

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
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>07/01/2016</u> and ending <u>06/30/2017</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan ☐ a DFE (specify) ____		
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ▶ ☐		
D	Check box if filing under:	☒ Form 5558 ☐ special extension (enter description)	☐ automatic extension ☐ the DFVC program

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/16/2018	PHILIP WEHRMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/16/2018	PHILIP WEHRMAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1230
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 1068 6a(2) 1002 6b 14 6c 126 6d 1142 6e 1 6f 1143 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>5</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2016 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning **07/01/2016** and ending **06/30/2017**

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

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

(a) Name of insurance carrier

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	07/01/2016	06/30/2017

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

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	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount	6d	
	Specify nature of costs ▶		
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	1497742
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	44933
	(4) Transferred from separate account	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	44933
d	Total of balance and additions (add lines 7b and 7c(6))	7d	1542675
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	1542675

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2016 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning **07/01/2016** and ending **06/30/2017**

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

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

(a) Name of insurance carrier
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		07/01/2016	06/30/2017

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 0	(b) Total amount of fees paid 0
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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	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	

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount	6d	
	Specify nature of costs ▶		
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ VARIABLE RATE ANNUITY		
b	Balance at the end of the previous year	7b	534335
c	Additions: (1) Contributions deposited during the year	7c(1)	500000
	(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)	180483
	▶ UNREALIZED GAIN/LOSS		
	(6) Total additions	7c(6)	680483
d	Total of balance and additions (add lines 7b and 7c(6))	7d	1214818
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	
	▶		
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	1214818

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2016 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning **07/01/2016** and ending **06/30/2017**

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

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

(a) Name of insurance carrier
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
38-1659835	65056	1018519778	1	07/01/2016	06/30/2017

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	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

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	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

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

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

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

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

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

b Balance at the end of the previous year	7b	558908
c Additions: (1) Contributions deposited during the year	7c(1)	500000
(2) Dividends and credits.....	7c(2)	-136559
(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)	363441
d Total of balance and additions (add lines 7b and 7c(6))	7d	922349
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	922349

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) 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 pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

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

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

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
38-1659835	65056	1018538497	1	07/01/2016	06/30/2017

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	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount	6d	
	Specify nature of costs ▶		
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ VARIABLE RATE ANNUITY		
b	Balance at the end of the previous year	7b	534335
c	Additions: (1) Contributions deposited during the year	7c(1)	500000
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	180483
	(4) Transferred from separate account	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	680483
d	Total of balance and additions (add lines 7b and 7c(6))	7d	1214818
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	1214818

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2016 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning **07/01/2016** and ending **06/30/2017**

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

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

(a) Name of insurance carrier

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	1	07/01/2016	06/30/2017

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	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount**6d**

Specify nature of costs ▶

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

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

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

b Balance at the end of the previous year **7b** 748447

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)** 22453
 (4) Transferred from separate account..... **7c(4)**
 (5) Other (specify below)..... **7c(5)**

(6) Total additions **7c(6)** 22453**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 770900**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account..... **7e(3)**
 (4) Other (specify below)..... **7e(4)**

(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 770900

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

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

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

A Name of plan <u>THE RUMPKKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>RUMPKKE CONSOLIDATED COMPANIES, INC.</u>	D Employer Identification Number (EIN) <u>31-1247560</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>47363816</u>
b Actuarial value	2b <u>49373414</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>11</u> <u>1098604</u> <u>1098604</u>
b For terminated vested participants.....	<u>151</u> <u>3462312</u> <u>3462312</u>
c For active participants.....	<u>1068</u> <u>53428053</u> <u>53428053</u>
d Total.....	<u>1230</u> <u>57988969</u> <u>57988969</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>5.86 %</u>
6 Target normal cost.....	6 <u>4049195</u>

Statement by Enrolled Actuary

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

SIGN HERE	
Signature of actuary	<u>04/13/2018</u>
<u>JEFFREY A. SCHAPPEL, EA, MAAA</u>	Date
Type or print name of actuary	<u>17-07786</u>
<u>CBIZ BENEFITS & INSURANCE, INC.</u>	Most recent enrollment number
Firm name	<u>216-447-9000</u>
<u>6050 OAK TREE BLVD.</u> <u>SUITE 500</u> <u>CLEVELAND, OH 44131</u>	Telephone number (including area code)
Address of the firm	

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2016
v. 160205

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2472374
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	442350
9	Amount remaining (line 7 minus line 8)	0	2030024
10	Interest on line 9 using prior year's actual return of 2.77%	0	56232
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.05%		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2086256

Part III Funding Percentages			
14	Funding target attainment percentage	14	81.54%
15	Adjusted funding target attainment percentage	15	81.54%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	85.10%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/15/2017	1875000				
02/15/2018	5300000				
			Totals ►	18(b)	7175000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 6534433
20 Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	<div style="display: flex; justify-content: space-around;"> <div>1st segment: 4.43%</div> <div>2nd segment: 5.91%</div> <div>3rd segment: 6.65%</div> </div>	☐ N/A, full yield curve used
b	Applicable month (enter code)	21b	4
22	Weighted average retirement age	22	61
23	Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6)	31a	4049195
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	10701811	2481699
b	Waiver amortization installment		
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	6530894
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement	0	2086256
36	Additional cash requirement (line 34 minus line 35)	36	4444638
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	6534433
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	2089795
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	2003595
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40	Unpaid minimum required contributions for all years	40	0
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)		
41	If an election was made to use PRA 2010 funding relief for this plan:		
a	Schedule elected	☐ 2 plus 7 years ☐ 15 years	
b	Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42	Amount of acceleration adjustment	42	
43	Excess installment acceleration amount to be carried over to future plan years	43	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning **07/01/2016** and ending **06/30/2017**

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

Part I	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

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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 REA

34-1310124

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT	13350	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CBIZ BENEFITS & INSURANCE

31-1582098

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	85116	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY SMITH BARNEY LLC

26-4310632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT MANAGER	215737	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning <u>07/01/2016</u> and ending <u>06/30/2017</u>		
A Name of plan <u>THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RUMPKE CONSOLIDATED COMPANIES, INC.</u>	D Employer Identification Number (EIN) <u>31-1247560</u>	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	<u>150507</u>	<u>107168</u>
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	<u>4500000</u>	<u>5300000</u>
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	<u>4508756</u>	<u>3364878</u>
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	<u>1076367</u>	<u>1635851</u>
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	<u>3622278</u>	<u>4084282</u>
(B) Common.....	1c(4)(B)	<u>21558577</u>	<u>22373185</u>
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	<u>8458412</u>	<u>8689516</u>
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	<u>3332554</u>	<u>4443602</u>
(15) Other.....	1c(15)	<u>444940</u>	<u>424485</u>

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	47652391	50422967

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	168258	4386
k Total liabilities (add all amounts in lines 1g through 1j)	1k	168258	4386

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	47484133	50418581
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	7175000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7175000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	528	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	84231	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		84759
(2) Dividends: (A) Preferred stock	2b(2)(A)	237937	
(B) Common stock	2b(2)(B)	488076	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	415390	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1141403
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	14574349	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	14692746	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-118397
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	3138358	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		3138358

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		11421123

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7478754	
(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)		7478754
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)	98466	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	215735	
(4) Other	2i(4)	693720	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1007921
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8486675

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2934448
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: WALTHALL REA

(2) EIN: 34-1310124

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4036725. (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

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

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s):		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>85</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
--	-----------------------------------	-----------------------------------	-------------------------------	--

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:	
a	The current year	14a
b	The plan year immediately preceding the current plan year	14b
c	The second preceding plan year	14c
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:	
a	The corresponding number for the plan year immediately preceding the current plan year	15a
b	The corresponding number for the second preceding plan year	15b
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:	
a	Enter the number of employers who withdrew during the preceding plan year	16a
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐	

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

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment	
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)	
a	Enter the percentage of plan assets held as: Stock: <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	Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☒ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more	
c	What duration measure was used to calculate line 19(b)? ☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):	

Part VII IRS Compliance Questions

20a	Is the plan a 401(k) plan? If "No," skip b	☐ Yes	☐ No
20b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor	☐ "Prior year" ADP test
		☐ "Current year" ADP test	☐ N/A
21a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test	☐ Average benefit test ☐ N/A
21b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes	☐ No
22a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .		
22b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .		

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

FINANCIAL STATEMENTS

WITH SUPPLEMENTARY INFORMATION

JUNE 30, 2017 AND 2016



Waltham Rea

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INDEPENDENT AUDITORS' REPORT

April 10, 2018

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 statement of net assets available for benefits of as of June 30, 2017, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

An audit involves performing procedures to obtain 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, 2017, and the changes in its financial status for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter – 2016 Financial Statements

The financial statements of the Plan as of June 30, 2016 were audited by predecessor auditors, Walthall, LLP, who merged with Rea & Associates, Inc. on November 1, 2017. Their report, dated April 5, 2017 expressed an unmodified opinion on those financial statements.

Report on Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of June 30, 2017 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, 2017, 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.

Rea & Associates, Inc.

