paid. Li	st in line 3	the agents, b	rokers, and o	ther persons in
(a) Total amount of commissions paid (b) Total amount of fees paid							
	0 0					0	
3 Persons receiving com	missions and f	ees. (Complete as many entrie	s as needed to report all	persons).			
	(a) Name a	and address of the agent, broke	r, or other person to whor	n commissi	ions or fees w	ere paid	
							,
(b) Amount of sales ar	nd base	Fe	ees and other commission	s paid			
commissions pai	d	(c) Amount		d) Purpose	9		(e) Organization code
	(a) Name a	and address of the agent, broke	r, or other person to whor	n commissi	ions or fees w	vere paid	
(b) Amount of sales ar	nd base	Fe	ees and other commission	ıs paid		-	
commissions pai		(c) Amount		d) Purpose	е		(e) Organization code

Schedule A (Form 5500) 2	2016	Page 2 – 1	
(a) No.	me and address of the agent bro	lker, er ether person to whom commissions or fees were paid	
(a) Nai	me and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Nar	me and address of the agent, bro	sker, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
	me and address of the agent, bro	sker, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nar	me and address of the agent, bro	sker, or other person to whom commissions or fees were paid	
	_		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nar	me and address of the agent, bro	oker, or other person to whom commissions or fees were paid	

(d) Purpose

(c) Amount

(b) Amount of sales and base commissions paid

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F	art	II Investment and Annuity Contract Information				
·	u. c	Where individual contracts are provided, the entire group of such individual this report.	idual contrac	ets with each carrier may	be treated	as a unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end		4	
_		ent value of plan's interest under this contract in separate accounts at year e		5		
_		racts With Allocated Funds:			<u> </u>	
	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in co retention of the contract or policy, enter amount			6d	
		Specify nature of costs		!	'	
	е	Type of contract: (1) individual policies (2) group deferre	d annuity			
	•		a aa			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termination	nating plan, c	heck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	aintained in s	eparate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	ate participati	on guarantee		
		(3) guaranteed investment (4) other	•			
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		>				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6))		i	7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		>	• • •			
		(E) T + 1 1 1 4			70/F)	
		(5) Total deductions			7e(5)	
	t	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7 f	

