Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed 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-SF.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to **Public Inspection**

Part I		Identification Information				
For calend	lar plan year 2017 or f	iscal plan year beginning 01/01/201	7	and ending 12	2/31/2017	
A This re	turn/report is for:	x a single-employer plan	a multiple-employer planting em	an (not multiemployer) (aployer information in ac	-	
D Th:		a one-participant plan	a foreign plan			
D This reti	urn/report is		the final return/report			
		an amended return/report	a short plan year returi	n/report (less than 12 m	onths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program	
		special extension (enter descript	,			
Part II	Basic Plan Info	ormation—enter all requested infor	mation		I -	
1a Name	•				1b Three-digit	
INSURANCI	E METRICS CORP. 4	01(K) PLAN			plan number	002
					(PN) •	
					1c Effective date 01	e of pian 1/01/2004
		oyer, if for a single-employer plan)			2b Employer Ide	ntification Number
		om, apt., suite no. and street, or P.O. E ce, country, and ZIP or foreign postal of		wations)	(EIN) 65	5-1136764
-	E METRICS CORP.	e, country, and zir or foreign postare	code (ii loreign, see insti	uctions)	2c Sponsor's tel	lephone number 995-7429
					2d Business cod	le (see instructions)
	O ROAD, SUITE 1240)				11190
BOCA RATO	DN, FL 33431					
32 Dlan a	dministrator's name a	ind address X Same as Plan Sponso	\ <u></u>		3b Administrator	o EIN
Ja Plan a	idministrator's name a	nd address M Same as Plan Sponso	л.		3D Administrator	5 EIIV
					3c Administrator	's telephone number
4 If the	name and/or EIN of th	e plan sponsor or the plan name has	changed since the last re	eturn/report filed for	4b EIN	
		onsor's name, EIN, the plan name and	I the plan number from the	ne last return/report.	4-1	
•	sor's name				4d PN	
C Plan N	vame					
5a Total	number of participants	s at the beginning of the plan year			5a	4
		s at the end of the plan year			5b	4
		account balances as of the end of the	. , , ,	•	5c	4
d(1) Tot	al number of active pa	articipants at the beginning of the plan	year		5d(1)	4
		articipants at the end of the plan year.			5d(2)	4
		o terminated employment during the p			5e	0
Caution: A	A penalty for the late	or incomplete filing of this return/re	eport will be assessed	unless reasonable cau		
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, as a solute.				
SIGN		d/valid electronic signature.	10/05/2018	WILLIAM HAGER		
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as plan	administrator
SIGN	Filed with authorized	d/valid electronic signature.	10/05/2018	WILLIAM HAGER		

Date

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

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under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	l use F 21)?	Form 5500. Yes	No Not determined
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 402 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_ Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year	21)?	Yes I	. (See instructions.)
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_ Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year			. (See instructions.)
Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year			
7 Plan Assets and Liabilities (a) Beginning of Year		(b)	End of Your
		(b) !	
a 10tal plan assets			End of Year 860398
b Total plan liabilities			0
C Net plan assets (subtract line 7b from line 7a)			860398
8 Income, Expenses, and Transfers for this Plan Year (a) Amount	+		(b) Total
a Contributions received or receivable from:			b) Total
(1) Employers			
(2) Participants			
(3) Others (including rollovers)			
b Other income (loss)			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			139546
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			
e Certain deemed and/or corrective distributions (see instructions) 8e 0			
f Administrative service providers (salaries, fees, commissions) 8f 4423			
g Other expenses			
h Total expenses (add lines 8d, 8e, 8f, and 8g)			4423
i Net income (loss) (subtract line 8h from line 8c)			135123
j Transfers to (from) the plan (see instructions)			
Part IV Plan Characteristics			
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics. If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics.	cteristi	ic Codes in the	instructions:
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charact	teristic	Codes in the i	nstructions:
Part V Compliance Questions			
10 During the plan year:	Yes I	No	Amount
Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
C Was the plan covered by a fidelity bond?		Χ	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		Х	
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)		X	
f Has the plan failed to provide any benefit when due under the plan? 10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)		Х	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	nedule S	B	Y	′es X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 o	f 	Y	′es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			of the lette Year _	r ruling
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	. [Yes	No	N/A
Part '	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s X N	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of 2017