Certified Public Accountants

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

Statements of Net Assets Available for Benefits

June 30, 2017 and 2016

ASSETS

	<u>2017</u>	<u>2016</u>
Assets		
Investments, at fair value:		
Interest-bearing cash	\$ 3,364,878	\$ 4,508,756
Common stocks	22,373,185	21,558,577
Preferred stocks	4,084,282	3,622,278
Mutual funds	8,689,516	8,458,412
Exchange traded funds	424,485	444,940
Corporate debt instruments	1,635,851	1,076,367
Annuity contracts	<u>4,443,602</u>	<u>3,332,554</u>
	45,015,799	43,001,884
Receivables:		
Employer contributions	5,300,000	4,500,000
Cash	<u>107,168</u>	<u>150,507</u>
Total Assets	50,422,967	47,652,391

LIABILITIES

Pending security purchases	<u>4,386</u>	<u>168,258</u>
Total Liabilities	<u>4,386</u>	<u>168,258</u>
Net Assets Available for Benefits	<u><u>\$ 50,418,581</u></u>	<u><u>\$ 47,484,133</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, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Additions		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 3,019,961	\$ (103,394)
Interest and dividends	<u>1,226,162</u>	<u>1,174,683</u>
Total investment income	4,246,123	1,071,289
Employer contributions	<u>7,175,000</u>	<u>6,000,000</u>
Total additions	11,421,123	7,071,289
Deductions		
Benefits paid to participants	7,478,754	5,307,343
Administrative expenses	<u>1,007,921</u>	<u>715,836</u>
Total deductions	<u>8,486,675</u>	<u>6,023,179</u>
Net Increase	2,934,448	1,048,110
Net Assets Available for Benefits - Beginning	<u>47,484,133</u>	<u>46,436,023</u>
Net Assets Available for Benefits - Ending	<u><u>\$ 50,418,581</u></u>	<u><u>\$ 47,484,133</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, 2017 and 2016

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,	
	2017	2016
Vested benefits		
Participants currently receiving payments	\$ 1,539,227	\$ 1,212,023
Other participants	62,941,838	60,372,159
Total vested benefits	64,481,065	61,584,182
Total actuarial present value of accumulated plan benefits	<u>\$ 64,481,065</u>	<u>\$ 61,584,182</u>

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

	Years Ended June 30,	
	2017	2016
Actuarial present value of accumulated plan benefits at beginning of the year	\$ 61,584,182	\$ 56,868,627
Increase (decrease) attributable to:		
Benefits accumulated	6,549,578	5,721,882
Decrease in discount period	3,389,859	3,176,616
Benefits paid	(7,478,754)	(5,320,316)
Change in actuarial assumptions	436,200	1,137,373
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 64,481,065</u>	<u>\$ 61,584,182</u>

The significant actuarial assumptions used in the June 30, 2017 and 2016 valuations are as follows:

Long-term rate of return	2016 - March 2016 segmented rates, 4.43% - 6.65% 2017 - March 2017 segmented rates, 4.16% - 6.48%
Mortality basis	2016 - RP2014 SOA Blue Collar Mortality with Scale MP2014. 2017 - RP2014 SOA Blue Collar Mortality with Scale MP2017.
Cost method	Aggregate Method
Retirement	Beginning at age 55 through age 68
Salary scale	3.25% 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.

Corporate debt instruments: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a current discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Annuity contracts: Valued at contract value which approximates fair value.

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, 2017			
	(Level 1)	(Level 2)	(Level 3)	Total
Interest-bearing cash	\$ 3,364,878	\$ -	\$ -	\$ 3,364,878
Common stocks	22,373,185	-	-	22,373,185
Preferred stocks	-	4,084,282	-	4,084,282
Mutual funds	8,689,516	-	-	8,689,516
Exchange-traded funds	424,485	-	-	424,485
Corporate debt instruments	-	1,635,851	-	1,635,851
Annuity contracts				
Fixed	-	2,313,387	-	2,313,387
Variable	-	2,130,215	-	2,130,215
Total	<u>\$34,852,064</u>	<u>\$10,163,735</u>	<u>\$ -</u>	<u>\$45,015,799</u>

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	<u>\$34,970,685</u>	<u>\$ 8,031,199</u>	<u>\$ -</u>	<u>\$43,001,884</u>

Note 5 - Investment Contracts with Insurance Companies

The Plan holds fixed and variable annuity contracts with a variety of insurance companies. 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 \$2,313,387 and \$2,246,007 as of June 30, 2017 and 2016, 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, 2017. 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 \$2,130,215 and \$1,086,547 as of June 30, 2017 and 2016, 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 2017 and 2016, the Company made contributions of \$7,175,000 and \$6,000,000, respectively. The Company's contributions for 2017 and 2016 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, 2017 and 2016, the Plan made direct payments to Morgan Stanley totaling \$215,738 and \$203,551, 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 February 14, 2017, 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, 2017, 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 2014.

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, 2017 through April 10, 2018, 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, 2017

Plan No: 002

EIN: 31-1247560

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
Interest bearing cash				
* Morgan Stanley	interest bearing cash	**	\$	3,364,878
Common stocks				
Accenture PLC Ireland	705 shares	**		87,194
Adient PLC Com	164 shares	**		10,722
AIA Group Ltd.	5,310 shares	**		155,981
AIR Liquide ADR	3,661 shares	**		91,177
AIR Prod. & Chem. Inc.	241 shares	**		34,477
Alfa Laval AB	2,244 shares	**		46,002
Allergan PLC	741 shares	**		180,130
Allianz SE ADS	5,507 shares	**		108,901
Alphabet Inc. Cl. A	214 shares	**		198,952
Altria Group, Inc.	3,245 shares	**		241,655
AMC Networks, Inc.	375 shares	**		20,029
Anadarko PETE	3,464 shares	**		157,058
Analog Devices Inc.	1,175 shares	**		91,415
Anheuser Busch Inbev	711 shares	**		78,466
AON PLC Shares	635 shares	**		84,423
Apple, Inc.	1,507 shares	**		217,038
Ashtead Group PLC	441 shares	**		36,755
Aspen Pharmacare Holdings Ltd.	1,524 shares	**		33,498
ASSA Abloy ADR	7,356 shares	**		80,916
Associated British FDS PLC	1,261 shares	**		49,053
Astrazeneca PLC	4,200 shares	**		143,178
AT&T Inc.	5,345 shares	**		201,667
Atlas Copco AS A ADR	1,504 shares	**		58,190
Autodesk, Inc.	1,346 shares	**		135,704
Baidu, Inc.	763 shares	**		136,470
Banca Mediolanum SPA ADR	2,098 shares	**		34,533
Banco Bilbao Viz Arg SA ADS	13,908 shares	**		116,271
Bayer AG Spon ADR	1,307 shares	**		169,734
Bayerische Motoren Werke AG	1,540 shares	**		47,986
BBA Aviation PLC ADR	1,119 shares	**		22,940
BCE, Inc.	4,723 shares	**		212,724
Becton Dickinson & Co.	660 shares	**		128,773
BHP Billiton, Ltd.	2,164 shares	**		77,017
Biogen, Inc.	501 shares	**		135,951
Bioverativ, Inc.	250 shares	**		15,043
Boeing Co.	1,175 shares	**		232,356
British American TOB Spon ADR	1,798 shares	**		123,235
Broadcom, Ltd.	605 shares	**		140,995
Canadian National Railway Co.	748 shares	**		60,625

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

June 30, 2017

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	
Canadian National Railway Co.	1,198 shares	**	97,098	
Carlsberg AS	3,113 shares	**	66,680	
Celgene Corp.	1,071 shares	**	139,091	
Charles Schwab New	3,301 shares	**	141,811	
Check Point Software Tech Ltd.	1,024 shares	**	111,698	
Chevron Corp.	2,000 shares	**	208,660	
Chubb Ltd.	1,585 shares	**	230,427	
Cisco Systems, Inc.	6,520 shares	**	204,076	
Citrix Systems, Inc.	990 shares	**	78,784	
Comcast Corp.	7,384 shares	**	287,385	
Compagnie Fin Richemontag ADR	4,436 shares	**	36,530	
Compass Group PLC	3,491 shares	**	74,952	
Conocophillips	3,550 shares	**	156,058	
Contl AG Spons ADR	975 shares	**	42,354	
Convatec Group PLC ADR	1,445 shares	**	24,565	
Corning, Inc.	5,900 shares	**	177,295	
Cree Research, Inc.	1,955 shares	**	48,191	
CSL, Ltd.	890 shares	**	47,419	
Daiwa House Industries, Ltd.	3,341 shares	**	114,045	
Danaher Corporation	1,378 shares	**	116,289	
Dassault Systems SA ADS	1,371 shares	**	122,705	
DBS Group Holdings, Ltd.	928 shares	**	56,144	
DBS Group Holdings, Ltd.	1,315 shares	**	79,558	
Diageo PLC SPON ADR	1,420 shares	**	170,159	
Discovery Communications	1,506 shares	**	38,900	
Dolby	915 shares	**	44,798	
Dollar Tree, Inc.	1,749 shares	**	122,290	
Du Pont El De Nemours & Co.	2,885 shares	**	232,848	
Edward Lifesciences Corp.	1,451 shares	**	171,566	
Eli Lilly & Co.	1,800 shares	**	148,140	
Estee Lauder Co. Inc.	1,744 shares	**	167,389	
Exxon Mobil Corp.	2,137 shares	**	172,520	
Facebook, Inc.	1,390 shares	**	209,862	
Fanuc Corporation	1,645 shares	**	31,749	
Fanuc Corporation	5,910 shares	**	114,063	
Fastenal Co.	1,076 shares	**	46,838	
Fidelity National Information SE	1,131 shares	**	96,587	
Fleetcor Technologies	206 shares	**	29,707	
Fluor Corp.	1,450 shares	**	66,381	
Freeport-McMoran, Inc.	8,343 shares	**	100,199	
Fresenius Medical Care AG & Co. (FMS)	1,866 shares	**	90,184	
Fresenius Medical Care AG & Co. (FSNYY)	2,929 shares	**	63,179	
Fuchs Petrolub AG	3,801 shares	**	51,770	