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Pa	art I	III	Welfare Benefit Contract Inform If more than one contract covers the same the information may be combined for repor employees, the entire group of such individ	group of employees of th ting purposes if such con	tracts are expe	erience-rated as a uni	t. Where co	ontracts	s cover individual
8	Bene	efit a	and contract type (check all applicable boxes)						
	а	Н	ealth (other than dental or vision)	b Dental	С	Vision		d	Life insurance
	еĪ	Te	emporary disability (accident and sickness)	f X Long-term disabil	ity g	Supplemental unem	ployment	h∏	Prescription drug
	ιĖ	_	op loss (large deductible)	j HMO contract		PPO contract	, ,	- =	Indemnity contract
	m [_	ther (specify)	, I have contract	• _	110 dominade		•□	macminy defination
9 1	Evne	rion	ce-rated contracts:						
-	•		niums: (1) Amount received		9a(1)			_	
			ncrease (decrease) in amount due but unpai						
			ncrease (decrease) in unearned premium res						
			Earned ((1) + (2) - (3))				9a(4)		
	_	. ,	nefit charges (1) Claims paid				1 5 5 (1)		
			ncrease (decrease) in claim reserves						
			ncurred claims (add (1) and (2))				9b(3)		
			Claims charged				9b(4)		-
		` '	nainder of premium: (1) Retention charges (
			(A) Commissions	· ·	9c(1)(A)				
			(B) Administrative service or other fees		9c(1)(B)				
			(C) Other specific acquisition costs		9c(1)(C)				
			(D) Other expenses		9c(1)(D)				
			(E) Taxes		9c(1)(E)				
			(F) Charges for risks or other contingencies						
			(G) Other retention charges		9c(1)(G)				
			(H) Total retention				9c(1)(H)	
		(2)	Dividends or retroactive rate refunds. (These	amounts were paid in	n cash, or 🔲 d	credited.)	9c(2)		
	d	Sta	tus of policyholder reserves at end of year: (1) Amount held to provide	benefits after	retirement	9d(1)		
		(2)	Claim reserves				9d(2)		
		(3)	Other reserves				9d(3)		
	е	Divi	dends or retroactive rate refunds due. (Do n	ot include amount entere	d in line 9c(2)	.)	9e		
10	No	nexp	perience-rated contracts:						
	а	Tota	al premiums or subscription charges paid to	arrier			10a		78083
	b	If th	e carrier, service, or other organization incur	red any specific costs in o	connection wit	h the acquisition or			
	_		ention of the contract or policy, other than rep	orted in Part I, line 2 abov	ve, report amo	ount	10b		
	O pe.	Olly 1	nature of costs.						
	art I		Provision of Information insurance company fail to provide any inform	nation necessary to comp	lete Schedule	А?П	Yes	X No	
			nswer to line 11 is "Yes," specify the informat					<u>.,,,</u>	
14	II U	ne al	nswer to line it is tres, specify the informat	ion noi provided. 🔻					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).			This Fo	rm is Open to Public Inspection			
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016							
A Name of plan MECHANICAL DYNAMIC	CS AND ANAL	YSIS, LTD WELFARE PLAN			e-digit number (PN) •	504
C Plan sponsor's name a MECHANICAL DYNAMIC					oyer Identifica 3400458	ation Number	(EIN)
	rate Schedule	rning Insurance Contract A. Individual contracts grouped as					
(a) Name of insurance ca	arrier	YORK					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate nur persons covered at policy or contract	end of	(f)	From	(g) To
13-2556568	64548	FLY960381	224	•	02/01/2015		01/31/2016
2 Insurance fee and com descending order of the		nation. Enter the total fees and total	al commissions paid. Lis	st in line 3	the agents, b	orokers, and	other persons in
(a) Total	amount of con	nmissions paid		(b) To	otal amount o	of fees paid	
		4157				-	0
3 Persons receiving com		fees. (Complete as many entries					
AON CONSULTING	(a) Name	STE 400	< 905494	ocommiss	ions or fees v	were paid	
(b) Amount of sales a	nd hood	Fee	s and other commissions	s paid			
commissions pa		(c) Amount	(d) Purpose			(e) Organization code	
	4157	0					3
	(a) Name	and address of the agent, broker,	or other person to whom	commiss	ions or fees	were paid	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	,			,	
(b) Amount of sales a	nd base	Fee	s and other commission	s paid			
commissions pa		(c) Amount	(0	d) Purpos	е		(e) Organization code

Schedule A (Form 5500) 2	2016	Page 2 – 1		
(a) No.	me and address of the agent bro	lker, er ether person to whom commissions or fees were paid		
(a) Nai	me and address of the agent, bro	oker, or other person to whom commissions or fees were paid		
		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
(a) Nar	me and address of the agent, bro	sker, or other person to whom commissions or fees were paid		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
	me and address of the agent, bro	sker, or other person to whom commissions or fees were paid		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
(a) Nar	me and address of the agent, bro	sker, or other person to whom commissions or fees were paid		
	_			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
(a) Nar	me and address of the agent, bro	oker, or other person to whom commissions or fees were paid		

(d) Purpose

(c) Amount

(b) Amount of sales and base commissions paid

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F	art	II Investment and Annuity Contract Information				
·	u. c	Where individual contracts are provided, the entire group of such individual this report.	idual contrac	ets with each carrier may	be treated	as a unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end		4	
_		ent value of plan's interest under this contract in separate accounts at year e		5		
_		racts With Allocated Funds:			<u> </u>	
	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in co retention of the contract or policy, enter amount			6d	
		Specify nature of costs		!	'	
	е	Type of contract: (1) individual policies (2) group deferre	d annuity			
	•		a aa,			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termination	nating plan, c	heck here		
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	aintained in s	eparate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	ate participati	on guarantee		
		(3) guaranteed investment (4) other	•			
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		>				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6))		i	7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		>	• • •			
		(E) T + 1 1 1 4			70/F)	
		(5) Total deductions			7e(5)	
	t	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7 f	

