Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

A This return/report is for:

B This return/report is:

Annual Report Identification Information

a multiemployer plan;

a single-employer plan;

the first return/report;

an amended return/report;

For calendar plan year 2012 or fiscal plan year beginning

Part I

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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

01/01/2012

and ending

OMB Nos, 1210 - 0110 1210 - 0089

2012

This Form is Open to Public Inspection

12/31/2012

a short plan year return/report (less than 12 months).

a multiple-employer plan; or

a DFE (specify)

the final return/report;

C If the plan is a collectively-bargained plan, check he	ere		·····
D Check box if filing under: Form 5558;		automa	atic extension; the DFVC program
special extension	n (enter description)		
Part II Basic Plan Information - enter al	I requested information		
1a Name of plan			1b Three-digit
DSRA BENEFIT TRUST PLAN			plan number (PN) 501
			1c Effective date of plan 09/01/2009
2a Plan sponsor's name and address, include room or suite	number (employer, if for a	a single-employer plan)	2b Employer Identification Number (EIN) 26-4594868
DSRA BENEFIT TRUST			2c Sponsor's telephone number
C/O BOARD OF DIRECTORS			2d Business code (see instructions)
8 GRASMERE ROAD			525920
LOCKPORT NY 8 GRASMERE ROAD	14094		
LOCKPORT NY	14094		
Caution: A penalty for the late or incomplete filing of	f this return/report will	be assessed unless reason	onable cause is established.
Under penalties of perjury and other penalties set forth in the instructions, as the electronic version of this return/report, and to the best of my knowle	I declare that I have examined t	this return/report, including accompa	nying schedules, statements and attachments, as well
as the electronic version of this feturi/report, and to the best of my knowle	edge and belief, it is true, correc	and complete.	
SIGN HERE	07/31/2013	JAMES HAGENBA	CH
Signature of plan administrator	Date	Enter name of individual s	igning as plan administrator
SIGN HERE			
Signature of employer/plan sponsor	Date	Enter name of individual s	igning as employer or plan sponsor
SIGN HERE			
Signature of DFE	Date	Enter name of individual s	igning as DFE
Preparer's name (including firm name, if applicable) and	d address; include room	n or suite number. (optional)	Preparer's telephone number (optional)
GAINES KRINER ELLIOTT LLP			716-652-1042
100 RILEY STREET			
	4052		
	. 4034		
or Paperwork Reduction Act Notice and OMB Conti	rol Numbers, see the in	nstructions for Form 5500.	Form 5500 (2012 v. 120126

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

2012

This Form is Open to Public Inspection

For calendar plan year 20	12 or fiscal pla	n year beginning 01/01	/201	2 and ending		12/31/2012	
A Name of plan DSRA BENEFI						nree-digit an number (PN)	501
DSRA BENEFI	T TRUST	on line 2a of Form 5500	tract (Coverage, Fees, and Co		nployer Identification 26-459486	8
contract	on a separat	e Schedule A. Individual contra					
Coverage Informat	tion:						
(a) Name of insurance BLUE CROSS		HIELD OF MICHIGA	N				
(b) EIN	(c) NAIC	(d) Contract or	(e)	Approximate number of perso	ns	Policy or co	ontract year
(b) EIN	code	identification number	cover	covered at end of policy or contract year		(f) From	(g) To
38-2069753	54291	CLUSTER 0257	5323 01		01/01/2012	12/31/2012	
2 Insurance fee and in descending orde		nformation. Enter the total fees unt paid.	s and to	tal commissions paid. List in li	ne 3 tl	he agents, brokers, a	nd other persons
(a) T	Total amount	of commissions paid		(b) To	tal an	nount of fees paid	
Persons receiving	aammiaalana	and fees. (Complete as many	0	no pooded to report all person	c)		0
	SS SOUSHELLE	and address of the agent, brok		the second control of the control of	A Party Co	r fees were paid	
(b) Amount of sale			Fees	and other commissions paid			(e) Organization
commissions	s paid	(c) Amount	(c) Amount (d) Purpose			code	
	(a) Name a	and address of the agent, brok	er, or ot	ner person to whom commissi	ions o	r fees were paid	
(b) Amount of sale			Fees and other commissions paid				(e) Organization
commissions	s paid	(c) Amount		(d) Purpos	se		code
For Donorwork Poduc	otion Act No.	ice and OMB Control Number	re coo	the instructions for Earm ES	00	Schedule	A (Form 5500) 2012

v. 120126

(a) Name and	address of the agent, broker	, or other person to whom commissions or fees were p	paid
(b) Amount of sales and base		(e) Organizatio	
commissions paid	(c) Amount	(d) Purpose	code
(a) Name and	address of the agent, broker,	, or other person to whom commissions or fees were p	Daid
(b) Amount of sales and base		Fees and other commissions paid	(e)
commissions paid	(c) Amount	(d) Purpose	Organizatio code
(a) Name and	address of the agent, broker,	, or other person to whom commissions or fees were p	paid
(b) Amount of sales and base		(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code
(a) Name and	address of the agent, broker,	ar other person to whom commissions or fees were r	
		, or other person to whom commissions or fees were p	paid
		, or other person to whom commissions of fees were j	paid
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount		(e)
	(c) Amount	Fees and other commissions paid	(e) Organization
		Fees and other commissions paid	(e) Organization code
commissions paid		Fees and other commissions paid (d) Purpose	(e) Organization code
commissions paid		Fees and other commissions paid (d) Purpose	(e) Organization code

Part II Investment and Annuity Contract Informa	ation		
Where individual contracts are provided, the entire gro purposes of this report.	up of such individual contracts wit	h each carrier may be treate	d as a unit for
Current value of plan's interest under this contract in the general	account at year end		
Current value of plan's interest under this contract in separate acc	counts at year end	5	
Contracts With Allocated Funds:			
a State the basis of premium rates			
b Premiums paid to carrier			
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 amou	ınt	6d	
Specify nature of costs			
	p deferred annuity		
(3) ☐ other (specify) ►			
_		. \Box	13
f If contract purchased, in whole or in part, to distribute benefits			
Contracts With Unallocated Funds (Do not include portions of the			
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	
C Additions: (1) Contributions deposited during the year			
(2) Dividends and credits			
(3) Interest credited during the year			
(4) Transferred from separate account			
(5) Other (specify below)	7c(5)		
•			
			Mile of the Control
(6) Total additions		7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	<u></u>	7d	
e Deductions:	(C)		
(1) Disbursed from fund to pay benefits or purchase annuities during ye			
(2) Administration charge made by carrier			
(3) Transferred to separate account			
(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 I		7f	

treated as a unit for purposes of this report.		
Benefit and contract type (check all applicable boxes) a X Health (other than dental or vision) b Dental c Vision Temporary disability (accident and sickness) i Stop loss (large deductible) j HMO contract k PPO contract	unemploymen	d Life insurance t h X Prescription drug I Indemnity contract
9 Experience-rated contracts:		
a Premiums: (1) Amount received 9a(1) 38,428	,679	
(2) Increase (decrease) in amount due but unpaid 9a(2)		
(3) Increase (decrease) in unearned premium reserve	7.9	
(4) Earned ((1) + (2) · (3))	9a(4)	38,428,679
b Benefit charges: (1) Claims paid 9b(1) 35,447		
(2) Increase (decrease) in claim reserves 9b(2) -226		
	9b(3)	35,220,152
	9b(4)	32,793,382
C Remainder of premium: (1) Retention charges (on an accrual basis)	fus?	
(A) Commissions 9c(1)(A)	500	
(B) Administrative service or other fees 9c(1)(B) 2,028	,602	
(C) Other specific acquisition costs 9c(1)(C)		
	,045	
(E) Taxes 9c(1)(E)		
	,573	
(G) Other retention charges 9c(1)(G) 2,136		
	9c(1)(H)	5,401,925
(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)	2,507,029
(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	10b	
Specify nature of costs		

Part	V Provision of Information			
11 Di	the insurance company fail to provide any information necessary to complete Schedule A?	Yes	X N	lo