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

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

June 30, 2017

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	
General Electric Co.	7,205 shares	**	194,607	
Genuine Parts Co.	2,080 shares	**	192,941	
Grifols SA ADR	1,894 shares	**	40,020	
Grupo Financiero Banorte SAB	1,108 shares	**	35,378	
Grupo Televisa S.A. Global Dep.	1,184 shares	**	28,854	
HCP, Inc.	3,470 shares	**	110,901	
HDFC Bank Ltd.	436 shares	**	37,919	
Honeywell International, Inc.	1,118 shares	**	149,018	
HSBC Holdings PLC	3,545 shares	**	164,453	
HSBC Holdings PLC	1,109 shares	**	51,447	
ICICI Bank Ltd.	4,778 shares	**	42,859	
Immunogen, Inc.	2,912 shares	**	20,704	
Infineon Technologies AG	1,854 shares	**	39,490	
Informa PLC	1,909 shares	**	33,083	
Intel Corp.	3,875 shares	**	130,743	
Intercontinental Exchange Group	2,365 shares	**	155,901	
Ionis Pharmaceuticals, Inc.	1,830 shares	**	93,092	
ITAU Unibanco Multiple ADR	5,555 shares	**	61,383	
JGC Corp. Un-sponsored ADR	1,208 shares	**	39,332	
Johnson & Johnson	1,860 shares	**	246,059	
Johnson Controls, Inc.	2,048 shares	**	88,801	
Johnson Controls, Inc.	3,897 shares	**	168,974	
JP Morgan Chase & Co.	2,885 shares	**	263,689	
KBC Group NV Un-sponsored ADR	735 shares	**	28,070	
KDDI Corp. Un-sponsored ADR	3,414 shares	**	44,997	
Kimberly Clark Corp.	1,445 shares	**	186,564	
Komatsu, Ltd.	1,844 shares	**	47,299	
Kraft Heinz Co.	1,990 shares	**	170,424	
Kubota CP ADR	501 shares	**	42,319	
L'Oreal Co. ADR	2,544 shares	**	106,352	
Liberty Broadband Corp. - A	93 shares	**	7,978	
Liberty Broadband Corp. - C	172 shares	**	14,921	
Liberty Interactive Corp.	169 shares	**	8,837	
Liberty Interactive Corp. QVC A	2,532 shares	**	62,135	
Liberty Media Corp. SER A (LSXMA)	375 shares	**	15,743	
Liberty Media Corp. SER C (LSXMK)	750 shares	**	31,275	
Liberty Media Corp. S-A	37 shares	**	884	
Liberty Media Corp. S-C	75 shares	**	1,798	
Liberty Media Corp. SER A	93 shares	**	3,258	
Liberty Media Corp. SER C	187 shares	**	6,848	
Linde AG Sponsored ADR	2,875 shares	**	55,114	
Lions Gate Entertainment Corp.	470 shares	**	12,352	
Logmein Inc. Com.	170 shares	**	17,765	

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

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

June 30, 2017

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
	LVMH Moet Hennessy Louis Vuitton	1,127 shares	**	56,598
	L3 Technologies Inc. Com.	961 shares	**	160,564
	Makita Corp., Ltd.	2,154 shares	**	79,870
	Mastercard, Inc.	914 shares	**	111,005
	Medtronic PLC	1,091 shares	**	96,826
	Medtronic PLC	707 shares	**	62,746
	Medtronic PLC	838 shares	**	74,373
	Merck & Co., Inc.	3,360 shares	**	215,342
	Metlife, Inc.	3,470 shares	**	190,642
	Michelin Compagnie Generale De	1,960 shares	**	52,273
	Microsoft Corp.	3,194 shares	**	220,162
	Microsoft Corp.	3,342 shares	**	230,364
	Mitsubishi EST ADR	1,810 shares	**	33,802
	Mondelez International, Inc.	3,035 shares	**	131,082
	Monotaro Co., Ltd. ADR	1,244 shares	**	40,032
	Monster Beverage Corp.	2,330 shares	**	115,754
	Naspers Limited ADR	5,350 shares	**	108,873
	National Oilwell Varco, Inc.	1,216 shares	**	40,055
	Nestle Spon ADR Rep Reg SHR	1,666 shares	**	145,275
	Nextera Energy, Inc.	1,595 shares	**	223,507
	Novartis AG ADR	1,162 shares	**	96,992
	Novartis AG ADR	2,103 shares	**	175,537
	Now, Inc.	1,118 shares	**	17,977
	Nuance Communications, Inc.	1,955 shares	**	34,037
	Nucor Corporation	1,676 shares	**	96,990
	Oracle Corp.	3,036 shares	**	152,225
	Park24 Co. Ltd.	1,444 shares	**	37,197
	Pentair PLC	694 shares	**	46,179
	Pepsico, Inc.	1,298 shares	**	149,906
	Pfizer, Inc.	6,525 shares	**	219,175
	Philip Morris International, Inc.	1,423 shares	**	167,131
	Priceline Grp., Inc.	111 shares	**	207,628
	Prudential PLC ADR	2,808 shares	**	129,196
	Raytheon Co.	1,151 shares	**	185,863
	Red Electrica Corp.	5,189 shares	**	54,069
	Relx PLC Sponsored ADR	3,144 shares	**	68,854
	Roche Holdings ADR	4,557 shares	**	144,913
	Royal Dutch Shell PLC CL B	3,700 shares	**	201,391
	Royal Dutch Shell PLC CL B	2,095 shares	**	114,031
	Royal Dutch Shell PLC (RDS'A)	1,479 shares	**	78,668
	Royal KPN NV Spons ADR	9,010 shares	**	29,192
	Ryanair Holdings PLC ADR	395 shares	**	42,506
	Ryohin Keikaku Co. Ltd., ADR	1,557 shares	**	77,725

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

June 30, 2017

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
	S&P Global Inc. Com.	828 shares	**	120,880
	Sampo OYJ Un-sponsored ADR	3,510 shares	**	90,383
	SAP AG	1,045 shares	**	109,380
	SAP AG	1,350 shares	**	141,305
	Sasol, Ltd., Sponsored ADR	1,137 shares	**	31,779
	Schlumberger, Ltd.	1,039 shares	**	68,408
	Seagate Technology PLC	2,989 shares	**	115,824
	Seven & I Holdings Co., Ltd., ADR	2,590 shares	**	53,263
	Shire PLC ADR	605 shares	**	99,988
	Shire PLC ADR	341 shares	**	56,357
	Softbank Corp. Un-sponsored ADR	1,281 shares	**	52,137
	Sonova Holdings AG Un-sponsored ADR	1,511 shares	**	49,259
	Sony Corp. ADR	1,512 shares	**	57,743
	Starbucks Corp.	2,697 shares	**	157,262
	Statoil ASA ADR	2,243 shares	**	37,077
	Sumitomo Mitsui Financial Group, Inc.	9,662 shares	**	75,943
	Suncor Energy Inc.	1,525 shares	**	44,530
	Swedbank AB Spons ADR	2,323 shares	**	57,006
	Symrise AG Un-sponsored ADR	2,696 shares	**	47,908
	Sysmex Corp. Un-sponsored ADR	2,171 shares	**	64,935
	Taiwan Semiconductor Mfg. Co., Ltd ADR	4,200 shares	**	146,832
	TE Connectivity, Ltd.	1,937 shares	**	152,403
	Telenor ASA ADS	2,818 shares	**	46,483
	Tenaris S.A.	895 shares	**	27,870
	Thermo Fisher Scientific	1,026 shares	**	179,006
	TJX Cos., Inc.	1,219 shares	**	87,975
	Tokyo Electron Ltd. Un-sponsored ADR	1,248 shares	**	42,170
	Travelers Companies, Inc.	1,555 shares	**	196,754
	Turkiye Garanti Bankasi	13,800 shares	**	38,502
	Twitter, Inc.	6,786 shares	**	121,266
	Unilever NV NY	3,305 shares	**	182,667
	Unilever PLC ADS	1,868 shares	**	101,096
	Unilever PLC ADS	1,300 shares	**	70,356
	Unitedhealth Group, Inc.	1,775 shares	**	329,121
	Unitedhealth Group, Inc.	1,210 shares	**	224,358
	Valeo Sponsored ADR	2,759 shares	**	93,351
	Vertex Pharmaceuticals	894 shares	**	115,210
	Vinci SA ADR	3,714 shares	**	79,554
	Visa, Inc.	1,999 shares	**	187,466
	Walgreens Boots Alliance, Inc.	1,347 shares	**	105,484
	Weatherford International, Inc.	19,037 shares	**	73,675
	Wells Fargo & Co.	4,345 shares	**	240,756
	Welltower, Inc.	3,161 shares	**	236,601

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

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

June 30, 2017

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	
Western Digital Corporation	1,117 shares	**	98,966	
Wolseley PLC Jersey Sponsored ADR	12,014 shares	**	74,126	
Wolters Kluwer NV Sponsored ADR	1,901 shares	**	80,688	
Worldpay Group PLC ADR	3,917 shares	**	48,923	
WPP PLC Sponsored New ADR	800 shares	**	84,328	
3M Company	848 shares	**	176,545	
Total common stocks			22,373,185	
Preferred stocks				
Aegon NV Series 1 (AEB)	863 shares	**	21,497	
Allstate Corp (ALL.F)	760 shares	**	20,710	
Allstate Corp Dep (ALL.C)	1,338 shares	**	36,153	
Allstate Corp 5.625% (ALL.A)	726 shares	**	18,796	
Allstate Corp 6.625% (ALL.E)	2,127 shares	**	57,365	
Arch Capital Group, Ltd. 5.25% (ACGLP)	1,456 shares	**	35,483	
Axis Capital Holdings, Ltd. 5.5% (AXS.E)	833 shares	**	20,750	
Axis Capital Holdings, Ltd. 5.5% (AXS.D)	1,330 shares	**	33,850	
Bank New York Mellon 5.2% (BK.C)	3,963 shares	**	99,590	
Bank of America Corp. 6.625% (BAC.I)	2,006 shares	**	51,875	
Bank of America Corp. 6.625% (BAC.W)	4,041 shares	**	109,349	
Bank of America Corp. 6.5% (BAC.Y)	4,621 shares	**	124,397	
Bank of America Corp. 6.0% (BAC.A)	815 shares	**	21,761	
Bank of America Corp. 6.2% (BAC.C)	1,253 shares	**	33,593	
BB&T Corp. 5.2% (BBT.G)	2,376 shares	**	61,016	
BB&T Corp. 5.625% (BBT.E)	3,129 shares	**	79,664	
BB&T Corp. 5.85% (BBT.D)	1,231 shares	**	31,551	
BB&T Corp. 5.625% (BBT.H)	468 shares	**	12,589	
BB&T Corp. 5.2% (BBT.F)	791 shares	**	19,799	
Capital One Financial 6% (COF.P)	4,387 shares	**	111,518	
Capital One Financial 6% (COF.H)	401 shares	**	10,570	
Capital One Financial 6.2% (COF.F)	713 shares	**	19,073	
Capital One Financial 6.7% (COF.D)	1,590 shares	**	43,614	
Capital One 6.25% (COF.C)	1,486 shares	**	39,617	
Charles Schwab Corp. 6% (SCHW.B)	881 shares	**	22,492	
Charles Schwab Corp. 5.95% (SCHW.D)	897 shares	**	24,461	
Citigroup, Inc. 5.8% (C.C)	2,357 shares	**	61,376	
Citigroup, Inc. 6.875% (C.L)	1,324 shares	**	35,655	
Citigroup, Inc. 6.875% (C.K)	2,950 shares	**	87,291	
Citigroup, Inc. 7.125% (C.J)	1,009 shares	**	30,169	
DDR Corp. Class A (DDR.A)	751 shares	**	19,646	
Digital Realty TR Inc. 5.875% (DLR.G)	745 shares	**	19,050	
Digital Realty TR Inc. 7.375% (DLR.H)	751 shares	**	20,600	
First Republic Bank 5.125% (FRC.H)	96 shares	**	2,397	