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Pa	art	III Welfare Benefit Contract Informat	ion					
		If more than one contract covers the same gr the information may be combined for reportin employees, the entire group of such individua	g purposes if such conti	racts are expe	erience-rated as a unit	. Where co	ontracts cover individu	
8	Ben	nefit and contract type (check all applicable boxes)						
	аΓ	Health (other than dental or vision)	Dental	С	Vision		d X Life insurance	
	еĪ	Temporary disability (accident and sickness)	Long-term disabilit	<u></u>	Supplemental unemp	olovment	h Prescription dro	ua
	· [Stop loss (large deductible)	HMO contract		PPO contract	oloymon.	I Indemnity conti	-
	. [I TIMO contract	~ _	110 contract			act
	m	Other (specify)						
9 E	Evno	perience-rated contracts:						
_	•	Premiums: (1) Amount received		02/1)			+	
	a	(2) Increase (decrease) in amount due but unpaid .		9a(1) 9a(2)			+	
		(3) Increase (decrease) in unearned premium reser		9a(3)			_	
		(4) Earned ((1) + (2) - (3))				9a(4)		
	b	Benefit charges (1) Claims paid		9b(1)		. Ja(+)		
		(2) Increase (decrease) in claim reserves		9b(1) 9b(2)			_	
		(3) Incurred claims (add (1) and (2))		. , ,		9b(3)		
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (on			•••••	30(4)		
	C	(A) Commissions	· ·	9c(1)(A)			_	
		(B) Administrative service or other fees		9c(1)(B)			_	
		(C) Other specific acquisition costs		9c(1)(C)			_	
		(D) Other expenses		9c(1)(D)			_	
		(E) Taxes		9c(1)(E)			_	
		(F) Charges for risks or other contingencies						
		(G) Other retention charges					-	
		(H) Total retention				9c(1)(H)	\	
		(2) Dividends or retroactive rate refunds. (These a	_	_			/	
	a					9c(2)		
	d	Status of policyholder reserves at end of year: (1)	·			9d(1)		
		(2) Other reserves				9d(2)		
	_	(3) Other reserves				9d(3)		
10	e No	Dividends or retroactive rate refunds due. (Do not onexperience-rated contracts:	include amount entered	i in line 90(2).	.)	9e		
10	a	Total premiums or subscription charges paid to car	rier			10a		131466
	_					100		131400
	b	If the carrier, service, or other organization incurred retention of the contract or policy, other than report				10b		
	Spe	ecify nature of costs.	cu iii i ait i, iiiic 2 abov	c, report amo	ditt	100		
	-	,						
_		D. Davisian of historical						
	art I				🗖		<u> </u>	
		id the insurance company fail to provide any informat		ete Schedule	A?	Yes	X No	
12	If t	the answer to line 11 is "Yes," specify the information	not provided.					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