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

2012

This Form	is Open to
Public In	spection

For calendar plan year 20	012 or fiscal plan	vear beginning 01/01	1/201	2 and ending	1	12/31/2012		
A Name of plan DSRA BENEFI					Вт	nree-digit an number (PN)	501	
					10 m			
C Plan sponsor's na DSRA BENEFI		on line 2a of Form 5500			D Er	mployer Identification 26-459486		
Part I Inform	nation Con	cerning Insurance Con Schedule A. Individual contr				nissions Provide infe	ormation for each	
1 Coverage Informa	tion:							
(a) Name of insurance	e carrier							
EXPRESS SCR	IPTS, I	NC.						
(b) FIN (c) NAIC (d) Contract or (e) Approximate number of persons Policy						Policy or co	or contract year	
(b) EIN	code	identification number	covere	covered at end of policy or contract year		(f) From	(g) To	
43-1420563	60025	10061			773	01/01/2012	12/31/2012	
_	commission in	nformation. Enter the total fee	es and tota	al commissions paid. List in	line 3 tl	he agents, brokers, ar	nd other persons	
		of commissions paid		(b) T	otal an	nount of fees paid		
		•	0				37,084	
3 Persons receiving	commissions	and fees. (Complete as many	entries a	s needed to report all persor	ns).			
		nd address of the agent, brok	ker, or oth	er person to whom commiss	sions o	r fees were paid		
MARSH U.S.								
12421 MERED URBANDALE	ITH DKI	IA 5039	9.8					
(b) Amount of sale				and other commissions paid	1		(e) Organization	
commission	s paid	(c) Amount		(d) Purpo	se		code	
		37,084	3ILLII	NG FEE			3	
			ell vennere.					
	(a) Name a	nd address of the agent, brok	ker, or oth	er person to whom commiss	sions o	r fees were paid		
(b) Amount of sale	es and hase				ionionionio moid		(e)	
commissions				and other commissions paid			Organization	
		(c) Amount		(d) Purpo	ose		code	
For Paperwork Reduc	ction Act Noti	ce and OMB Control Number	ers, see t	he instructions for Form 55	500.	Schedule A	(Form 5500) 2012	

v. 120126

Part II Investment and Annuity Contract Informa	tion		
Where individual contracts are provided, the entire groupurposes of this report.		each carrier may be treate	ed as a unit for
4 Current value of plan's interest under this contract in the general a	ccount at year end	4	
5 Current value of plan's interest under this contract in separate acc	ounts at year end	5	
6 Contracts With Allocated Funds:			
a State the basis of premium rates ▶			
b Premiums paid to carrier			
C Premiums due but unpaid at the end of the year		6c	
d If the carrier, service, or other organization incurred any specific		Transa	
the acquisition or retention of the contract or policy, enter amour	nt	6d	
Specify nature of costs			
	o deferred annuity		
(3) other (specify)			
		. 🗆	
f If contract purchased, in whole or in part, to distribute benefits fr			
7 Contracts With Unallocated Funds (Do not include portions of th			
a Type of contract: (1) deposit administration	(2) immediate participation gu	uarantee	
(3) guaranteed investment	(4) other		
Ĭ.		76	
b Balance at the end of the previous year		7b	
C Additions: (1) Contributions deposited during the year	10 10 10 10 10 10 10 10 10 10 10 10 10 1		
(2) Dividends and credits			
(3) Interest credited during the year	- (4)		
(4) Transferred from separate account			
(5) Other (specify below)	7c(5)		
•			
		T (0)	
(6) Total additions			0
d Total of balance and additions (add lines 7b and 7c(6))		7d	MINE CONTRACTOR OF THE
e Deductions:	7-(4)		
(1) Disbursed from fund to pay benefits or purchase annuities during year			
(2) Administration charge made by carrier			
(3) Transferred to separate account		SEE STATE	
(4) Other (specify below)	7e(4)	THE STATE OF THE S	
>			
(E) Total deductions	CHORDEN TAKER CAT	7e(5)	0
(5) Total deductions f Relance at the end of the current year (subtract line 7a/5) from line.		76(5)	0

Pa	art III	Welfare Benefit Contract Information				
		If more than one contract covers the same group of er				
	10 = 15 E	employee organization(s), the information may be com				
	2.05	as a unit. Where contracts cover individual employees	the entire grou	p 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)				
		lealth (other than dental or vision) b Dental		c Vision		d Life insurance
		_ [7]	rm disability	g Supplement	al unemployme	—
			ontract	k PPO contra		I Indemnity contract
		Other (specify)				
9		nce-rated contracts:				
a		ms: (1) Amount received	9a(1)			
_		crease (decrease) in amount due but unpaid				
		crease (decrease) in unearned premium reserve				
					9a(4)	STATE OF THE STATE
b		rned ((1) + (2) - (3))			54(1)	
D		charges: (1) Claims paid				
		crease (decrease) in claim reserves			9b(3)	
		curred claims (add (1) and (2))			9b(4)	
_		aims charged		***************************************	30(4)	
С		der of premium: (1) Retention charges (on an accrual basis		1		
		Commissions				
	(B					
	(C					
	(D		0 (4)(=)			
	(E)					
	(F)					
	(G	Other retention charges	9c(1)(G)		1	
	(H	Total retention	<u></u>		9c(1)(H)	
	(2) Di	vidends 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 benefit	s after retirement	9d(1)	
	(2) CI	aim reserves			9d(2)	
	(3) Ot	her reserves			9d(3)	
е		ds or retroactive rate refunds due. (Do not include amount			9e	
10	Nonexp	erience-rated contracts:				
а	Total pr	emiums or subscription charges paid to carrier			10a	744,771
b		arrier, service, or other organization incurred any specific c				
	the acq	uisition or retention of the contract or policy, other than re	ported in Part I,	line 2		
	above,	report amount			10b	
Sı		ture of costs				
	,					
Pa	rt IV	Provision of Information				

11 Did the insurance company fail to provide any information necessary to complete Schedule A?

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

X No

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

2012

This Form is Open to Public Inspection

				Enion section 103(a)(2).			
For calendar plan year 2012	2 or fiscal pla	n year beginning 01/0	1/201	2 and ending)	12/31/2012	
A Name of plan					B Th	ree-digit	
DSRA BENEFIT	TRUST	PLAN			pla	an number (PN)	501
C Diamananananan		on line 2a of Form 5500			D Er	unle ver Identification	Niverbay (CIAI)
DSRA BENEFIT					DE	nployer Identification 26-459486	
		cerning Insurance Co	ntract (Coverage, Fees, and C	omm		
		e Schedule A. Individual cont					
1 Coverage Information							
- Name of income							
(a) Name of insurance of	carrier						
HARTFORD LIF	E AND	ACCIDENT					
		T	1			Dell'erre	
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e)	Approximate number of persed at end of policy or contract	ons t vear	Policy or co	
	0000	Identification number	COVER	a at one of policy of contrac	your	(f) From	(g) To
06-0838648	70815	AGP-003845			807	01/01/2012	12/31/2011
		nformation. Enter the total fee	es and tot				
in descending order			o and to	ar commissions paid. List in		io agonto, pronore, a	ia ottioi poisonis
		of commissions paid		(b) T	otal am	ount of fees paid	
			0				0
Persons receiving co	ommissions	and fees. (Complete as many	/ entries a	s needed to report all persor	ıs).		
	(a) Name a	and address of the agent, bro	ker, or oth	er person to whom commiss	ions o	r fees were paid	
							(-)
(b) Amount of sales	and base		Fees	and other commissions paid	issions paid (e) Organizat		
commissions p	oaid	(c) Amount	(d) Purpose				code
		(0),		(4)			
	(a) Name a	and address of the agent, bro	ker, or oth	er person to whom commiss	ions or	r fees were paid	
							(-)
(b) Amount of sales	and base		Fees	and other commissions paid	uissions paid		(e) Organization
commissions paid		(c) Amount		(d) Purpo	se		code
Commissions		(O) / WHOULL		(u) i dipe			
Commissions							
Commissions (

nedule A (Form 5500) 2012		Page 2-	
(a) Name and	d address of the agent, br	oker, or other person to whom commissions or fees were p	aid
(b) Amount of sales and base commissions paid		(e) Organizatio	
commodicité pard	(c) Amount	(d) Purpose	code
(a) Name and	l address of the agent, br	oker, or other person to whom commissions or fees were p	aid
			(e)
(b) Amount of sales and base commissions paid		Fees and other commissions paid	Organizatio
	(c) Amount	(d) Purpose	code
(a) Name and	address of the agent, br	oker, or other person to whom commissions or fees were p	aid
(b) Amount of sales and base commissions paid		(e) Organizatio	
COMMINSSIONS PAID	(c) Amount	(d) Purpose	code
			-:-
(a) Name and	address of the agent, bro	oker, or other person to whom commissions or fees were p	aid
(b) Amount of sales and base		Fees and other commissions paid	(e)
commissions paid		Organization code	
	(c) Amount	(d) Purpose	
(a) Name and	address of the agent, bro	oker, or other person to whom commissions or fees were p	aid
(b) Amount of sales and base		(e) Organizatio	
commissions paid	(c) Amount	·	
	(c) Amount	(d) Purpose	code

0528K1

Part II Investment and Annuity Contract Informa	ation		
Where individual contracts are provided, the entire groupurposes of this report.	up of such individual contracts with each	carrier may be treate	d as a unit for
Current value of plan's interest under this contract in the general a	account at year end		
Current value of plan's interest under this contract in separate acc	counts at year end	5	
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		I control de	
the acquisition or retention of the contract or policy, enter amou	nt	6d	
Specify nature of costs			
e Type of contract: (1) individual policies (2) grou	p deferred annuity		
(3) ☐ other (specify) ►			
f If contract purchased, in whole or in part, to distribute benefits for	rom a terminating plan check here		
Contracts With Unallocated Funds (Do not include portions of the	nese contracts maintained in separate ac	counts)	
a Type of contract: (1) deposit administration	(2) immediate participation guara	ntee	
(3) guaranteed investment	(4) other		
- -	_		
b Balance at the end of the previous year		7b	
C Additions: (1) Contributions deposited during the year			
(2) Dividends and credits			
(3) Interest credited during the year			
(4) Transferred from separate account	3237122712710		
(5) Other (specify below)			
•			
(6) Total additions		7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))		7d	0
e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during ye	ar 7e(1)		
(2) Administration charge made by carrier			
(3) Transferred to separate account			
(4) Other (specify below)	7e(4)		
•			
		7.45)	
(5) Total deductions		7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line	ne 7d)	7f	