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

June 30, 2017

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
	Goldman Sachs Group, Inc. 6.3% (GS.N)	759 shares	**	20,819
	Goldman Sachs Group, Inc. 6.375% (GS.K)	2,962 shares	**	87,468
	Goldman Sachs Group, Inc. 5.50% (GS.J)	4,977 shares	**	140,103
	Goldman Sachs Group, Inc. 5.95% (GS.I)	2,414 shares	**	62,498
	Interstate PWR & LT Co. 5.1% (IPL.D)	389 shares	**	10,024
	JP Morgan Chase & Co. 5.45% (JPM.A)	2,086 shares	**	54,007
	JP Morgan Chase & Co. 6.3% (JPM.E)	1,268 shares	**	34,173
	JP Morgan Chase & Co. 5.5% (JPM.D)	4,078 shares	**	104,641
	JP Morgan Chase & Co. 6.125% (JPM.F)	1,982 shares	**	53,415
	JP Morgan Chase & Co. 6.70% (JPM.B)	2,288 shares	**	61,730
	JP Morgan Chase & Co. 6.15% (JPM.H)	607 shares	**	16,638
	Keycorp 6.125% (KEY.I)	1,922 shares	**	56,315
	Kimco Realty Corp. 5.50% (KIM.J)	689 shares	**	17,287
	Kimco Realty Corp. 5.625% (KIM.K)	715 shares	**	17,861
	* Morgan Stanley Series 5.85% (MS.K)	3,208 shares	**	87,643
	* Morgan Stanley Series 6.625% (MS.G)	3,258 shares	**	89,237
	* Morgan Stanley Series 6.875% (MS.F)	1,542 shares	**	45,165
	* Morgan Stanley Series 7.125% (MS.E)	3,239 shares	**	96,004
	National Retail Property 5.2% (NNN.F)	1,656 shares	**	40,158
	National Retail Property 5.70% (NNN.E)	1,358 shares	**	34,575
	New York Community Bank Inc. Ser. A (NYCB.A)	636 shares	**	18,190
	PNC Financial 6.125% FLTS 5/1/22 (PNC.P)	6,957 shares	**	205,927
	PS Business Parks, Inc. 5.7% (PSB.V)	480 shares	**	12,350
	PS Business Parks, Inc. 5.75% (PSB.U)	421 shares	**	10,597
	PS Business Parks, Inc. 6.00% (PSB.T)	1,887 shares	**	47,552
	Public Storage 5.15% (PSA.F)	763 shares	**	19,106
	Public Storage 5.20% (PSA.X)	770 shares	**	19,435
	Public Storage 5.20% (PSA.W)	949 shares	**	23,867
	Public Storage 5.375% (PSA.V)	682 shares	**	17,221
	Public Storage 5.625% (PSA.U)	166 shares	**	4,187
	Public Storage 5.75% (PSA.T)	1,161 shares	**	29,246
	Public Storage 5.875% (PSA.A)	466 shares	**	12,582
	Public Storage 6.375% (PSA.Y)	873 shares	**	23,911
	Public Storage 6.0% (PSA.Z)	1,014 shares	**	27,125
	Regions Financial Co. 6.375% (RF.B)	1,966 shares	**	57,250
	Renaissancere Holdings 5.375% (RNR.E)	1,330 shares	**	34,075
	Royal Bank Scotland Group 5.75% (RBS.L)	4,182 shares	**	105,846
	SCE Trust 5.375% (SCE.I)	782 shares	**	22,092
	SCE Trust 5.45% (SCE.K)	954 shares	**	27,571
	SCE Trust 5.0% (SCE.L)	733 shares	**	18,244
	Schwab Charles Corp. Series C (SCHW.C)	3,649 shares	**	99,107
	State Street Co. 5.90% Fxd to Flt (STT.D)	1,668 shares	**	46,887
	State Street Co. 5.25% (STT.C)	2,363 shares	**	59,571

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

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

June 30, 2017

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	
State Street Co. 6.0% (STT.E)	3,339 shares	**	89,385	
Suntrust Banks, Inc. 5.875% (STI.E)	634 shares	**	16,256	
TCF Financial Corp. 7.5% (TCB.B)	1,414 shares	**	35,815	
U.S. Bancorp PFD B (USB.H)	520 shares	**	12,511	
U.S. Bancorp 5.15% (USB.O)	1,099 shares	**	28,750	
U.S. Bancorp 6.5% FLTS 1/15/22 (USB.M)	2,240 shares	**	66,506	
Vornado Realty Trust 5.40% (VNO.L)	716 shares	**	18,115	
Vornado Realty Trust 5.70% (VNO.K)	673 shares	**	17,215	
Wells Fargo & Company 5.5% (WFC.X)	1,085 shares	**	27,711	
Wells Fargo & Company 5.625% (WFC.Y)	1,603 shares	**	41,213	
Wells Fargo & Company 6.625% (WFC.R)	3,350 shares	**	101,264	
Wells Fargo 5.85% Fixed to Flt (WFC.Q)	3,148 shares	**	87,074	
Wells Fargo 8.0% Non Cum (WFC.J)	1,291 shares	**	33,450	
Total preferred stocks			4,084,282	
Mutual funds				
EV Floating Rate HI Income Fund	812,512.681 shares	**	7,215,113	
Principal Capital SEC S	142,316.955 shares	**	1,474,403	
Total mutual funds			8,689,516	
Exchange-traded funds				
Proshares Ultra Real Estate	1,500 shares	**	188,445	
SPDR Gold Tr. Gold Shs.	2,000 shares	**	236,040	
Total exchange-traded funds			424,485	
Corporate debt instruments				
Affiliated Managers Group, Inc.	13,500 par	**	13,716	
	6.375%, due 8/15/2042			
AFLAC, Inc.	61,025 par	**	61,879	
	5.5%, due 9/15/2052			
Allstate Corp.	19,975 par	**	22,372	
	5.1%, due 1/15/2053			
American Financial Group	9,625 par	**	9,764	
	5.75%, due 8/25/2042			
American Financial Group	11,450 par	**	12,572	
	6.0%, due 11/15/2055			
American Financial Group	18,075 par	**	19,492	
	6.25%, due 9/30/2054			
Berkley Corp.	17,675 par	**	18,793	
	5.9%, due 3/1/2056			
Comcast Corp.	15,925 par	**	16,294	
	5.0%, due 12/15/2061			

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

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

June 30, 2017

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	
Dominion Energy Inc.	108,975 par 5.25%, due 7/30/2076	**	109,716	
DTE Energy	23,375 par 5.375%, due 6/1/2076	**	23,665	
DTE Energy	24,775 par 6.0%, due 12/15/2076	**	27,153	
Duke Energy Corp.	54,425 par 5.125%, due 1/15/2073	**	56,929	
Entergy Arkansas, Inc.	12,375 par 4.75%, due 6/1/2063	**	12,304	
Entergy Arkansas, Inc.	71,525 par 4.875%, due 9/1/2066	**	68,807	
Entergy Louisiana, LLC	60,600 par 4.875%, due 9/1/2066	**	58,224	
Entergy Mississippi, Inc.	42,775 par 4.9%, due 10/1/2066	**	41,526	
Entergy New Orleans, Inc.	12,200 par 5.5%, due 4/1/2066	**	12,659	
Entergy Texas, Inc.	14,825 par 5.625%, due 6/1/2064	**	15,851	
GATX Corp.	19,300 par 5.625%, due 5/30/2066	**	20,064	
General Electric Capital Corp.	78,200 par 4.875%, due 10/15/2052	**	79,920	
General Electric Capital Corp.	68,675 par 4.875%, due 1/29/2053	**	70,378	
General Electric Capital Corp.	70,425 par 4.7%, due 5/16/2053	**	71,862	
Hartford Financial Services Group	25,500 par 7.875%, due 4/15/2042	**	31,365	
Integrays Energy Group, Inc.	68,725 par 6.0%, due 8/1/2073	**	74,086	
Nextera Energy Capital Holdings, Inc.	13,950 par 5.0%, due 1/15/2073	**	14,229	
Nextera Energy Capital Holdings, Inc.	33,250 par 5.125%, due 11/15/2072	**	33,649	
Nextera Energy Capital Holdings, Inc.	16,050 par 5.625%, due 6/15/2072	**	16,166	
Nextera Energy Capital Holdings, Inc.	27,725 par 5.25%, due 6/1/2076	**	28,091	
Nextera Energy Capital Holdings, Inc.	15,975 par 5.7%, due 3/1/2072	**	16,192	