For calendar plan year 2016 or fiscal plan year beginning 0101/2016 A Name of plan MECHANICAL DYNAMICS AND ANALYSIS, LTD WELFARE PLAN 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: (a) Name of insurance carrier CIGNALIFE INSURANCE CO OF NEW YORK (b) EIN (c) NAIC Code identification number (E) Policy or contract year persons covered at end of policy or contract year of identification number (G) To 13-2566688 G6448 NYD074665 76 0101/2016 12:31/2016 2 Insurance fee and commission information. Errer 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 (b) Amnount of sales and base Commissions paid (c) Amount (d) Purpose (e) Organization code (b) Amount of sales and base Commissions paid (c) Amount (d) Purpose (e) Organization code (c) Amount of sales and base Commissions paid (c) Amount (d) Purpose (e) Organization code		,		ERISA section 103(a)(2)		lion		m is Open to Public Inspection
C Plan sponsor's name as shown on line 2a of Form 5500 MECHANICAL DYNAMICS AND ANALYSIS, LTD D Employer identification Number (EIN) 20-3400458 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: (a) Name of insurance carrier CIGNA LIFE INSURANCE CO OF NEW YORK (b) EIN (c) NAIC code identification number of identification number of persons covered at end of policy or contract year of persons covered at end of policy or contract year in the sponsor of the amount paid. 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 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 (c) Amount (d) Purpose (e) Organization code (b) Amount of sales and base Fees and other commissions paid (c) Amount of sales and base Fees and other commissions paid (b) Amount of sales and base Fees and other commissions paid	For calendar plan year 20	16 or fiscal pla	in year beginning 01/01/2016		and en	iding 12/31	/2016	
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: (a) Name of insurance carrier CIGNA LIFE INSURANCE CO OF NEW YORK (b) EIN (c) NAIC (d) Contract or identification number of code identification number of policy or contract year of persons covered at end of policy or contract year of policy or contract year of the amount paid. 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 (c) Amount of sales and base fees and other commissions paid (d) Purpose (e) Organization code (b) Amount of sales and base fees and other commissions paid (e) Organization code		S AND ANALY	YSIS, LTD WELFARE PLAN			J) •	504
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 CIGNA LIFE INSURANCE CO OF NEW YORK (b) EIN (c) NAIC code identification number persons covered at end of policy or contract year persons covered at end of policy or contract year 13-2556568	-				-	-	ation Number (EIN)
(a) Name of insurance carrier CIGNA LIFE INSURANCE CO OF NEW YORK (b) EIN (c) NAIC code identification number of identification number of persons covered at end of policy or contract year of persons covered at end of policy or contract year of persons covered at end of policy or contract year of persons covered at end of policy or contract year of the persons in descending order of the amount paid. 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 of commissions paid (a) Total amount of commissions paid (b) Total amount of fees paid 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 (c) Amount (d) Purpose (e) Organization code (b) Amount of sales and base	on a separ							
(b) EIN (c) NAIC code identification number persons covered at end of policy or contract year persons covered at end of policy or contract year policy or contract year persons covered at end of policy or contract year policy or contract year (f) From (g) To 13-2556568	1 Coverage Information:							
(b) EIN (c) NAIC code identification number persons covered at end of policy or contract year policy or contract year 13-2556568 64548 NYD074665 76 01/01/2016 12/31/2016 12/31/2016 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 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 (c) Amount (d) Purpose (e) Organization code (b) Amount of sales and base Fees and other commissions or fees were paid (e) Organization code (b) Amount of sales and base Fees and other commissions paid (e) Organization code (f) Amount of sales and base Fees and other commissions paid (e) Organization code (f) Amount of sales and base Fees and other commissions paid (f) Purpose (h) Amount of sales and base Fees and other commissions paid (f) Purpose (h) Amount of sales and base Fees and other commissions paid (h) Amount of sales and base Fees and other commissions paid (h) Amount of sales and base Fees and other commissions paid (h) Amount of sales and base Fees and other commissions paid (h) Amount of sales and base Fees and other commissions paid (h) Amount of sales and base Fees and other commissions paid (h) Amount of sales and base Fees and other commissions paid (h) Amount of sales and base Fees and other commissions paid (h) Amount of sales and base Fees and other commissions paid (h) Amount of sales and base Fees and other commissions paid (h) Amount of sales and base fees and other commissions paid (h) Amount of sales and base fees and other commissions paid (h) Amount of sales and base fees and other commissions paid (h) Total amount of the agents, brokers, and other parts of the agents, brokers, and other parts of the agents, bro	` '		YORK					
13-2556568 64548 NYD074665 76 01/01/2016 12/31/2016 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 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 (c) Amount (d) Purpose (e) Organization code (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	(b) FINI	(c) NAIC		` ,			Policy or co	ontract year T
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 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 (c) Amount (d) Purpose (e) Organization code (b) Amount of sales and base and address of the agent, broker, or other person to whom commissions or fees were paid	(D) EIN	code	identification number			(f)	From	(g) To
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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 (c) Amount (d) Purpose (e) Organization code (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base			ation. Enter the total fees and to	otal commissions paid. L	ist in line 3	the agents, b	orokers, and of	ther persons in
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 (c) Amount (d) Purpose (e) Organization code (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base Fees and other commissions or fees were paid	(a) Total	amount of com	missions paid		(b) To	otal amount o	f fees paid	
(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 (c) Amount (d) Purpose (e) Organization code (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base Fees and other commissions paid			0					0
(b) Amount of sales and base commissions paid (c) Amount (d) Purpose (e) Organization code (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base	3 Persons receiving com	missions and f	fees. (Complete as many entrie	es 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 Fees and other commissions paid (c) Amount (d) Purpose (e) Organization code		(a) Name a	and address of the agent, broke	er, or other person to who	m commiss	ions or fees	were paid	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base Fees and other commissions paid (c) Amount (d) Purpose (e) Organization code								
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base Fees and other commissions paid	(b) Amount of sales ar	nd base	F	ees and other commission	ns paid			
(b) Amount of sales and base Fees and other commissions paid	commissions pa	id	(c) Amount	(d) Purpose				(e) Organization code
(b) Amount of sales and base Fees and other commissions paid								
(b) Amount of sales and base		(a) Name a	and address of the agent, broke	er, or other person to who	m commiss	ions or fees	were paid	
(b) Amount of sales and base								
	(b) Amount of sales ar	nd base	F	ees and other commission	ns paid			
			(c) Amount		(d) Purpose	e		(e) Organization code