3	Benefit and contract type (check all applicable boxes) a Health (other than dental or vision) b Dental e Temporary disability (accident and sickness) f Long-terr j HMO col	m disability	C Vision G Supplement PPO contra	al unemployme	d Life insurance ent h Prescription dru I Indemnity contri
	mX Other (specify) MEDICARE SUPPLEMENT	illiaot			
	Experience-rated contracts:				
a	Premiums: (1) Amount received				
	(2) Increase (decrease) in amount due but unpaid				
	(3) Increase (decrease) in unearned premium reserve	9a(3)		1 0 10	
	(4) Earned ((1) + (2) - (3))	01 (4)		9a(4)	
b	Benefit charges: (1) Claims paid	01 (0)	7	1	
	(2) Increase (decrease) in claim reserves			01-(0)	
	(3) Incurred claims (add (1) and (2))			9b(3)	
	(4) Claims charged			9b(4)	
С	Remainder of premium: (1) Retention charges (on an accrual basis)	0 (4)(4)			
	(A) Commissions			-	
	(B) Administrative service or other fees				
	(C) Other specific acquisition costs	0 (4)(D)			
	(D) Other expenses	0 (4)(5)	-		
	(E) Charges for rights or other contingencies	O (4) (m)			
	(F) Charges for risks or other contingencies	0 (4)(0)		1	
	(G) Other retention charges (H) Total retention			9c(1)(H)	
	(2) Dividends or retroactive rate refunds. (These amounts were	Contraction of the contract of	- American and Control of the Contro	9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to p			9d(1)	
, 4	(2) Claim reserves	9d(2)			
	(3) Other reserves		9d(3)		
Э	Dividends or retroactive rate refunds due. (Do not include amount e			9e	
0	Nonexperience-rated contracts:	THOTOG III III O	,O(2).,		
a	Total premiums or subscription charges paid to carrier			10a	729,161
b	If the carrier, service, or other organization incurred any specific cos				
	the acquisition or retention of the contract or policy, other than repo				
	above, report amount			10b	
Sr.	pecify nature of costs				

Pa	art IV	Provision of Information				
11	Did the in	nsurance company fail to provide any information necessary to complete Schedule A?	Yes	X	No	
40						

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

2012

This Form is Open to Public Inspection

		The state of the s	rsuant to	()()				cinspection
or calendar plan year 20)12 or fiscal pla	n year beginning 01/0	1/201	2 and ending		12/31/2	012	
Name of plan					Вт	nree-digit		
SRA BENEFI	T TRUST	PLAN			pl	an number (PN)	•	501
							Same	
		on line 2a of Form 5500			D E	mployer Identific		
SRA BENEFI						26-459		
		cerning Insurance Co						
		e Schedule A. Individual cont	racts grou	iped as a unit in Parts II and I	II can	be reported on	a single	Schedule A.
Coverage Informa	tion:							
) Name of insurance	e carrier							
ADMEADD II	AMD	A COT DENIM						
ARTFORD LI	FE AND	ACCIDENT						
heativite (attaile Wei	(c) NAIC	(d) Contract or	(0)	Approximate number of perso	ne	Policy	or con	tract year
(b) EIN	code	identification number		d at end of policy or contract		(f) From		(g) To
	70.55770000					(i) i ion		(9) 10
6-0838648	70815	AGP-003846			56	01/01/2	0121	2/31/201
		information. Enter the total fee	es and tot	al commissions paid. List in li				
in descending ord						0 /		,
(a) ⁻	Total amount	of commissions paid		(b) To	tal an	nount of fees pa	id	
			0					0
Persons receiving	commissions	and fees. (Complete as many	entries a	s needed to report all persons	s).			
	(a) Name a	and address of the agent, bro	ker, or oth	er person to whom commissi	ions o	r fees were paid		
								1
(b) Amount of sale	es and base		Fees	and other commissions paid				(e)
commission	s paid	(a) Amount		/d\ Purpos				Organization code
		(c) Amount		(d) Purpos	Se			
THE MENT OF THE					230			Engression and the
	(a) Name a	and address of the agent, bro	ker, or oth	er person to whom commissi	ions o	r fees were paid		
	(a) Hairio	and decrees of the agent, ore				, p		
(h) Amount of oak	o and hans		_					(e)
(b) Amount of sale			Fees	and other commissions paid				Organization
CODDINESSIOD:	o palu	(c) Amount		(d) Purpos	se			code

hedule A (Form 5500) 2012		Page 2-	
(a) Name and	d address of the agent, br	oker, or other person to whom commissions or fees were pa	aid
(b) Amount of sales and base commissions paid		Fees and other commissions paid	(e) Organizatio
	(c) Amount	(d) Purpose	code
	30		
(a) Name and	l address of the agent, br	oker, or other person to whom commissions or fees were pa	aid
(b) Amount of sales and base commissions paid		Fees and other commissions paid	(e) Organizatio
Commissions paid	(c) Amount	(d) Purpose	code
	A CONTRACTOR OF THE		
(a) Name and	address of the agent, br	oker, or other person to whom commissions or fees were pa	aid
χ.,	,		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organizatio
commissions paid	(c) Amount	(d) Purpose	code
(a) Name and	address of the agent, bro	oker, or other person to whom commissions or fees were pa	aid
(b) Amount of sales and base commissions paid		(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code
			:-
(a) Name and	address of the agent, bro	oker, or other person to whom commissions or fees were pa	aid
(b) Amount of sales and base		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organizatio code

Pa	art II Investi	ment and Annuity Contract Information			
	Where in	dividual contracts are provided, the entire group of su s of this report.	ch individual contracts with each	ch carrier may be treate	d as a unit for
4 (Current value of pla	n's interest under this contract in the general account	at year end		
5 (Current value of pla	n's interest under this contract in separate accounts a	at year end	5	
6 (Contracts With Alloc	cated Funds:			
а	State the basis of	premium rates			
b	Premiums paid to	carrier		6b	
		t unpaid at the end of the year			
		ce, or other organization incurred any specific costs in			
		retention of the contract or policy, enter amount		6d	
	Specify nature of	costs -			
е	Type of contract:	(1) individual policies (2) group deferi	red annuity		
	(3) other (spe	cify) ►			
f	If contract purcha	sed, in whole or in part, to distribute benefits from a te	erminating plan check here	▶∐	
7	Contracts With Ur	nallocated Funds (Do not include portions of these co	ntracts maintained in separate a	accounts)	
а	Type of contract:	(1) deposit administration (2)	immediate participation gual	rantee	
		(3) guaranteed investment (4)	other >		
b	Balance at the en	d of the previous year		7b	
C	Additions: (1) Con	tributions deposited during the year			
	(2) Dividends and	credits	7c(2)		
	(3) Interest credit	ed during the year	7c(3)		
	(4) Transferred from	om separate account	7c(4)		
	(5) Other (specify	below)	7c(5)		
	•				
			Notes of the second second		
	(6) Total additions	S		7c(6)	0
d		nd additions (add lines 7b and 7c(6))		. 7d	
е	Deductions:				
	(1) Disbursed from	fund to pay benefits or purchase annuities during year			
	(2) Administration	charge made by carrier	7e(2)		
	(3) Transferred to	separate account	7e(3)		
		below)			
	>				
	(5) Total deduction	ns		7e(5)	0
f		of the current year (subtract line 7e(5) from line 7d)		7f	

В		and contract type (check all applicable boxes)					• [7
		· - H	Dental	P. 1.705	C Vision		a	Life insurance
	. \square	·	Long-term	•	Supplement PPO contra	tal unemployme	ent n	Prescription drug Indemnity contra
		op loss (large deductible) J ∐ l ther (specify) ► MEDICARE SUPPLEME	HMO cont	ract	N ☐ PPO contra	ict	. [_ indemnity contra
)		nce-rated contracts:	214 T				V를하는	WATERSON
a				9a(1)				
a		ns: (1) Amount received rease (decrease) in amount due but unpaid		9a(2)				
		rease (decrease) in unearned premium reserve		9a(3)				
		ried ((1) + (2) · (3))				9a(4)		
b		charges: (1) Claims paid			********************	July		
		rease (decrease) in claim reserves						
						9b(3)		
		urred claims (add (1) and (2)) ims charged				9b(4)		
С		der of premium: (1) Retention charges (on an accru				05(1)		REMARKS IN THE RES
		Commissions		9c(1)(A)				
	(A) (B)			9c(1)(B)				
	(C)			9c(1)(C)				
	(O) (D)			9c(1)(D)		10		
		Other expenses		9c(1)(E)	-			
	(E) (F)	Taxes Charges for risks or other contingencies		9c(1)(F)				
	(F) (G)	Other retention charges			-			
	(G) (H)					9c(1)(H)		
	` '	idends or retroactive rate refunds. (These amounts				9c(2)		
d		f policyholder reserves at end of year: (1) Amount h				9d(1)		
u			•			9d(2)		
		im reserves				9d(3)		
e		er reserves Is or retroactive rate refunds due. (Do not include a				9e		
0		erience-rated contracts:	annount en	tered in line s	0(2).)	1 00	1 STATE	
а		emiums or subscription charges paid to carrier				10a		31,603
-		rrier, service, or other organization incurred any spe				100		31,003
		isition or retention of the contract or policy, other t						
						10b		
_		eport amount urre of costs				100		