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

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

June 30, 2017

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
	PPL Capital Funding, Inc.	23,775 par 5.9%, due 4/30/2073	**	25,106
	Protective Life Corp.	26,875 par 6.25%, due 5/15/2042	**	27,413
	Protective Life Corp.	12,475 par 6.0%, due 9/1/2042	**	12,630
	Prudential Financial, Inc.	34,150 par 5.75%, due 12/15/2052	**	35,502
	Prudential Financial, Inc.	44,125 par 5.7%, due 3/15/2053	**	45,837
	Qwest Corp.	11,625 par 6.125%, due 6/1/2053	**	11,616
	Qwest Corp.	16,375 par 6.5%, due 9/1/2056	**	16,362
	Reinsurance Group America, Inc.	21,875 par 6.2%, due 9/15/2042	**	26,084
	Senior Housing Property Trust	42,800 par 5.625%, due 8/1/2042	**	43,365
	Senior Housing Properties	15,000 par 6.25%, due 2/1/2046	**	16,188
	Stanley Black & Decker	58,850 par 5.75%, due 7/25/2052	**	60,192
	The Southern Co.	40,800 par 5.25%, due 10/1/2076	**	40,816
	The Southern Co.	10,625 par 6.25%, due 10/15/2075	**	11,628
	Torchmark Corp.	13,375 par 6.125%, due 6/15/2056	**	14,210
	Torchmark Corp.	19,575 par 5.875%, due 12/15/2052	**	20,108
	Ventas Realty LP/Capital Corp.	40,650 par 5.45%, due 3/15/2043	**	41,365
	Verizon Communications	48,425 par 5.9%, due 2/15/2054	**	52,144
	W.R. Berkley Corp.	39,725 par 5.625%, due 4/30/2053	**	41,473
	W.R. Berkley Corp.	34,375 par 5.75%, due 6/1/2056	**	36,094
	Total corporate debt instruments			1,635,851

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

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

June 30, 2017

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
	Annuities			
	Brighthouse Life Insurance Annual Renewable Fixed		**	1,542,550
	Brighthouse Life Insurance Annual Renewable Fixed		**	770,837
	Jackson National Variable		**	918,870
	Jackson National Variable		**	1,211,345
	Total annuities			<u>4,443,602</u>
	Total investments			<u><u>\$ 45,015,799</u></u>

* Party-in-interest as defined by ERISA.

** Information not available.

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

	Years of credited service:										
	< 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Attained											
Age											
Under											
25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	15	2	0	0	0	0	0	0	17
30 to 34	0	0	24	35	1	0	0	0	0	0	60
35 to 39	0	0	29	53	14	3	0	0	0	0	99
40 to 44	0	0	31	50	30	29	1	0	0	0	141
45 to 49	0	2	28	60	41	38	16	5	0	0	190
50 to 54	0	0	37	58	36	51	33	15	1	0	231
55 to 59	0	1	19	50	34	42	24	14	6	3	193
60 to 64	0	0	11	26	8	20	14	8	6	7	100
65 to 69	0	0	3	5	6	5	8	3	1	2	33
70 & up	0	0	0	0	2	0	1	0	0	1	4
Total	0	3	197	339	172	188	97	45	14	13	1,068

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

Age	Qr	Paa	Qr x Paa	Qr x Paa x Age
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	61.38
				avg ret age

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

Type of Base	Date Established	Balance at 7/1/2015	Payment	Years Remaining at 7/1/2015
Shortfall	7/1/2016	\$4,152,424	\$686,078	7
Shortfall	7/1/2015	\$3,800,892	\$711,265	6
Shortfall	7/1/2014	\$2,570,036	\$559,505	5
Shortfall	7/1/2013	\$291,335	\$77,636	4
Shortfall	7/1/2012	(\$1,631,086)	(\$567,426)	3
Shortfall	7/1/2011	\$1,029,447	\$525,878	2
Shortfall	7/1/2010	\$488,763	\$488,763	1
Sub-Total		10,701,811	2,481,699	

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

Date Paid	Contribution Amount	Contribution Due Date	Discounted to 7/1/2016	Discounted to 7/1/2017
6/15/2017	\$808,359	1/15/2017	\$751,043	\$0
6/15/2017	1,066,641	4/15/2017	1,002,353	0
2/15/2018	402,810	4/15/2017	353,223	388,672
2/15/2018	1,469,451	7/15/2017	1,303,468	1,417,876
2/15/2018	3,427,739	3/15/2018	3,124,346	3,307,433
	<u>7,175,000</u>		<u>6,534,433</u>	<u>5,113,981</u>

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

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

Plus,

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

For those hired before July 1, 2004:

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

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

FINANCIAL STATEMENTS

WITH SUPPLEMENTARY INFORMATION

JUNE 30, 2017 AND 2016



Waltham Rea

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INDEPENDENT AUDITORS' REPORT

April 10, 2018

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 statement of net assets available for benefits of as of June 30, 2017, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

An audit involves performing procedures to obtain 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, 2017, and the changes in its financial status for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter – 2016 Financial Statements

The financial statements of the Plan as of June 30, 2016 were audited by predecessor auditors, Walthall, LLP, who merged with Rea & Associates, Inc. on November 1, 2017. Their report, dated April 5, 2017 expressed an unmodified opinion on those financial statements.

Report on Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of June 30, 2017 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, 2017, 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.

Rea & Associates, Inc.

Certified Public Accountants

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

Statements of Net Assets Available for Benefits

June 30, 2017 and 2016

ASSETS

	<u>2017</u>	<u>2016</u>
Assets		
Investments, at fair value:		
Interest-bearing cash	\$ 3,364,878	\$ 4,508,756
Common stocks	22,373,185	21,558,577
Preferred stocks	4,084,282	3,622,278
Mutual funds	8,689,516	8,458,412
Exchange traded funds	424,485	444,940
Corporate debt instruments	1,635,851	1,076,367
Annuity contracts	<u>4,443,602</u>	<u>3,332,554</u>
	45,015,799	43,001,884
Receivables:		
Employer contributions	5,300,000	4,500,000
Cash	<u>107,168</u>	<u>150,507</u>
Total Assets	50,422,967	47,652,391

LIABILITIES

Pending security purchases	<u>4,386</u>	<u>168,258</u>
Total Liabilities	<u>4,386</u>	<u>168,258</u>
Net Assets Available for Benefits	<u><u>\$ 50,418,581</u></u>	<u><u>\$ 47,484,133</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, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Additions		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 3,019,961	\$ (103,394)
Interest and dividends	<u>1,226,162</u>	<u>1,174,683</u>
Total investment income	4,246,123	1,071,289
Employer contributions	<u>7,175,000</u>	<u>6,000,000</u>
 Total additions	 11,421,123	 7,071,289
Deductions		
Benefits paid to participants	7,478,754	5,307,343
Administrative expenses	<u>1,007,921</u>	<u>715,836</u>
 Total deductions	 <u>8,486,675</u>	 <u>6,023,179</u>
 Net Increase	 2,934,448	 1,048,110
 Net Assets Available for Benefits - Beginning	 <u>47,484,133</u>	 <u>46,436,023</u>
 Net Assets Available for Benefits - Ending	 <u><u>\$ 50,418,581</u></u>	 <u><u>\$ 47,484,133</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, 2017 and 2016

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,	
	2017	2016
Vested benefits		
Participants currently receiving payments	\$ 1,539,227	\$ 1,212,023
Other participants	62,941,838	60,372,159
Total vested benefits	64,481,065	61,584,182
Total actuarial present value of accumulated plan benefits	<u>\$ 64,481,065</u>	<u>\$ 61,584,182</u>

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

	Years Ended June 30,	
	2017	2016
Actuarial present value of accumulated plan benefits at beginning of the year	\$ 61,584,182	\$ 56,868,627
Increase (decrease) attributable to:		
Benefits accumulated	6,549,578	5,721,882
Decrease in discount period	3,389,859	3,176,616
Benefits paid	(7,478,754)	(5,320,316)
Change in actuarial assumptions	436,200	1,137,373
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 64,481,065</u>	<u>\$ 61,584,182</u>

The significant actuarial assumptions used in the June 30, 2017 and 2016 valuations are as follows:

Long-term rate of return	2016 - March 2016 segmented rates, 4.43% - 6.65% 2017 - March 2017 segmented rates, 4.16% - 6.48%
Mortality basis	2016 - RP2014 SOA Blue Collar Mortality with Scale MP2014. 2017 - RP2014 SOA Blue Collar Mortality with Scale MP2017.
Cost method	Aggregate Method
Retirement	Beginning at age 55 through age 68
Salary scale	3.25% 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.

Corporate debt instruments: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a current discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Annuity contracts: Valued at contract value which approximates fair value.

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, 2017			
	(Level 1)	(Level 2)	(Level 3)	Total
Interest-bearing cash	\$ 3,364,878	\$ -	\$ -	\$ 3,364,878
Common stocks	22,373,185	-	-	22,373,185
Preferred stocks	-	4,084,282	-	4,084,282
Mutual funds	8,689,516	-	-	8,689,516
Exchange-traded funds	424,485	-	-	424,485
Corporate debt instruments	-	1,635,851	-	1,635,851
Annuity contracts				
Fixed	-	2,313,387	-	2,313,387
Variable	-	2,130,215	-	2,130,215
Total	<u>\$34,852,064</u>	<u>\$10,163,735</u>	<u>\$ -</u>	<u>\$45,015,799</u>

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	<u>\$34,970,685</u>	<u>\$ 8,031,199</u>	<u>\$ -</u>	<u>\$43,001,884</u>

Note 5 - Investment Contracts with Insurance Companies

The Plan holds fixed and variable annuity contracts with a variety of insurance companies. 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 \$2,313,387 and \$2,246,007 as of June 30, 2017 and 2016, 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, 2017. 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 \$2,130,215 and \$1,086,547 as of June 30, 2017 and 2016, 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 2017 and 2016, the Company made contributions of \$7,175,000 and \$6,000,000, respectively. The Company's contributions for 2017 and 2016 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, 2017 and 2016, the Plan made direct payments to Morgan Stanley totaling \$215,738 and \$203,551, 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 February 14, 2017, 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, 2017, 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 2014.