Schedule A (Form 5500) 2	2016	Page 2 – 1		
(a) No.	me and address of the agent bro	lker, er ether person to whom commissions or fees were paid		
(a) Nai	me and address of the agent, bro	oker, or other person to whom commissions or fees were paid		
		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
(a) Nar	me and address of the agent, bro	sker, or other person to whom commissions or fees were paid		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
	me and address of the agent, bro	sker, or other person to whom commissions or fees were paid		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
(a) Nar	me and address of the agent, bro	sker, or other person to whom commissions or fees were paid		
	_			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
(a) Nar	me and address of the agent, bro	oker, or other person to whom commissions or fees were paid		

(d) Purpose

(c) Amount

(b) Amount of sales and base commissions paid

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F	art	II Investment and Annuity Contract Information				
·	u. c	Where individual contracts are provided, the entire group of such individus this report.	idual contrac	ets with each carrier may	be treated	as a unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end		4	
_		ent value of plan's interest under this contract in separate accounts at year e			5	
_		racts With Allocated Funds:				
	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in co retention of the contract or policy, enter amount			6d	
		Specify nature of costs		!		
	е	Type of contract: (1) individual policies (2) group deferre	d annuity			
		(3) other (specify)				
		(3) Totrier (specify)				
_	t	If contract purchased, in whole or in part, to distribute benefits from a termin				
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma		• •		
	а	Type of contract: (1) deposit administration (2) immedia	ate participati	on guarantee		
		(3) guaranteed investment (4) other	•			
		_				
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		>				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6))		i	7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		>				
		(E) Total deductions			70/F\	
	£	(5) Total deductions			7e(5)	
	t	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7 f	