Part IV	Provision of Information				
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X	No	

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

	ST PLAN wn on line 2a of Form 5500 ST oncerning Insurance Coarate Schedule A. Individual cor		overage, Fees, and Co	pla D En		tion Nur 868	ation for each
A Name of plan DSRA BENEFIT TRU C Plan sponsor's name as sho DSRA BENEFIT TRU Part I Information C contract on a separation Coverage Information: a) Name of insurance carrier	ST PLAN wn on line 2a of Form 5500 ST oncerning Insurance Co arate Schedule A. Individual cor		overage, Fees, and Co	pla D En	nployer Identificat 26-45948	868 inform	nber (EIN) ation for each
Plan sponsor's name as sho DSRA BENEFIT TRU Part I Information Contract on a sepa Coverage Information: a) Name of insurance carrier	wn on line 2a of Form 5500 ST oncerning Insurance Co arate Schedule A. Individual cor		overage, Fees, and Co	D En	nployer Identificat 26-4594	868 inform	nber (EIN) ation for each
Part I Information C contract on a separation Coverage Information: a) Name of insurance carrier	ST oncerning Insurance Co arate Schedule A. Individual cor		overage, Fees, and Co	omm	26-45948 issions Provide	868 inform	ation for each
Part I Information C contract on a separation Coverage Information: a) Name of insurance carrier	ST oncerning Insurance Co arate Schedule A. Individual cor		overage, Fees, and Co	omm	26-45948 issions Provide	868 inform	ation for each
Part I Information C contract on a separation Coverage Information: a) Name of insurance carrier	oncerning Insurance Co arate Schedule A. Individual cor				issions Provide	inform	
contract on a separation contract contract on a separation contract contract on a separation con	arate Schedule A. Individual cor						
a) Name of insurance carrier	D ACCIDENT						
•	D ACCIDENT						
•	D ACCIDENT						
(c) NAI	C (d) Contract or	(e) A	Approximate number of perso	กร	Policy o	r contra	ict year
(b) EIN (c) NAI	identification number	covere	d at end of policy or contract	year	(f) From		(g) To
06 0030640 7001	E 70D 003103			٥	01/01/20:	1 2 1 2	/21/2015
	5 AGP – 003192 on information. Enter the total for	ees and tota	al commissions paid I ist in lin	8 ne 3 th			
in descending order of the a						-,	
(a) Total amou	nt of commissions paid		(b) To	tal am	ount of fees paid		
	10 02 10	0					0
	ons and fees. (Complete as man ne and address of the agent, br	The second second		-	r fees were paid		
(a) Nai	ie and address of the agent, bi	oker, or our	er person to whom commissi	0113 01	1005 Wele paid		
(b) Amount of sales and bas	е	Fees	and other commissions paid				(e) Organization
commissions paid	(c) Amount		(d) Purpos	ве			code
(a) Na	ne and address of the agent, br	oker or oth	er person to whom commissi	ons o	r fees were paid	(VOLUME)	
(a) Nai	ie and address of the agent, br	OKCI, OI OLI	or person to whom commissi	0110 01	1000 Word paid		
(b) Amount of sales and bas	е	Fees	and other commissions paid				(e) Organization
commissions paid	(c) Amount		(d) Purpos	se			code
	2						
	Notice and OMB Control Num						orm 5500) 2012

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Part II	Investment and Annuity Contract Information			
	Where individual contracts are provided, the entire group of supurposes of this report.	uch individual contracts with each c	arrier may be	treated as a unit for
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 Contrac	ets With Allocated Funds:			
a State	the basis of premium rates			
b Premi	ums paid to carrier		6b	
C Premi	ums due but unpaid at the end of the year		6c	
d If the	carrier, service, or other organization incurred any specific costs i	n connection with		
the ac	equisition or retention of the contract or policy, enter amount		6d	
Specif	fy nature of costs_			
e Type	of contract: (1) individual policies (2) group defer	red annuity		
(3)	other (specify)			
_			***********	
f If cont	tract purchased, in whole or in part, to distribute benefits from a t	erminating plan check here		
7 Contra	acts With Unallocated Funds (Do not include portions of these co	ntracts maintained in separate acco	ounts)	
а Туре с	of contract: (1) deposit administration (2)	immediate participation guarant	ee	
	(3) guaranteed investment (4)	other >		
		_		
b Baland	ce at the end of the previous year		7b	
	ons: (1) Contributions deposited during the year			
(2) Di	vidends and credits	7c(2)		
	terest credited during the year			
	ansferred from separate account			
	ther (specify below)			
		The second secon		
(6) To	otal additions		7c(6)	0
	of balance and additions (add lines 7b and 7c(6))		7d	
e Deduc	etions:			
(1) Dis	sbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Ac	dministration charge made by carrier	7e(2)		
(3) Tra	ansferred to separate account	7e(3)		
(4) Ot	ther (specify below)	7e(4)		
(5) To	otal deductions		7e(5)	0
f Balanc	ce at the end of the current year (subtract line 7e(5) from line 7d)		7f	