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, 2017 through April 10, 2018, 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, 2017

Plan No: 002

EIN: 31-1247560

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
Interest bearing cash				
* Morgan Stanley	interest bearing cash	**	\$	3,364,878
Common stocks				
Accenture PLC Ireland	705 shares	**		87,194
Adient PLC Com	164 shares	**		10,722
AIA Group Ltd.	5,310 shares	**		155,981
AIR Liquide ADR	3,661 shares	**		91,177
AIR Prod. & Chem. Inc.	241 shares	**		34,477
Alfa Laval AB	2,244 shares	**		46,002
Allergan PLC	741 shares	**		180,130
Allianz SE ADS	5,507 shares	**		108,901
Alphabet Inc. Cl. A	214 shares	**		198,952
Altria Group, Inc.	3,245 shares	**		241,655
AMC Networks, Inc.	375 shares	**		20,029
Anadarko PETE	3,464 shares	**		157,058
Analog Devices Inc.	1,175 shares	**		91,415
Anheuser Busch Inbev	711 shares	**		78,466
AON PLC Shares	635 shares	**		84,423
Apple, Inc.	1,507 shares	**		217,038
Ashtead Group PLC	441 shares	**		36,755
Aspen Pharmacare Holdings Ltd.	1,524 shares	**		33,498
ASSA Abloy ADR	7,356 shares	**		80,916
Associated British FDS PLC	1,261 shares	**		49,053
Astrazeneca PLC	4,200 shares	**		143,178
AT&T Inc.	5,345 shares	**		201,667
Atlas Copco AS A ADR	1,504 shares	**		58,190
Autodesk, Inc.	1,346 shares	**		135,704
Baidu, Inc.	763 shares	**		136,470
Banca Mediolanum SPA ADR	2,098 shares	**		34,533
Banco Bilbao Viz Arg SA ADS	13,908 shares	**		116,271
Bayer AG Spon ADR	1,307 shares	**		169,734
Bayerische Motoren Werke AG	1,540 shares	**		47,986
BBA Aviation PLC ADR	1,119 shares	**		22,940
BCE, Inc.	4,723 shares	**		212,724
Becton Dickinson & Co.	660 shares	**		128,773
BHP Billiton, Ltd.	2,164 shares	**		77,017
Biogen, Inc.	501 shares	**		135,951
Bioverativ, Inc.	250 shares	**		15,043
Boeing Co.	1,175 shares	**		232,356
British American TOB Spon ADR	1,798 shares	**		123,235
Broadcom, Ltd.	605 shares	**		140,995
Canadian National Railway Co.	748 shares	**		60,625

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

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

June 30, 2017

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	
Canadian National Railway Co.	1,198 shares	**	97,098	
Carlsberg AS	3,113 shares	**	66,680	
Celgene Corp.	1,071 shares	**	139,091	
Charles Schwab New	3,301 shares	**	141,811	
Check Point Software Tech Ltd.	1,024 shares	**	111,698	
Chevron Corp.	2,000 shares	**	208,660	
Chubb Ltd.	1,585 shares	**	230,427	
Cisco Systems, Inc.	6,520 shares	**	204,076	
Citrix Systems, Inc.	990 shares	**	78,784	
Comcast Corp.	7,384 shares	**	287,385	
Compagnie Fin Richemontag ADR	4,436 shares	**	36,530	
Compass Group PLC	3,491 shares	**	74,952	
Conocophillips	3,550 shares	**	156,058	
Contl AG Spons ADR	975 shares	**	42,354	
Convatec Group PLC ADR	1,445 shares	**	24,565	
Corning, Inc.	5,900 shares	**	177,295	
Cree Research, Inc.	1,955 shares	**	48,191	
CSL, Ltd.	890 shares	**	47,419	
Daiwa House Industries, Ltd.	3,341 shares	**	114,045	
Danaher Corporation	1,378 shares	**	116,289	
Dassault Systems SA ADS	1,371 shares	**	122,705	
DBS Group Holdings, Ltd.	928 shares	**	56,144	
DBS Group Holdings, Ltd.	1,315 shares	**	79,558	
Diageo PLC SPON ADR	1,420 shares	**	170,159	
Discovery Communications	1,506 shares	**	38,900	
Dolby	915 shares	**	44,798	
Dollar Tree, Inc.	1,749 shares	**	122,290	
Du Pont El De Nemours & Co.	2,885 shares	**	232,848	
Edward Lifesciences Corp.	1,451 shares	**	171,566	
Eli Lilly & Co.	1,800 shares	**	148,140	
Estee Lauder Co. Inc.	1,744 shares	**	167,389	
Exxon Mobil Corp.	2,137 shares	**	172,520	
Facebook, Inc.	1,390 shares	**	209,862	
Fanuc Corporation	1,645 shares	**	31,749	
Fanuc Corporation	5,910 shares	**	114,063	
Fastenal Co.	1,076 shares	**	46,838	
Fidelity National Information SE	1,131 shares	**	96,587	
Fleetcor Technologies	206 shares	**	29,707	
Fluor Corp.	1,450 shares	**	66,381	
Freeport-McMoran, Inc.	8,343 shares	**	100,199	
Fresenius Medical Care AG & Co. (FMS)	1,866 shares	**	90,184	
Fresenius Medical Care AG & Co. (FSNYY)	2,929 shares	**	63,179	
Fuchs Petrolub AG	3,801 shares	**	51,770	

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

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

June 30, 2017

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	
General Electric Co.	7,205 shares	**	194,607	
Genuine Parts Co.	2,080 shares	**	192,941	
Grifols SA ADR	1,894 shares	**	40,020	
Grupo Financiero Banorte SAB	1,108 shares	**	35,378	
Grupo Televisa S.A. Global Dep.	1,184 shares	**	28,854	
HCP, Inc.	3,470 shares	**	110,901	
HDFC Bank Ltd.	436 shares	**	37,919	
Honeywell International, Inc.	1,118 shares	**	149,018	
HSBC Holdings PLC	3,545 shares	**	164,453	
HSBC Holdings PLC	1,109 shares	**	51,447	
ICICI Bank Ltd.	4,778 shares	**	42,859	
Immunogen, Inc.	2,912 shares	**	20,704	
Infineon Technologies AG	1,854 shares	**	39,490	
Informa PLC	1,909 shares	**	33,083	
Intel Corp.	3,875 shares	**	130,743	
Intercontinental Exchange Group	2,365 shares	**	155,901	
Ionis Pharmaceuticals, Inc.	1,830 shares	**	93,092	
ITAU Unibanco Multiple ADR	5,555 shares	**	61,383	
JGC Corp. Un-sponsored ADR	1,208 shares	**	39,332	
Johnson & Johnson	1,860 shares	**	246,059	
Johnson Controls, Inc.	2,048 shares	**	88,801	
Johnson Controls, Inc.	3,897 shares	**	168,974	
JP Morgan Chase & Co.	2,885 shares	**	263,689	
KBC Group NV Un-sponsored ADR	735 shares	**	28,070	
KDDI Corp. Un-sponsored ADR	3,414 shares	**	44,997	
Kimberly Clark Corp.	1,445 shares	**	186,564	
Komatsu, Ltd.	1,844 shares	**	47,299	
Kraft Heinz Co.	1,990 shares	**	170,424	
Kubota CP ADR	501 shares	**	42,319	
L'Oreal Co. ADR	2,544 shares	**	106,352	
Liberty Broadband Corp. - A	93 shares	**	7,978	
Liberty Broadband Corp. - C	172 shares	**	14,921	
Liberty Interactive Corp.	169 shares	**	8,837	
Liberty Interactive Corp. QVC A	2,532 shares	**	62,135	
Liberty Media Corp. SER A (LSXMA)	375 shares	**	15,743	
Liberty Media Corp. SER C (LSXMK)	750 shares	**	31,275	
Liberty Media Corp. S-A	37 shares	**	884	
Liberty Media Corp. S-C	75 shares	**	1,798	
Liberty Media Corp. SER A	93 shares	**	3,258	
Liberty Media Corp. SER C	187 shares	**	6,848	
Linde AG Sponsored ADR	2,875 shares	**	55,114	
Lions Gate Entertainment Corp.	470 shares	**	12,352	
Logmein Inc. Com.	170 shares	**	17,765	

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

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

June 30, 2017

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
	LVMH Moet Hennessy Louis Vuitton	1,127 shares	**	56,598
	L3 Technologies Inc. Com.	961 shares	**	160,564
	Makita Corp., Ltd.	2,154 shares	**	79,870
	Mastercard, Inc.	914 shares	**	111,005
	Medtronic PLC	1,091 shares	**	96,826
	Medtronic PLC	707 shares	**	62,746
	Medtronic PLC	838 shares	**	74,373
	Merck & Co., Inc.	3,360 shares	**	215,342
	Metlife, Inc.	3,470 shares	**	190,642
	Michelin Compagnie Generale De	1,960 shares	**	52,273
	Microsoft Corp.	3,194 shares	**	220,162
	Microsoft Corp.	3,342 shares	**	230,364
	Mitsubishi EST ADR	1,810 shares	**	33,802
	Mondelez International, Inc.	3,035 shares	**	131,082
	Monotaro Co., Ltd. ADR	1,244 shares	**	40,032
	Monster Beverage Corp.	2,330 shares	**	115,754
	Naspers Limited ADR	5,350 shares	**	108,873
	National Oilwell Varco, Inc.	1,216 shares	**	40,055
	Nestle Spon ADR Rep Reg SHR	1,666 shares	**	145,275
	Nextera Energy, Inc.	1,595 shares	**	223,507
	Novartis AG ADR	1,162 shares	**	96,992
	Novartis AG ADR	2,103 shares	**	175,537
	Now, Inc.	1,118 shares	**	17,977
	Nuance Communications, Inc.	1,955 shares	**	34,037
	Nucor Corporation	1,676 shares	**	96,990
	Oracle Corp.	3,036 shares	**	152,225
	Park24 Co. Ltd.	1,444 shares	**	37,197
	Pentair PLC	694 shares	**	46,179
	Pepsico, Inc.	1,298 shares	**	149,906
	Pfizer, Inc.	6,525 shares	**	219,175
	Philip Morris International, Inc.	1,423 shares	**	167,131
	Priceline Grp., Inc.	111 shares	**	207,628
	Prudential PLC ADR	2,808 shares	**	129,196
	Raytheon Co.	1,151 shares	**	185,863
	Red Electrica Corp.	5,189 shares	**	54,069
	Relx PLC Sponsored ADR	3,144 shares	**	68,854
	Roche Holdings ADR	4,557 shares	**	144,913
	Royal Dutch Shell PLC CL B	3,700 shares	**	201,391
	Royal Dutch Shell PLC CL B	2,095 shares	**	114,031
	Royal Dutch Shell PLC (RDS'A)	1,479 shares	**	78,668
	Royal KPN NV Spons ADR	9,010 shares	**	29,192
	Ryanair Holdings PLC ADR	395 shares	**	42,506
	Ryohin Keikaku Co. Ltd., ADR	1,557 shares	**	77,725