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P	art II							
		If more than one contract covers the same gr the information may be combined for reportin employees, the entire group of such individual	g purposes if such con	tracts are expe	erience-rated as a uni	t. Where con	tract	s cover individual
8	Benet	fit and contract type (check all applicable boxes)						
	а □	Health (other than dental or vision)	Dental	С	Vision	(Πt	Life insurance
	e X	, , , , , , , , , , , , , , , , , , ,	Long-term disabil	<u> </u>	Supplemental unem	nlovment i	า⊟ี	Prescription drug
	· 🗆	1	i ☐ HMO contract	- <u>-</u>	PPO contract	p.0,	브	Indemnity contract
	'. ⊣	Stop loss (large deductible)	I I HIVIO CONTIACT	ν_	PPO contract		'⊔	maemmity contract
	m _	Other (specify)						
_								
	•	rience-rated contracts:		0-(4)				
		remiums: (1) Amount received		9a(1)				
	,	2) Increase (decrease) in amount due but unpaid.						
	,	3) Increase (decrease) in unearned premium reserved (4) Formed (4) (2) (3)				02/4)		
	- '	(4) Earned ((1) + (2) - (3))			•••••	. 9a(4)		
		Benefit charges (1) Claims paid		21 (2)				
	,	Increase (decrease) in claim reserves Incurred claims (add (1) and (2))				9b(3)		
		4) Claims charged4				9b(3) 9b(4)		
	,	Remainder of premium: (1) Retention charges (on				30(4)		
	•	(A) Commissions	,	9c(1)(A)				
		(B) Administrative service or other fees		9c(1)(B)				
		(C) Other specific acquisition costs		0-(4)(0)				
		(D) Other expenses		9c(1)(D)				
		(E) Taxes		0-(4)(5)				
		(F) Charges for risks or other contingencies						
		(G) Other retention charges		0 (4)(0)				
		(H) Total retention				9c(1)(H)		
	((2) Dividends or retroactive rate refunds. (These a	mounts were paid i	n cash, or	credited.)	9c(2)		
	d s	Status of policyholder reserves at end of year: (1)	Amount held to provide	benefits after	retirement	9d(1)		
	((2) Claim reserves				9d(2)		
	((3) Other reserves				9d(3)		
	e i	Dividends or retroactive rate refunds due. (Do not	include amount entere	d in line 9c(2) .	.)	9e		
10	Non	nexperience-rated contracts:						
	a ·	Total premiums or subscription charges paid to car	rier			10a		4835
		If the carrier, service, or other organization incurred	, ,					
		retention of the contract or policy, other than report	ted in Part I, line 2 abor	ve, report amo	unt	10b		
	Spec	ify nature of costs.						
D.	art I\	V Provision of Information						
				Jaka Cali - Ji I		Yes	NI-	
		the insurance company fail to provide any informa		nete Schedule	A?	Yes	No)
12	If the	e answer to line 11 is "Yes," specify the information	n not provided.					

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

pursuant to ERISA section 103(a)(2).						m is Open to Public Inspection	
For calendar plan year 20	16 or fiscal pla	an year beginning 01/01/2016		and en	ding 12/31	1/2016	
A Name of plan MECHANICAL DYNAMIC	S AND ANALY	YSIS, LTD WELFARE PLAN		B Three	e-digit number (PN	N) >	504
C Plan sponsor's name a MECHANICAL DYNAMIC					yer Identifica 3400458	ation Number ((EIN)
	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:							
(a) Name of insurance ca		YORK					
	(c) NAIC	(d) Contract or	(e) Approximate num			Policy or co	ontract year
(b) EIN	code	identification number	persons covered at e		(f)	From	(g) To
13-2556568	64548	YOK960382	418		02/01/2015	i	01/31/2016
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							
1082 0							
3 Persons receiving com		fees. (Complete as many entries					
	(a) Name	and address of the agent, broker,		commiss	ions or fees	were paid	
AON CONSULTING		STE 400	(905494) OTTE, NC 28290				
(b) Amount of sales ar			s and other commissions	•			
commissions pa		(c) Amount	(d	l) Purpose	9		(e) Organization code
	1082	0					3
	(a) Name	and address of the agent, broker,	or other person to whom	commiss	ions or fees	were paid	
(b) Amount of sales and base Fees and other commissions paid							
commissions pa		(c) Amount	(d	l) Purpose	е		(e) Organization code
For Paperwork Reduction	n Act Notice.	see the Instructions for Form 5	500.			Sched	ule A (Form 5500) 2016

Schedule A (Form 5500) 2	2016	Page 2 – 1		
(a) No.	me and address of the agent bro	lker, er ether person to whom commissions or fees were paid		
(a) Nai	ne and address of the agent, bio	oker, or other person to whom commissions or fees were paid		
		Fees and other commissions paid	(e)	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
(a) Nar	me and address of the agent, bro	sker, or other person to whom commissions or fees were paid		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
(a) Nar	me and address of the agent, bro	ker, or other person to whom commissions or fees were paid		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
(a) Nar	me and address of the agent, bro	ker, or other person to whom commissions or fees were paid		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
	me and address of the agent, bro	ker, or other person to whom commissions or fees were paid		