	Pa	art III Welfare Benefit Contract Information				
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. Benefit and contract type (check all applicable boxes) a Health (other than dental or vision) b Dental e Temporary disability (accident and sickness) f Long-term disability g Stop loss (large deductible) j HMO contract by Stop loss (large deductible) j HMO contract by Stop loss (large deductible) j HMO contract contracts: a Premiums: (1) Amount received ga(1) 9a(1) ga(2) 9a(2) ga(3) Increase (decrease) in amount due but unpaid 9a(2) ga(3) Increase (decrease) in amount due but unpaid 9a(2) ga(4) Earned (1) + (2) - (3)) ga(4) Calims charges 10 (Laim reserves 9b(2) ga(4) Calims charges 10 (Laim reserves 9b(2) ga(5) Incured claims (add (1) and (2)) ga(6) Administrative service or other fees 9c(1)(B) ga(7) Gommissions 9c(1)(B) ga(8) Gomerated 9c(1)(B) ga(1) Gomerated 9c(1)(B) ga(2) Gomerated 9c(1)(B) ga(3) Gomerated 9c(1)(B) ga(4) Gomerated 9c(1)(B) ga(6) Gomerated 9c(1)(B) ga(7) Gomerated 9c(1)(B) ga(8) Gomerated 9c(1)(B) ga(8) Gomerated 9c(1)(B) ga(1) Gomerated 9c(1)(B) ga(1) Gomerated 9c(1)(B) ga(2) Gomerated 9c(1)(B) ga(3) Gomerated 9c(1)(B) ga(4) Gomerated 9c(1)(B) ga(6) Gomerated 9c(1)(B) ga(7) Gomerated 9c(1)(B) ga(8) Gomerated 9c(1)(B) ga(9) Gomerated 9c(1)(B) ga(1) Gomerated 9c(1)(B) ga(1) Gomerated 9c(1)(B) ga(2) Gomerated 9c(1)(B) ga(3) Gomerated 9c(1)(B) ga(4) Gomerated 9c(1)(B) ga(6) Gomerated 9c(1)(B) ga(7) Gomerated 9c(1)(B) ga(8) Gomerated 9c(1)(B)		If more than one contract covers the same group of e	mployees of the	same employer(s) o	r members of th	ne same
Treated as a unit for purposes of this report. Treated as a unit for purposes of this report.						
Benefit and contract type (check all applicable boxes) a Health (other than dental or vision) b Long-term disability by Stop loss (large deductible) Framporary disability (accident and sickness) f Long-term disability contract by Stop loss (large deductible) Framporary disability (accident and sickness) f Long-term disability by Supplemental unemployment by Stop loss (large deductible) Framporary disability (accident and sickness) f Long-term disability by Supplemental unemployment by Stop loss (large deductible) Framporary disability (accident and sickness) f Long-term disability by Supplemental unemployment herescripted Long-term disability Supplemental unemployment indemnity corrections indemnity by Supplemental unemployment indemnity corrections indemnity by Supplemental unemployment indemnity be Supplemental unemployment indemnity by Supplemental unemployment indemnity supplemental unemployment indemnity by Supplemental unemployment indemnity by Supplemental unemployment indemnity supplemental unemployment indemnity supplemental unemployment indemnity supplemental un			s, the entire grou	o of such individual	contracts with	each carrier may be
a		treated as a unit for purposes of this report.		F.53		
a	8	Benefit and contract type (check all applicable boxes)				
e Temporary disability (accident and sickness) i Stop loss (large deductible) m X Other (specify) MEDICARE SUPPLEMENT Experience-rated contracts: a Premiums: (1) Amount received (2) Increase (decrease) in amount due but unpaid (3) Increase (decrease) in unearned premium reserve (4) Earned ((1) + (2) - (3)) b Benefit charges: (1) Claims paid (2) Increase (decrease) in claim reserves (3) Incurred claims (add (1) and (2)) (4) Claims charged (7) Remainder of premium: (1) Retention charges (on an accrual basis) (8) Administrative service or other fees (9c) Other specific acquisition costs (9c) Other expenses (9c) Increase (decrease) (1) Claims paid (2) Increase (decrease) (3) Incurred claims (add (1) and (2)) (4) Claims charged (5) Administrative service or other fees (6) Administrative service or other fees (7) Other expenses (8) Administrative service or other fees (9c) Increase (1) Claims paid (9c) Other expenses (9c) Increase (1) Claims paid (1) Other expenses (1) Claims charged (2) Dividends or retroactive rate refunds. (These amounts were of the paid in cash, or of credited.) (2) Dividends or retroactive rate refunds. (These amounts were of paid in cash, or of credited.) (2) Claim reserves (3) Other reserves (3) Other reserves (4) Claim reserves (5) Claim reserves (6) Other sepenses (7) Claim reserves (8) Other reserves (9d(2) Other sepenses (9d(3) Other reserves (9d(2) Other sepenses (9d(3) Other reserves (9d(3) Other reser			ı	C Vision		d Life insurance
i					al unemplovme	. \vdash
Other (specify) MEDICARE SUPPLEMENT Experience-rated contracts: Experience-rated contracts: 2 Premiums: (1) Amount received (2) Increase (decrease) in amount due but unpaid (3) Increase (decrease) in unearned premium reserve (4) Earned ((1) + (2) - (3)) Benefit charges: (1) Claims paid (2) Increase (decrease) in claim reserves (3) Incurred claims (add (1) and (2)) (4) Claims charged C Remainder of premium: (1) Retention charges (on an accrual basis) (A) Commissions (B) Administrative service or other fees (C) Other specific acquisition costs (D) Other expenses (C) Other expenses (D) Other expenses (G) Other retention charges (G						Indemnity contract
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C Remainder of premium: (1) Retention charges (on an accrual basis) (A) Commissions (B) Administrative service or other fees (C) Other specific acquisition costs (D) Other expenses (E) Taxes (F) Charges for risks or other contingencies (G) Other retention charges (H) Total retention (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) (B) Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement (2) Claim reserves (3) Other reserves (3) Other reserves (4) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (B) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (C) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (E) Taxes (B) Qc(1)(B) (C) Unit (C) (C) (C) (C) Unit (C)		(3) Incurred claims (add (1) and (2))				
(A) Commissions (B) Administrative service or other fees (C) Other specific acquisition costs (D) Other expenses (E) Taxes (F) Charges for risks or other contingencies (G) Other retention charges (H) Total retention (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) (B) Other reserves (C) Claim reserves (C) Claim reserves (C) Claim reserves (C) Claim reserves (C) Other retention due to provide benefits after retirement (C) Claim reserves (C) Other reserves (C) Claim reserves (C) Other reserves (C) O		(4) Claims charged			9b(4)	
(B) Administrative service or other fees (C) Other specific acquisition costs (D) Other expenses (E) Taxes (F) Charges for risks or other contingencies (G) Other retention charges (H) Total retention (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) (B) Other reserves at end of year: (1) Amount held to provide benefits after retirement (2) Claim reserves (3) Other reserves (3) Other reserves (4) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)) (5) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)) (C) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)) (C) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)) (C) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)) (C) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)) (C) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)) (C) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)) (D) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)) (D) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)) (D) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2)) (D) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2))	C	Remainder of premium: (1) Retention charges (on an accrual bas				
(C) Other specific acquisition costs (D) Other expenses (E) Taxes (F) Charges for risks or other contingencies (G) Other retention charges (H) Total retention (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) (2) Claim reserves (3) Other reserves (3) Other reserves (3) Other retroactive rate refunds due. (Do not include amount entered in line 9c(2).) Dividends or subscription charges paid to carrier Total premiums or subscription charges paid to carrier 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		(A) Commissions		<u> </u>		
(D) Other expenses (E) Taxes (F) Charges for risks or other contingencies (G) Other retention charges (H) Total retention (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) (2) Claim reserves at end of year: (1) Amount held to provide benefits after retirement (2) Claim reserves (3) Other reserves (3) Other reserves (4) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (5) Policy of 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		(B) Administrative service or other fees	9c(1)(B)			
(E) Taxes (F) Charges for risks or other contingencies (G) Other retention charges (H) Total retention (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) (2) Claim reserves at end of year: (1) Amount held to provide benefits after retirement (2) Claim reserves (3) Other reserves (3) Other reserves (3) Other reserves (4) Nonexperience-rated contracts: (5) Taxes (6) Other retention charges (7) Poid in cash, or credited.) (8) Gredited.) (9c(1)(H) (9c(1)(H) (9c(1)(H) (9c(2)(H) (9c(2)(H) (9c(1)(H) (9c(1)(H		(C) Other specific acquisition costs	9c(1)(C)			
(E) Taxes (F) Charges for risks or other contingencies (G) Other retention charges (H) Total retention (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) (2) Claim reserves at end of year: (1) Amount held to provide benefits after retirement (2) Claim reserves (3) Other reserves (3) Other reserves (3) Other reserves (4) Nonexperience-rated contracts: (5) Taxes (6) Other retention charges (7) In Mount held to provide benefits after retirement (8) Other reserves (9d(1) Other retirement (9d(1) Other reserves (9d(2) Other reserves (1) Nonexperience-rated contracts: (2) Total premiums or subscription charges paid to carrier (2) In Nonexperience-rated contracts: (3) Other reserves (4) In Nonexperience-rated contracts: (5) In 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						
(F) Charges for risks or other contingencies (G) Other retention charges (H) Total retention (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) (2) Claim reserves at end of year: (1) Amount held to provide benefits after retirement (2) Claim reserves (3) Other reserves (3) Other reserves (4) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (5) Policy of 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			0 (4)/=1			
(G) Other retention charges (H) Total retention (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) (B) Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement (2) Claim reserves (3) Other reserves (3) Other reserves (4) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (5) Nonexperience-rated contracts: (6) Total premiums or subscription charges paid to carrier (7) Total premiums or subscription charges paid to carrier (8) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) (8) Total premiums or subscription charges paid to carrier (9d(1) 9c(2) 9d(1) 9d(2) 9d(3) 9e 10 Nonexperience-rated contracts: 10a 6,5						
(H) Total retention (2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement (2) Claim reserves (3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) Policyholder reserves Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) Total premiums or subscription charges paid to carrier In 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						
(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.) d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement (2) Claim reserves (3) Other reserves (9d(2)) e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) 9e Nonexperience-rated contracts: a Total premiums or subscription charges paid to carrier (10a (6,5)) 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					9c(1)(H)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement (2) Claim reserves (3) Other reserves 9d(3) e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) 7 Nonexperience-rated contracts: 8 Total premiums or subscription charges paid to carrier 10 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		,				
(2) Claim reserves (3) Other reserves (9) Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) Polyidends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) Nonexperience-rated contracts: Total premiums or subscription charges paid to carrier 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	А	• •				
(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) Nonexperience-rated contracts: Total premiums or subscription charges paid to carrier 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	u					
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) Nonexperience-rated contracts: Total premiums or subscription charges paid to carrier In 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						
Nonexperience-rated contracts: Total premiums or subscription charges paid to carrier 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	_					
a Total premiums or subscription charges paid to carrier			it entered in line s	3C(2).)	36	
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		•			100	6 572
the acquisition or retention of the contract or policy, other than reported in Part I, line 2					104	0,573
401	D	, , ,				
above, report amount 10b		the acquisition or retention of the contract or policy, other than re	eported in Part I,	line 2	401	
		above, report amount			100	
Specify nature of costs						