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

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

June 30, 2017

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
	S&P Global Inc. Com.	828 shares	**	120,880
	Sampo OYJ Un-sponsored ADR	3,510 shares	**	90,383
	SAP AG	1,045 shares	**	109,380
	SAP AG	1,350 shares	**	141,305
	Sasol, Ltd., Sponsored ADR	1,137 shares	**	31,779
	Schlumberger, Ltd.	1,039 shares	**	68,408
	Seagate Technology PLC	2,989 shares	**	115,824
	Seven & I Holdings Co., Ltd., ADR	2,590 shares	**	53,263
	Shire PLC ADR	605 shares	**	99,988
	Shire PLC ADR	341 shares	**	56,357
	Softbank Corp. Un-sponsored ADR	1,281 shares	**	52,137
	Sonova Holdings AG Un-sponsored ADR	1,511 shares	**	49,259
	Sony Corp. ADR	1,512 shares	**	57,743
	Starbucks Corp.	2,697 shares	**	157,262
	Statoil ASA ADR	2,243 shares	**	37,077
	Sumitomo Mitsui Financial Group, Inc.	9,662 shares	**	75,943
	Suncor Energy Inc.	1,525 shares	**	44,530
	Swedbank AB Spons ADR	2,323 shares	**	57,006
	Symrise AG Un-sponsored ADR	2,696 shares	**	47,908
	Sysmex Corp. Un-sponsored ADR	2,171 shares	**	64,935
	Taiwan Semiconductor Mfg. Co., Ltd ADR	4,200 shares	**	146,832
	TE Connectivity, Ltd.	1,937 shares	**	152,403
	Telenor ASA ADS	2,818 shares	**	46,483
	Tenaris S.A.	895 shares	**	27,870
	Thermo Fisher Scientific	1,026 shares	**	179,006
	TJX Cos., Inc.	1,219 shares	**	87,975
	Tokyo Electron Ltd. Un-sponsored ADR	1,248 shares	**	42,170
	Travelers Companies, Inc.	1,555 shares	**	196,754
	Turkiye Garanti Bankasi	13,800 shares	**	38,502
	Twitter, Inc.	6,786 shares	**	121,266
	Unilever NV NY	3,305 shares	**	182,667
	Unilever PLC ADS	1,868 shares	**	101,096
	Unilever PLC ADS	1,300 shares	**	70,356
	Unitedhealth Group, Inc.	1,775 shares	**	329,121
	Unitedhealth Group, Inc.	1,210 shares	**	224,358
	Valeo Sponsored ADR	2,759 shares	**	93,351
	Vertex Pharmaceuticals	894 shares	**	115,210
	Vinci SA ADR	3,714 shares	**	79,554
	Visa, Inc.	1,999 shares	**	187,466
	Walgreens Boots Alliance, Inc.	1,347 shares	**	105,484
	Weatherford International, Inc.	19,037 shares	**	73,675
	Wells Fargo & Co.	4,345 shares	**	240,756
	Welltower, Inc.	3,161 shares	**	236,601

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

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

June 30, 2017

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	
Western Digital Corporation	1,117 shares	**	98,966	
Wolseley PLC Jersey Sponsored ADR	12,014 shares	**	74,126	
Wolters Kluwer NV Sponsored ADR	1,901 shares	**	80,688	
Worldpay Group PLC ADR	3,917 shares	**	48,923	
WPP PLC Sponsored New ADR	800 shares	**	84,328	
3M Company	848 shares	**	176,545	
Total common stocks			22,373,185	
Preferred stocks				
Aegon NV Series 1 (AEB)	863 shares	**	21,497	
Allstate Corp (ALL.F)	760 shares	**	20,710	
Allstate Corp Dep (ALL.C)	1,338 shares	**	36,153	
Allstate Corp 5.625% (ALL.A)	726 shares	**	18,796	
Allstate Corp 6.625% (ALL.E)	2,127 shares	**	57,365	
Arch Capital Group, Ltd. 5.25% (ACGLP)	1,456 shares	**	35,483	
Axis Capital Holdings, Ltd. 5.5% (AXS.E)	833 shares	**	20,750	
Axis Capital Holdings, Ltd. 5.5% (AXS.D)	1,330 shares	**	33,850	
Bank New York Mellon 5.2% (BK.C)	3,963 shares	**	99,590	
Bank of America Corp. 6.625% (BAC.I)	2,006 shares	**	51,875	
Bank of America Corp. 6.625% (BAC.W)	4,041 shares	**	109,349	
Bank of America Corp. 6.5% (BAC.Y)	4,621 shares	**	124,397	
Bank of America Corp. 6.0% (BAC.A)	815 shares	**	21,761	
Bank of America Corp. 6.2% (BAC.C)	1,253 shares	**	33,593	
BB&T Corp. 5.2% (BBT.G)	2,376 shares	**	61,016	
BB&T Corp. 5.625% (BBT.E)	3,129 shares	**	79,664	
BB&T Corp. 5.85% (BBT.D)	1,231 shares	**	31,551	
BB&T Corp. 5.625% (BBT.H)	468 shares	**	12,589	
BB&T Corp. 5.2% (BBT.F)	791 shares	**	19,799	
Capital One Financial 6% (COF.P)	4,387 shares	**	111,518	
Capital One Financial 6% (COF.H)	401 shares	**	10,570	
Capital One Financial 6.2% (COF.F)	713 shares	**	19,073	
Capital One Financial 6.7% (COF.D)	1,590 shares	**	43,614	
Capital One 6.25% (COF.C)	1,486 shares	**	39,617	
Charles Schwab Corp. 6% (SCHW.B)	881 shares	**	22,492	
Charles Schwab Corp. 5.95% (SCHW.D)	897 shares	**	24,461	
Citigroup, Inc. 5.8% (C.C)	2,357 shares	**	61,376	
Citigroup, Inc. 6.875% (C.L)	1,324 shares	**	35,655	
Citigroup, Inc. 6.875% (C.K)	2,950 shares	**	87,291	
Citigroup, Inc. 7.125% (C.J)	1,009 shares	**	30,169	
DDR Corp. Class A (DDR.A)	751 shares	**	19,646	
Digital Realty TR Inc. 5.875% (DLR.G)	745 shares	**	19,050	
Digital Realty TR Inc. 7.375% (DLR.H)	751 shares	**	20,600	
First Republic Bank 5.125% (FRC.H)	96 shares	**	2,397	

THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES
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June 30, 2017

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
	Goldman Sachs Group, Inc. 6.3% (GS.N)	759 shares	**	20,819
	Goldman Sachs Group, Inc. 6.375% (GS.K)	2,962 shares	**	87,468
	Goldman Sachs Group, Inc. 5.50% (GS.J)	4,977 shares	**	140,103
	Goldman Sachs Group, Inc. 5.95% (GS.I)	2,414 shares	**	62,498
	Interstate PWR & LT Co. 5.1% (IPL.D)	389 shares	**	10,024
	JP Morgan Chase & Co. 5.45% (JPM.A)	2,086 shares	**	54,007
	JP Morgan Chase & Co. 6.3% (JPM.E)	1,268 shares	**	34,173
	JP Morgan Chase & Co. 5.5% (JPM.D)	4,078 shares	**	104,641
	JP Morgan Chase & Co. 6.125% (JPM.F)	1,982 shares	**	53,415
	JP Morgan Chase & Co. 6.70% (JPM.B)	2,288 shares	**	61,730
	JP Morgan Chase & Co. 6.15% (JPM.H)	607 shares	**	16,638
	Keycorp 6.125% (KEY.I)	1,922 shares	**	56,315
	Kimco Realty Corp. 5.50% (KIM.J)	689 shares	**	17,287
	Kimco Realty Corp. 5.625% (KIM.K)	715 shares	**	17,861
	* Morgan Stanley Series 5.85% (MS.K)	3,208 shares	**	87,643
	* Morgan Stanley Series 6.625% (MS.G)	3,258 shares	**	89,237
	* Morgan Stanley Series 6.875% (MS.F)	1,542 shares	**	45,165
	* Morgan Stanley Series 7.125% (MS.E)	3,239 shares	**	96,004
	National Retail Property 5.2% (NNN.F)	1,656 shares	**	40,158
	National Retail Property 5.70% (NNN.E)	1,358 shares	**	34,575
	New York Community Bank Inc. Ser. A (NYCB.A)	636 shares	**	18,190
	PNC Financial 6.125% FLTS 5/1/22 (PNC.P)	6,957 shares	**	205,927
	PS Business Parks, Inc. 5.7% (PSB.V)	480 shares	**	12,350
	PS Business Parks, Inc. 5.75% (PSB.U)	421 shares	**	10,597
	PS Business Parks, Inc. 6.00% (PSB.T)	1,887 shares	**	47,552
	Public Storage 5.15% (PSA.F)	763 shares	**	19,106
	Public Storage 5.20% (PSA.X)	770 shares	**	19,435
	Public Storage 5.20% (PSA.W)	949 shares	**	23,867
	Public Storage 5.375% (PSA.V)	682 shares	**	17,221
	Public Storage 5.625% (PSA.U)	166 shares	**	4,187
	Public Storage 5.75% (PSA.T)	1,161 shares	**	29,246
	Public Storage 5.875% (PSA.A)	466 shares	**	12,582
	Public Storage 6.375% (PSA.Y)	873 shares	**	23,911
	Public Storage 6.0% (PSA.Z)	1,014 shares	**	27,125
	Regions Financial Co. 6.375% (RF.B)	1,966 shares	**	57,250
	Renaissancere Holdings 5.375% (RNR.E)	1,330 shares	**	34,075
	Royal Bank Scotland Group 5.75% (RBS.L)	4,182 shares	**	105,846
	SCE Trust 5.375% (SCE.I)	782 shares	**	22,092
	SCE Trust 5.45% (SCE.K)	954 shares	**	27,571
	SCE Trust 5.0% (SCE.L)	733 shares	**	18,244
	Schwab Charles Corp. Series C (SCHW.C)	3,649 shares	**	99,107
	State Street Co. 5.90% Fxd to Flt (STT.D)	1,668 shares	**	46,887
	State Street Co. 5.25% (STT.C)	2,363 shares	**	59,571