(d) Purpose

(c) Amount

(b) Amount of sales and base commissions paid

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F	art	II Investment and Annuity Contract Information				
·	u. c	Where individual contracts are provided, the entire group of such individus this report.	idual contrac	ets with each carrier may	be treated	as a unit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end		4	
_		ent value of plan's interest under this contract in separate accounts at year e			5	
_		racts With Allocated Funds:				
	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in co retention of the contract or policy, enter amount			6d	
		Specify nature of costs		!		
	е	Type of contract: (1) individual policies (2) group deferre	d annuity			
		(3) other (specify)				
		(3) Totrier (specify)				
_	t	If contract purchased, in whole or in part, to distribute benefits from a termin				
7	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma		• •		
	а	Type of contract: (1) deposit administration (2) immedia	ate participati	on guarantee		
		(3) guaranteed investment (4) other	•			
		_				
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		>				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6))		i	7d	
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account	7e(3)			
		(4) Other (specify below)	7e(4)			
		>				
		(E) Total deductions			70/F\	
	£	(5) Total deductions			7e(5)	
	t	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7 f	

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Pa	art I	II	Welfare Benefit Contract Inform If more than one contract covers the same the information may be combined for repor employees, the entire group of such individ	group of employees of th ting purposes if such con	tracts are expe	erience-rated as a uni	t. Where co	ontracts	s cover individual
8	Bene	efit a	nd contract type (check all applicable boxes)						
	а	Не	ealth (other than dental or vision)	b Dental	С	Vision		d	Life insurance
	еĪ	Te	emporary disability (accident and sickness)	f Long-term disabil	ity g	Supplemental unem	ployment	h∏	Prescription drug
	ιĖ	_	op loss (large deductible)	j HMO contract		PPO contract	,	- 🗔	Indemnity contract
	m [_	ther (specify) ACCIDENTAL DEATH			11700011111001		- □	maoning oonings
9 [Ехре	riend	ce-rated contracts:						
			iums: (1) Amount received		9a(1)				
		(2) Ir	ncrease (decrease) in amount due but unpai	d	9a(2)				
		(S) Ir	ncrease (decrease) in unearned premium res	serve	9a(3)		Т		
	_	. ,	Earned ((1) + (2) - (3))				. 9a(4)		
			efit charges (1) Claims paid						
			ncrease (decrease) in claim reserves				Т		
		(S) Ir	ncurred claims (add (1) and (2))				9b(3)		
		` '	Claims charged				9b(4)		
	С	Ren	nainder of premium: (1) Retention charges (on an accrual basis)					
			(A) Commissions		9c(1)(A)			_	
			(B) Administrative service or other fees		9c(1)(B)			_	
			(C) Other specific acquisition costs		9c(1)(C)			_	
			(D) Other expenses		9c(1)(D) 9c(1)(E)			_	
			(E) Taxes(F) Charges for risks or other contingencies		- (1)(=)			-	
			(G) Other retention charges		0 - (4)(0)			-	
			(H) Total retention(H)				9c(1)(H	`	
			Dividends or retroactive rate refunds. (These	_	_			_	
	٨						9c(2)		
	d		rus of policyholder reserves at end of year: (9d(1)		
		` '	Other reserves				9d(2) 9d(3)		
	е	` '	dends or retroactive rate refunds due. (Do n				9e		
10			erience-rated contracts:	ot morace amount entere	a iii iiile 30(2)	.)	J 30		
			al premiums or subscription charges paid to	carrier			10a		7215
			e carrier, service, or other organization incur				100		
	D		ntion of the contract or policy, other than rep				10b		
	Spe		nature of costs.		,				-
Pa	art I	٧	Provision of Information						
			insurance company fail to provide any inform	nation necessary to comp	alata Schodula	Δ2 Π	Yes	X No	<u> </u>
					nete Scriedule	Λ:	103	/\ INC	·
12	If th	ne ar	nswer to line 11 is "Yes," specify the informat	ion not provided. 🕨					