218424 08-10-12

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

2012

This Form is Open to Public Inspection

						40 104 10040	
For calendar plan year 20	12 or fiscal plan	year beginning 01/01	<u> 1/201</u>			12/31/2012	
A Name of plan					B Th	ree-digit	
DSRA BENEFI	T TRUST	PLAN			pla	an number (PN)	501
					12.17		B TAMES AND A STATE OF THE STAT
C Plan sponsor's na	me as shown	on line 2a of Form 5500			D En	ployer Identification	
DSRA BENEFI						26-459486	
Extra Extra Extra Control Cont		cerning Insurance Con					
contract	on a separat	e Schedule A. Individual contr	acts grou	iped as a unit in Parts II and	III can	be reported on a sing	le Schedule A.
1 Coverage Information	tion:						
(-) Name of incurance	oprrior						
(a) Name of insurance							
METROPOLITA	N LIFE	INSURANCE COMPA	MY				
	(c) NAIC	(d) Contract or	(e)	Approximate number of person	ons	Policy or co	ntract year
(b) EIN	code	identification number		ed at end of policy or contrac		(f) From	(g) To
						(1)	(9)
13-5581829	65978	TS05343407		1:	298	01/01/2012	12/31/2012
		nformation. Enter the total fee	s and tot				
in descending ord			o and to	ar commissions para = = =		.o agome, bronere, ar	о н. о р о . о о о
		of commissions paid		(b) To	otal am	ount of fees paid	
(4)			152	(-7			9,050
3 Persons receiving	commissions	and fees. (Complete as many		s needed to report all person	(2)		3,030
C Persons receiving		and address of the agent, brok			200	fees were paid	
DANIEL GLOD	(a) Name a	and address of the agent, bron	ter, or ou	ier person to whom commiss	10110 01	1000 Word paid	
60 E RIO SA	ד.אח∩ דא	WY SUITE 610					
TEMPE	DADO IN		31-91	31			
IEMPE		AZ 0520	, , , , ,	J.1			(e)
(b) Amount of sale	es and base		Fees	and other commissions paid			Organization
commissions paid		(c) Amount		(d) Purpo	se		code
		(c) Amount		(u) r dipo	30		
	13,576						3
	13,570				V AND II		
	() Name -			an a super to where comprise	iono o	food word poid	
GILLAND DILGGE		and address of the agent, brok	er, or our	ner person to whom commiss	ions o	tees were paid	
SHANE RUSSE		T. T. F					
60 E RIO SA	LADO PK		1 01	40			
TEMPE		AZ 8528	31-91	42			
(b) Amount of sale	s and base		Fees	and other commissions paid			(e)
commissions	s paid						Organization code
		(c) Amount		(d) Purpo	se		COGE
	13,576						3
For Paperwork Reduc	ction Act Not	ice and OMB Control Number	ers, see t	the instructions for Form 55	00.	Schedule A	(Form 5500) 2012 v. 120126

218421

(b) Amount of sales and base	Fees and other commissions paid		
commissions paid	(c) Amount	(d) Purpose	code
(a) Name and	address of the agent, broker, or of	ther person to whom commissions or fees were paid	
(I.) Arrayat of sales and has			(e)

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

(c) Amount

(c) Amount

(d) Purpose

(d) Purpose

Organization

code

(b) Amount of sales and base

commissions paid

Fees and other commissions paid

Part II	Investment and Annuity Contract Information			
	Where individual contracts are provided, the entire group of spurposes of this report.	such individual contracts with ea	ach carrier may be treate	d as a unit for
4 Current val	lue of plan's interest under this contract in the general accour	nt at year end		
5 Current val	lue 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 Premium	s paid to carrier		6b	
C Premium	s due but unpaid at the end of the year		6c	
	rier, service, or other organization incurred any specific costs			
	isition or retention of the contract or policy, enter amount		6d	
Specify n	nature of costs_			
e Type of c	contract: (1) 🗌 individual policies (2) 📋 group defe	erred annuity		
(3) 📙 o	other (specify)			
f If contrac	ct purchased, in whole or in part, to distribute benefits from a	terminating plan check here		
7 Contracts	s With Unallocated Funds (Do not include portions of these c	ontracts maintained in separate	accounts)	
a Type of c	contract: (1) deposit administration (2)	immediate participation gua	arantee	
	(3) guaranteed investment (4)	other >		
	at the end of the previous year		7b	
	s: (1) Contributions deposited during the year	100		
	ends and credits			
	est credited during the year			
(4) Trans	sferred from separate account			
(5) Other	r (specify below)	7c(5)		
			J= 40)	FYNOVE DE
	additions			0
	palance and additions (add lines 7b and 7c(6))		7d	
e Deduction		7-(4)		
	rsed from fund to pay benefits or purchase annuities during year			
	nistration charge made by carrier			
	sferred to separate account			
(4) Other	r (specify below)	7e(4)		
		Mark Committee of the C	7-(5)	
	deductions		7e(5)	0
T Balance a	at the end of the current year (subtract line 7e(5) from line 7d)		7f	

0528K1

3	Benefit and contract type (check all applicable boxes)						
,	a Health (other than dental or vision) b Dental		С	Vision		d	Life insurance
	e Temporary disability (accident and sickness) f Long-term	disability	g	┥	al unemployme		Prescription drug
	i Stop loss (large deductible) j HMO conf		k			1	Indemnity contrac
	m Other (specify) ▶			_	i i		_
)	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						
	(2) Increase (decrease) in claim reserves	9b(2)					
	(3) Incurred claims (add (1) and (2))				9b(3)		
	(4) Claims charged				9b(4)		
С	Remainder of premium: (1) Retention charges (on an accrual 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)				12.1	
	(H) Total retention				9c(1)(H)		
	(2) Dividends or retroactive rate refunds. (These amounts were				9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to pro	ovide benefits	after	retirement	9d(1)		
	(2) Claim reserves				9d(2)		
	(3) Other reserves				9d(3)		
е	Dividends or retroactive rate refunds due. (Do not include amount en	tered in line 9	c(2).)		9e		
0	Nonexperience-rated contracts:						
a	Total premiums or subscription charges paid to carrier				10a		534,466
b	If the carrier, service, or other organization incurred any specific cost				1		
	the acquisition or retention of the contract or policy, other than repor						
	above, report amount				10b		

Pa	art IV	Provision of Information			
11	Did the i	nsurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	
40	16.11			0.000	

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

2012

This Form is Open to

	,,		pursuant to	ERISA section 103(a)(2).			Public	Inspection
For calendar plan year 201	2 or fiscal plan	year beginning 01,	/01/201	. 2 and ending		12/31/20	12	
A Name of plan DSRA BENEFIT	ייפווקיי	DT.AN				ree-digit an number (PN)		501
DOIGI BUNGI II	INODI	I DAN						
C Plan sponsor's nam					D Er	nployer Identifica		umber (EIN)
Part I Informa	ition Cond on a separate	cerning Insurance		Coverage, Fees, and Cuped as a unit in Parts II and		issions Provid	e infor	
(a) Name of insurance of	carrier							
NATIONAL GUA	RDI AN	LIFE INSURANC	CE COMP	YNA				
(b) EIN	(c) NAIC	(d) Contract or	(e)	Approximate number of person	ons	Policy of	or cont	ract year
(2)	code	identification numbe	r covere	ed at end of policy or contract	t year	(f) From	+	(g) To
	66583							2/31/2012
2 Insurance fee and co in descending order			Il fees and tot	al commissions paid. List in li	ine 3 th	ne agents, broker	s, and	other persons
(a) To	tal amount o	of commissions paid		(b) To	otal am	ount of fees paid		
Persons receiving co	mmissions	A22 W3 15 60	13,400	s needed to report all person	۵)			0
C Persons receiving co				ner person to whom commiss		fees were paid		
FIRST PERSON 9000 KEYSTON INDIANAPOLIS	, INC.	SING STE 910	5240			,		
(b) Amount of sales				and other commissions paid				(e) Organization
commissions p	oaid 	(c) Amount		(d) Purpose				
3	13,400							3
	/-> Nome of					face over a sid		
	(a) Name ar	nd address of the agent,	broker, or oth	ner person to whom commiss	ions or	fees were paid		
		1						_
(b) Amount of sales			Fees	and other commissions paid				(e) Organization
commissions p	alu	(c) Amount		(d) Purpo	se			code
For Paperwork Reducti	on Act Notic	ce and OMB Control Nu	mbers, see t	the instructions for Form 55	00.	Schedu	le A (F	orm 5500) 2012

Part II Investment and Annuity Contract Information			
Where individual contracts are provided, the entire group purposes of this report.	of such individual contracts with each	n carrier may be treat	ed as a unit for
4 Current value of plan's interest under this contract in the general acc	ount at year end		
5 Current value of plan's interest under this contract in separate accou	nts 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			
d If the carrier, service, or other organization incurred any specific co	sts 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 d	eferred annuity		
(3) other (specify)			
f If contract purchased, in whole or in part, to distribute benefits from	n a terminating plan check here	▶	
7 Contracts With Unallocated Funds (Do not include portions of these	e contracts maintained in separate ac	ccounts)	
a Type of contract: (1) deposit administration (2	r) immediate participation guara	intee	
(3) guaranteed investment (4	other >		
b Balance at the end of the previous year		7b	
C Additions: (1) Contributions deposited during the year			
(2) Dividends and credits	m (m)		
(3) Interest credited during the year			
(4) Transferred from separate account	- (-1		
(5) Other (specify below)	7c(5)		
>			
		7-(6)	^
(6) Total additions		7c(6) 7d	0
d Total of balance and additions (add lines 7b and 7c(6))		70	A STATE OF THE STATE OF
e Deductions:	70(1)		
(1) Disbursed from fund to pay benefits or purchase annuities during year			
(2) Administration charge made by carrier			
(3) Transferred to separate account			
(4) Other (specify below)			
		A DE WEST	
(5) Total deductions		7e(5)	0
f Balance at the end of the current year (subtract line 7e/5) from line		7f	