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF

Annual Report Identification Information 12/31/2017 01/01/2017 and ending For calendar plan year 2017 or fiscal plan year beginning a multiple-employer plan (not multiemployer) (Filers checking this box must attach x a single-employer plan a list of participating employer information in accordance with the form instructions.) A This return/report is for: a one-participant plan a foreign plan the final return/report the first return/report B This return/report is: a short plan year return/report (less than 12 months) an amended return/report DFVC program automatic extension Form 5558 C Check box if filing under: special extension (enter description) Basic Plan Information --- enter all requested information Part II 1b Three-digit Name of plan plan number 002 INSURANCE METRICS CORP. 401(k) PLAN (PN) ► 1c Effective date of plan 01/01/2004 2b Employer Identification Number Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street, or P.O. Box) (EIN) 65-1136764 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number Insurance Metrics Corp. (561) 995-7429 2d Business code (see instructions) 541190 301 Yamato Road, Suite 1240 US Boca Raton FL 33431 3b Administrator's EIN 3a Plan administrator's name and address X Same as Plan Sponsor 3c Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4d PN Sponsor's name Plan Name 4 5a 5a Total number of participants at the beginning of the plan year 4 5b Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c 4 complete this item) 4 5d(1) d(1) Total number of active participants at the beginning of the plan year 4 5d(2) d(2) Total number of active participants at the end of the plan year Number of participants who terminated employment during the plan year with accrued benefits that were 0 less than 100% vested 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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 William Hager SIGN Enter name of individual signing as plan administrator Date Signature of plan administr HERE

Date

William Hager

Enter name of individual signing as employer or plan sponsor

Signature of employer/plan sponsor

SIGN

HERE

age	2
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- 10/	ere all of the plan's assets during the plan year invested in eligible as	ssets? (See ins	tructions.)						XYes	No
νν. Δr.	e you claiming a waiver of the annual examination and report of an ir	ndependent qua	lified public accountant (IQPA)					
under 29 CFR 2520 104-462 (See instructions on waiver eligibility and conditions.)					x Yes	∐No				
If	you answered "No" to either line 6a or line 6b, the plan cannot	use Form 550	0-SF and must instead	use	Form	6600.	1		□ Not do	tormino
If t	the plan is a defined benefit plan, is it covered under the PBGC insu	irance program	(see ERISA section 402	1)?	•••] Yes		☐ Not de	
If '	"Yes" is checked, enter the My PAA confirmation number from the F	PBGC premium	filing for this year					(See instruc	lions.)
art			(a) Beginning of	/ear			(1	b) End c	of Year	
	an Assets and Liabilities otal plan assets	. 7a		,27	5				860,	398
		71			0					0
	otal plan liabilitieset plan assets (subtract line 7b from line 7a)	. 7c	725	5,27	5				860,	398
	come, Expenses, and Transfers for this Plan Year		(a) Amount					(b) T	otal	
	ontributions received or receivable from:				0					
) Employers				0		THE RESERVE			
	Participants				0					
	Others (including rollovers)		124		_					
	ther income (loss)	1000000	138	9,54	0				139,	546
: Т	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				(FARTE)	- 100000		139,	340
В	enefits paid (including direct rollovers and insurance premiums provide benefits)	8d			0					
	ertain deemed and/or corrective distributions (see instructions)	8e			0					
		8f		4,42	3					
	dministrative service providers (salaries, fees, commissions)	0			0					
_	Other expenses	0h							4,	423
	otal expenses (add lines 8d, 8e, 8f, and 8g)	8i							135,	123
	let income (loss) (subtract line 8h from line 8c)	oi T			0					
	ransfers to (from) the plan (see instructions) t IV Plan Characteristics	, 9, 1								
Par	t IV Plan Characteristics f the plan provides pension benefits, enter the applicable pension fee	ature codes from	n the List of Plan Charac	terist	c Coc	des in t	he instr	uctions:		
a It	2A 2E 2F 2J 3D	ataro ocuco mon								
+		des frans	the List of Plan Characte	orietic	Code	es in th	e instru	ctions:		
b If	f the plan provides welfare benefits, enter the applicable welfare feat	ure codes from	the List of Flan Onardon	Cilotio	0000					
Par	t V Compliance Questions				Yes	No	N/A		Amount	
0	During the plan year:	ions within the t	ime period		100					W7-12
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	oluntary Fiducia	ry Correction							
				10a		х				
b	Were there any nonexempt transactions with any party-in-interest?	(Do not include	e transactions							
_	reported on line 10a.)			10b		X				
С			••••••	10c		х				
d	Did the plan have a loss, whether or not reimbursed by the plan's to by fraud or dishonesty?	fidelity bond, tha	at was caused	10d		x				
	Were any fees or commissions paid to any brokers, agents, or oth	er persons by a	an insurance enefits under							
е	carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of the be		10e		х				
e	carrier, insurance service, or other organization that provides some	e or all of the be		10e 10f		x				
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	1?								
	carrier, insurance service, or other organization that provides some the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as the plan have any participant loans?	n?s of year end.) (See instruction	s and 29 CFR	10f		х				

Form 5500-	SF 2017

Part	VI Pension Funding Compliance					
11	5 III was instructions and complete Schedule SB					
112	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	of	Yes X No			
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and ente	r the date of the Day	e letter ruling Year			
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year.	12b				
С	Enter the amount contributed by the employer to the plan for the plan year	12c				
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)						
Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A						
Pari	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?	Yes	X No			
		13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		Yes X No			
С	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.)					
1	3c(1) Name of plan(s): 13c(2) EIN	l(s)	13c(3) PN(s)			