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

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

June 30, 2017

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	
State Street Co. 6.0% (STT.E)	3,339 shares	**	89,385	
Suntrust Banks, Inc. 5.875% (STI.E)	634 shares	**	16,256	
TCF Financial Corp. 7.5% (TCB.B)	1,414 shares	**	35,815	
U.S. Bancorp PFD B (USB.H)	520 shares	**	12,511	
U.S. Bancorp 5.15% (USB.O)	1,099 shares	**	28,750	
U.S. Bancorp 6.5% FLTS 1/15/22 (USB.M)	2,240 shares	**	66,506	
Vornado Realty Trust 5.40% (VNO.L)	716 shares	**	18,115	
Vornado Realty Trust 5.70% (VNO.K)	673 shares	**	17,215	
Wells Fargo & Company 5.5% (WFC.X)	1,085 shares	**	27,711	
Wells Fargo & Company 5.625% (WFC.Y)	1,603 shares	**	41,213	
Wells Fargo & Company 6.625% (WFC.R)	3,350 shares	**	101,264	
Wells Fargo 5.85% Fixed to Flt (WFC.Q)	3,148 shares	**	87,074	
Wells Fargo 8.0% Non Cum (WFC.J)	1,291 shares	**	33,450	
Total preferred stocks			4,084,282	
Mutual funds				
EV Floating Rate HI Income Fund	812,512.681 shares	**	7,215,113	
Principal Capital SEC S	142,316.955 shares	**	1,474,403	
Total mutual funds			8,689,516	
Exchange-traded funds				
Proshares Ultra Real Estate	1,500 shares	**	188,445	
SPDR Gold Tr. Gold Shs.	2,000 shares	**	236,040	
Total exchange-traded funds			424,485	
Corporate debt instruments				
Affiliated Managers Group, Inc.	13,500 par	**	13,716	
	6.375%, due 8/15/2042			
AFLAC, Inc.	61,025 par	**	61,879	
	5.5%, due 9/15/2052			
Allstate Corp.	19,975 par	**	22,372	
	5.1%, due 1/15/2053			
American Financial Group	9,625 par	**	9,764	
	5.75%, due 8/25/2042			
American Financial Group	11,450 par	**	12,572	
	6.0%, due 11/15/2055			
American Financial Group	18,075 par	**	19,492	
	6.25%, due 9/30/2054			
Berkley Corp.	17,675 par	**	18,793	
	5.9%, due 3/1/2056			
Comcast Corp.	15,925 par	**	16,294	
	5.0%, due 12/15/2061			

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

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June 30, 2017

Plan No: 002

EIN: 31-1247560

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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	
Dominion Energy Inc.	108,975 par 5.25%, due 7/30/2076	**	109,716	
DTE Energy	23,375 par 5.375%, due 6/1/2076	**	23,665	
DTE Energy	24,775 par 6.0%, due 12/15/2076	**	27,153	
Duke Energy Corp.	54,425 par 5.125%, due 1/15/2073	**	56,929	
Entergy Arkansas, Inc.	12,375 par 4.75%, due 6/1/2063	**	12,304	
Entergy Arkansas, Inc.	71,525 par 4.875%, due 9/1/2066	**	68,807	
Entergy Louisiana, LLC	60,600 par 4.875%, due 9/1/2066	**	58,224	
Entergy Mississippi, Inc.	42,775 par 4.9%, due 10/1/2066	**	41,526	
Entergy New Orleans, Inc.	12,200 par 5.5%, due 4/1/2066	**	12,659	
Entergy Texas, Inc.	14,825 par 5.625%, due 6/1/2064	**	15,851	
GATX Corp.	19,300 par 5.625%, due 5/30/2066	**	20,064	
General Electric Capital Corp.	78,200 par 4.875%, due 10/15/2052	**	79,920	
General Electric Capital Corp.	68,675 par 4.875%, due 1/29/2053	**	70,378	
General Electric Capital Corp.	70,425 par 4.7%, due 5/16/2053	**	71,862	
Hartford Financial Services Group	25,500 par 7.875%, due 4/15/2042	**	31,365	
Integrays Energy Group, Inc.	68,725 par 6.0%, due 8/1/2073	**	74,086	
Nextera Energy Capital Holdings, Inc.	13,950 par 5.0%, due 1/15/2073	**	14,229	
Nextera Energy Capital Holdings, Inc.	33,250 par 5.125%, due 11/15/2072	**	33,649	
Nextera Energy Capital Holdings, Inc.	16,050 par 5.625%, due 6/15/2072	**	16,166	
Nextera Energy Capital Holdings, Inc.	27,725 par 5.25%, due 6/1/2076	**	28,091	
Nextera Energy Capital Holdings, Inc.	15,975 par 5.7%, due 3/1/2072	**	16,192	

THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES
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EIN: 31-1247560

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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
	PPL Capital Funding, Inc.	23,775 par 5.9%, due 4/30/2073	**	25,106
	Protective Life Corp.	26,875 par 6.25%, due 5/15/2042	**	27,413
	Protective Life Corp.	12,475 par 6.0%, due 9/1/2042	**	12,630
	Prudential Financial, Inc.	34,150 par 5.75%, due 12/15/2052	**	35,502
	Prudential Financial, Inc.	44,125 par 5.7%, due 3/15/2053	**	45,837
	Qwest Corp.	11,625 par 6.125%, due 6/1/2053	**	11,616
	Qwest Corp.	16,375 par 6.5%, due 9/1/2056	**	16,362
	Reinsurance Group America, Inc.	21,875 par 6.2%, due 9/15/2042	**	26,084
	Senior Housing Property Trust	42,800 par 5.625%, due 8/1/2042	**	43,365
	Senior Housing Properties	15,000 par 6.25%, due 2/1/2046	**	16,188
	Stanley Black & Decker	58,850 par 5.75%, due 7/25/2052	**	60,192
	The Southern Co.	40,800 par 5.25%, due 10/1/2076	**	40,816
	The Southern Co.	10,625 par 6.25%, due 10/15/2075	**	11,628
	Torchmark Corp.	13,375 par 6.125%, due 6/15/2056	**	14,210
	Torchmark Corp.	19,575 par 5.875%, due 12/15/2052	**	20,108
	Ventas Realty LP/Capital Corp.	40,650 par 5.45%, due 3/15/2043	**	41,365
	Verizon Communications	48,425 par 5.9%, due 2/15/2054	**	52,144
	W.R. Berkley Corp.	39,725 par 5.625%, due 4/30/2053	**	41,473
	W.R. Berkley Corp.	34,375 par 5.75%, due 6/1/2056	**	36,094
	Total corporate debt instruments			1,635,851

THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES
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(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Annuities			
	Brighthouse Life Insurance Annual Renewable Fixed		**	1,542,550
	Brighthouse Life Insurance Annual Renewable Fixed		**	770,837
	Jackson National Variable		**	918,870
	Jackson National Variable		**	1,211,345
	Total annuities			<u>4,443,602</u>
	Total investments			<u><u>\$ 45,015,799</u></u>

* Party-in-interest as defined by ERISA.

** Information not available.

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

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

Plus,

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

For those hired before July 1, 2004:

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

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

1. Employees Excluded from Cost Participation is frozen as of 6/1/09.
2. Interest Rate 4.43% 1st Segment Rate
5.91% 2nd Segment Rate
6.65% 3rd Segment Rate
3. Mortality rates 2016 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%	.38%	.29%
65	.49%	.50%	.97%	.92%

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
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2016**This Form is Open to Public
Inspection**

For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

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

A Name of plan THE RUMPKE CONSOLIDATED COMPANIES, INC. & AFFILIATES DEFINED BENEFIT PENSION PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF RUMPKE CONSOLIDATED COMPANIES, INC.		D Employer Identification Number (EIN) 31-1247560
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2016</u>			
2 Assets:			
a Market value.....		2a	47,363,816
b Actuarial value.....		2b	49,373,414
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	11	1,098,604	1,098,604
b For terminated vested participants.....	151	3,462,312	3,462,312
c For active participants.....	1,068	53,428,053	53,428,053
d Total.....	1,230	57,988,969	57,988,969
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions.....		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....		4b	
5 Effective interest rate.....	5	5.86%	
6 Target normal cost.....	6	4,049,195	

Statement by Enrolled Actuary

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

SIGN HERE		<u>3/14/18</u>
Signature of actuary		Date
JEFFREY A. SCHAPPEL, EA, MAAA		1707786
Type or print name of actuary		Most recent enrollment number
CBIZ BENEFITS & INSURANCE, INC.		216-447-9000
Firm name		Telephone number (including area code)
6050 OAK TREE BLVD. SUITE 500 CLEVELAND OH 44131		
Address of the firm		

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2016
v. 160205

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	2,472,374
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	442,350
9	Amount remaining (line 7 minus line 8)	0	2,030,024
10	Interest on line 9 using prior year's actual return of <u>2.77%</u>	0	56,232
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.05%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2,086,256

Part III Funding Percentages			
14	Funding target attainment percentage	14	81.54%
15	Adjusted funding target attainment percentage	15	81.54%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	85.10%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/15/2017	1,875,000				
02/15/2018	5,300,000				
Totals ►			18(b)	7,175,000	18(c)
					0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	6,534,433

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 61
23 Mortality table(s) (see instructions)	☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute		

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	4,049,195	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	10,701,811		2,481,699
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	6,530,894	
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement.....		0	2,086,256
36 Additional cash requirement (line 34 minus line 35).....	36	4,444,638	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	6,534,433	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	2,089,795	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	2,003,595	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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