Pa	Welfare Benefit Contract Information If more than one contract covers the same group of ememployee organization(s), the information may be combase a unit. Where contracts cover individual employees, treated as a unit for purposes of this report.	ined for reporti	ng purposes if such	n contracts are	experience-rated
8	Benefit and contract type (check all applicable boxes) a Health (other than dental or vision) b Dental e Temporary disability (accident and sickness) i Stop loss (large deductible) j HMO com Other (specify)	rm disability ontract	C X Vision G Supplement k PPO contract	al unemploym	ent h Life insurance Prescription dru I Indemnity contr
9	Experience-rated contracts:				
а	Premiums: (1) Amount received	9a(1)		8	
	(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				
	(2) Increase (decrease) in claim reserves				
	(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;			1/4	
	(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				
	(E) Taxes	- 4 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5			
	(F) Charges for risks or other contingencies				
	(G) Other retention charges	9c(1)(G)			
	(H) Total retention			9c(1)(H)	
	(2) Dividends or retroactive rate refunds. (These amounts were	I .		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to p	provide benefits	after retirement	9d(1)	
	(2) Claim reserves			9d(2)	
	(3) Other reserves			9d(3)	
е	Dividends or retroactive rate refunds due. (Do not include amount			9e	
10	Nonexperience-rated contracts:				
a	Total premiums or subscription charges paid to carrier			10a	370,911
	If the carrier, service, or other organization incurred any specific co				
	the acquisition or retention of the contract or policy, other than rep	orted in Part I, I	ine 2		
	above, report amount			10b	
	pecify nature of costs				

Pa	art IV	Provision of Information				
11	Did the	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X	No	
				- barried		

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning $01/01/2012$ and endi	ding	12/31/2012	
A Name of plan DSRA BENEFIT TRUST PLAN	В	Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 DSRA BENEFIT TRUST	D	Employer Identification 26-4594868	n Number (EIN)
Part I Service Provider Information (see instructions)			
You must complete this Part, in accordance with the instructions, to report the information required for e	each p	person who received, d	irectly or
indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in conne	nection	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 compe	ensatio	on for which the plan re	ceived the
required disclosures, you are required to answer line 1 but are not required to include that person when	n comp	leting 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 beca			
eligible indirect compensation for which the plan received the required disclosures (see instructions for d	definiti	ons and conditions)	Yes X No
b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required	d disclo	osures for the service p	roviders
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	le indire	ect compensation	
(b) Enter name and EIN or address of person who provided you disclosures on eligible	le indire	ect compensation	
(b) Enter name and EIN or address of person who provided you disclosures on eligible	le indire	ect compensation	- A15(2)*2
(b) Enter name and EIN or address of person who provided you disclosures on eligible	le indire	ect compensation	
For Panerwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500	1	Schedule C /Fo	rm 5500) 2012

Schedule C (Form 5500) 2012 v. 120126

you a	nswered "Yes" to line	1a on page 2, co noney or anythin	mplete as many entries	as needed to list each p	erson receiving, directly or indi ered to the plan or their positio	rectly, \$5,000 or more
	,					
			(a) Enter name and EIN	l or address (see instruc	tions)	
MARSH	U.S. CONSU	MER		13-3109248		
(b) Service Code(s)	(c) Relationship to employer, employer, or 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?
13	NONE	403,208.	Yes No X	Yes No		Yes No
					CANDED TO THE STATE	
			(a) Enter name and EIN	l or address (see instruc	tions)	
BLUE			F MICHIGAN	38-2069753		
(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)	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?
70	NONE	283,016.	Yes No X	Yes No		Yes No
			(a) Enter name and EIN	or address (see instruc	tions)	
FIRST	PERSON BEN	EFIT ADV	ISORS	35-2045879		
(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?
16	NONE	193,119.	Yes No X	Yes No		Yes No

in tota		noney or anythin	·		erson receiving, directly or indi ered to the plan or their positio	
T. RC	WE PRICE AS	SOCIATES	(a) Enter name and EIN	N or address (see instruc 52-0556948	tions)	
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	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)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	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?
28	NONE	45,967.	Yes No X	Yes No		Yes No No
		T 462215				
				l or address (see instruc	tions)	
	BAASE, PFA	LZGRAF,	CC LLC	16-1583308		
(b) Service Code(s)	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)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	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?
29	NONE	34,809.	Yes No X	Yes No		Yes No
	rought and	第一个				
			(a) Enter name and EIN	l or address (see instruc	tions)	
KREIG	DEVAULT LL	Р		35-1055087		
(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?
29	NONE	27,779.	Yes No X	Yes No		Yes No

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom

•		, ,	,		erson receiving, directly or indi ered to the plan or their positio	• • • •
the pl	an year. (See instruction	ons).				
			(a) Enter name and EIN	or address (see instruc	tions)	
GRANT	THORNTON			36-6055558		
40.3				10		
(b)	(c)	(d)	(e) Did service provider	(f) Did indirect	(g) Enter total indirect	(h)
Service Code(s)	Relationship to employee	Enter direct compensation	receive indirect	compensation include	compensation received by	Did the service provider give you
0000(0)	organization, or	paid by the	compensation?	eligible indirect	service provider excluding	a formula instead
	person known to be	plan. If none,	(sources other	compensation, for which the plan	eligible indirect compensation for which you	of an amount or
	a party-in-interest	enter -0	than plan or plan sponsor)	received the	answered "Yes" to element	estimated amount?
			plati sportsor)	required disclosures?	(f). If none, enter -0	
10	NONE					
		24,500.	Yes No X	Yes No		Yes No
) 160 TOT 254 TO			
				l or address (see instruc	tions)	
GAINE	S KRINER EL	LIOTT LL	P	16-0773396		
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service	Relationship to	Enter direct	Did service provider	Did indirect	Enter total indirect	Did the service
Code(s)	employer, employee	compensation	receive indirect	compensation include eligible indirect	compensation received by service provider excluding	provider give you
	organization, or person known to be	paid by the plan. If none,	compensation? (sources other	compensation, for	eligible indirect	a formula instead of an amount or
	a party-in-interest	enter -0	than plan or	which the plan	compensation for which you	estimated amount?
			plan sponsor)	received the required disclosures?	answered "Yes" to element (f). If none, enter -0	
10	NONE			required discissarios.	(i). Il fiorio, eficer o :	
10	HONE	17,500.	Yes No X	Yes No		Yes No
		17,300.	Tes NO EX	162 140		res 🔲 No 🖂
Saint No.		STATE ASSOCIATION OF THE	C TO THE PART OF T	TOPANIE ALLOW TO THE STATE OF T		
	9/E///////////////////////////////////		(a) Enter name and EIA	l or address (see instruc	tions)	
COMED	ICA BANK		(a) Enter name and En	38-0477375	tions)	
COMER	ICA DANK			30-04//3/3		
0.1	(-)	(-I)	1-1	(6)	(~)	/b\
(b) Service	(c) Relationship to	(d) Enter direct	(e) Did service provider	(f) Did indirect	(g) Enter total indirect	(h) Did the service
Code(s)	employer, employee	compensation	receive indirect	compensation include	compensation received by	provider give you
2220(0)	organization, or	paid by the	compensation?	eligible indirect	service provider excluding	a formula instead
	person known to be	plan. If none,	(sources other	compensation, for which the plan	eligible indirect compensation for which you	of an amount or
	a party-in-interest	enter -0	than plan or plan sponsor)	received the	answered "Yes" to element	estimated amount?
			pian sponsor)	required disclosures?	(f). If none, enter -0	
21	NONE					
		12,846.	Yes No X	Yes No		Yes No

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012

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

2012

This Form is Open to Public Inspection

12/31/2012

and ending

A Name of plan					B Three-digit		E04		
					plan number (F	,N) 🕨	501		
DSRA BENEFIT TRUST PLAN						oter in			
C Plan sponsor's name as shown on line 2a of Form 5500					D Employer Identification Number (EIN)				
DS	DSRA BENEFIT TRUST					26-4594868			
Pa	art I	Asset and Liability Statement							
1	tru val pla	urrent value of plan assets and liabilities at the beginning and end of the plan yea ast. Report the value of the plan's interest in a commingled fund containing the a lue is reportable on lines 1c(9) through 1c(14). Do not enter the value of that por an year, to pay a specific dollar benefit at a future date. Round off amounts to t mplete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also	issets of m tion of an ii he neares :	ore than nsuran t dolla	in one plan on a lin ce contract which (r. MTIAs, CCTs, PS	e-by-line guarant As, and	e basis unless the ees, during this d 103-12 IEs do not		
		Assets		(a) E	Beginning of Year	(b) End of Year		
а	To	tal noninterest-bearing cash	. 1a						
b		ceivables (less allowance for doubtful accounts):							
	(1)	Employer contributions	1b(1)						
	(2)	Participant contributions	1b(2)						
	(3)	Other	1b(3)						
C	Ge	neral investments:				T.T.			
	(1)	Interest-bearing cash (incl. money market accounts & certificates of deposit)	1c(1)						
	(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)						
	(4)	Corporate stocks (other than employer securities):				i jiring			
		(A) Preferred	1c(4)(A)		4				
		(B) Common	1c(4)(B)						
	(5)	Partnership/joint venture interests	1c(5)						
	(6)	Real estate (other than employer real property)							
	(7)	Loans (other than to participants)							
	(8)	Participant loans	1c(8)						
	(9)	Value of interest in common/collective trusts							
	(10)	Value of interest in pooled separate accounts	1c(10)						
	(11)	Value of interest in master trust investment accounts							
	(12)	Value of interest in 103-12 investment entities							
	(13)	Value of interest in registered investment companies (e.g., mutual funds)		1	6,490,028	1	12,595,994		
	(14)	Value of funds held in insurance co. general account (unallocated contracts)	1c(14)						
	(45)	Othor	4-(45)						

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

Schedule H (Form 5500) 2012

v. 120126

1 d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e) Liabilities	1f	16,490,028	12,595,994
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through 1j)	1k		
	Net Assets			
ı	Net assets (subtract line 1k from line 1f)	11	16,490,028	12,595,994

Part II Income and Expense Statement

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)		
(B) Participants		14,803,676	
(C) Others (including rollovers)		26,642,486	
(2) Noncash contributions			
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		41,446,162
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market			
accounts and certificates of deposit)	2b(1)(A)	865	
(B) U.S. Government securities			
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)			
(E) Participant loans			
(F) Other	The second secon		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		865
(2) Dividends: (A) Preferred stock	100000000000000000000000000000000000000		
(B) Common stock			
(C) Registered investment company shares (e.g. mutual funds		378,637	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)			378,637
(3) Rents	1000		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds		10,176,909	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	10,056,254	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result			120,655
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other		8/6	
(C) Total unrealized appreciation of assets.			
Add lines 2b(5)(A) and (B)	2b(5)(C)		

			(a) Am	ount	(b)	Total	
	(6) Net investment gain (loss) from common/collective trusts 2b(6)	1883					
	(7) Net investment gain (loss) from pooled separate accounts	27618					
	(8) Net investment gain (loss) from master trust investment accounts2b(8)						
	(9) Net investment gain (loss) from 103-12 investment entities 2b(9)			一个			
	(10) Net investment gain (loss) from registered investment companies		11				
	(e.g., mutual funds)					515,	709
С	Other income 2c						
d	Total income. Add all income amounts in column (b) and enter total 2d				42,	462,	028
	Expenses						
е	Benefit payment and payments to provide benefits:						
	(1) Directly to participants or beneficiaries, including direct rollovers 2e(1)		3,9	70,005			
	(2) To insurance carriers for the provision of benefits 2e(2)	4	1,0	47,296			
	(3) Other						
	(4) Total benefit payments. Add lines 2e(1) through (3) 2e(4)			Steel Lines	45.	017,	301
f	Corrective distributions (see instructions) 2f						
g	Certain deemed distributions of participant loans (see instructions) 2g	协造。		Karalasa A			
h	Interest expense 2h			nyaanan			
ï	Administrative expenses: (1) Professional fees 2i(1)		2	90,982		garane.	
•				21,196			
	(2) Contract administrator fees 2i(2)			64,636			
	(3) Investment advisory and management fees 2i(3)			61,947			
	(4) Other <u>2i(4)</u>		3	01,947	1	220	7.61
	(5) Total administrative expenses. Add lines 2i(1) through (4)					338,	
J	Total expenses. Add all expense amounts in column (b) and enter total				46,	356,	062
k	Net income (loss). Subtract line 2j from line 2d 2k			AND THE EAST	-3	894,	034
ï	Transfers of assets:				101515	031,	0 0 1
	(1) To this plan 21(1)						
Pai	(2) From this plan						
- CI	Complete lines 3a through 3c if the opinion of an independent qualified public accountant is	attacho	d to th	ie Form 5500			
	Complete line 3d if an opinion is not attached.	attacric	u to tii	is 1 01111 5500.			
2		totions\					
а	The attached opinion of an independent qualified public accountant for this plan is (see instruction of the control of the con	uctions)					
h		10/-110			П.		No
b	Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103	-12(a)?			Ye	s M	INO
C	Enter the name and EIN of the accountant (or accounting firm) below:	13 0.000	(a) FI	N: 16-07	72206		
al	(1) Name: GAINES KRINER ELLIOTT		(2) EI	N: 16-07	13396		
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 n	ext Forr	n 5500	pursuant to 2	9 CFR 252	20.104-5	0
Pai	t IV Compliance Questions						
	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, 4	n, or 5.		
	103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.						
	During the plan year:		Yes	No	Amour	nt	
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	100	10000				
	until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X			
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close	11. 11.				3000	
	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	.) 4b		X			
		/					_

				Yes	No		Amount	
C	Were any leases to which the plan was a party in default or classified during the	-						
-	uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	9,000,000,000	4c		X			
d	Were there any nonexempt transactions with any party-in-interest? (Do not include the control of							
	transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes"		- 016	in the same of	37			
_	checked.)		4d	37	Х		F00 00	
e	Was this plan covered by a fidelity bond?		4e	X	1000		500,00	10
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, the							
	caused by fraud or dishonesty?		4f		X			
g	Did the plan hold any assets whose current value was neither readily determinab							
	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 of	determinable						
	on an established market nor set by an independent third party appraiser?		4h		Х			
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Ye	es" is	The second		G F			
	checked, and see instructions for format requirements.)		4i	X		dibila sa		
j	Were any plan transactions or series of transactions in excess of 5% of the curre	ent value of						
	plan assets? (Attach schedule of transactions if "Yes" is checked, and see instru	ctions for	SHIP					
	format requirements.)		4j	X				
k	Were all the plan assets either distributed to participants or beneficiaries, transfe							$-\pi$
	another plan, or brought under the control of the PBGC?	0.400.000.000.000	4k		X			
1	Has the plan failed to provide any benefit when due under the plan?		41		Х			
m	If this is an individual account plan, was there a blackout period? (See instruction	MARKANATA (AY ARE		1000		CALL STATE	
	29 CFR 2520.101-3.)		4m	000000000000000000000000000000000000000				
n	If 4m was answered "Yes," check the "Yes" box if you either provided the require		1000					NIN
	or one of the exceptions to providing the notice applied under 29 CFR 2520.101-	90.00 POWERS	4n	25 (21) (47)				
5 a	Has a resolution to terminate the plan been adopted during the plan year or any	Control of the last of the las			nter th	e amount o	f any nian assets	e
	that reverted to the employer this year	. —	X No		nount		rany plan asset	3
5b	If, during this plan year, any assets or liabilities were transferred from this plan to						accete or liabilit	tios
0.0	were transferred. (See instructions.)	another plants	3/, IGC	itily ti	e plait	(3) to Willer	assets of habilit	.105
	5b(1) Name of plan(s)		Eh/O) EIN(s	١		5b(3) PN(s)	_
	5b(1) Name of plan(s)		Su(Z	Eliv(S	/		50(3) PN(S)	_
	9							
D	Twent Information (autice 1)							_
Par						Ich -		
ba	Name of trust					6b Trus	st's EIN	

DELPHI SALARIED RETIREES ASSOCIATION BENEFIT TRUST

FINANCIAL STATEMENTS

December 31, 2012

DELPHI SALARIED RETIREES ASSOCIATION BENEFIT TRUST TABLE OF CONTENTS TO FINANCIAL STATEMENTS December 31, 2012

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Statement of Changes in Net Assets Available for Benefits (Modified Cash Basis)	4
Notes to Financial Statements	5 - 8
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Schedule 1 - Schedule of Assets (Held at End of Year)	9
Schedule 2 - Schedule of Reportable Transactions	10



INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Delphi Salaried Retirees Association
Voluntary Employee Benefits Association

We have audited the accompanying financial statements of the Delphi Salaried Retirees Association Benefit Trust (the "Plan"), which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2012 and 2011, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2012, 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 the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Plan management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. 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 audit 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 entity'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 entity'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 net assets available for benefits of Delphi Salaried Retirees Association Benefit Trust as of December 31, 2012 and 2011, and the changes in net assets available for benefits for the year ended December 31, 2012, in accordance with basis of accounting described in Note 2.

INDEPENDENT AUDITOR'S REPORT (CONT'D)

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 U.S. generally accepted auditing standards. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than U.S. generally accepted accounting principles. Our opinion is not modified with respect to that matter.

Amherst, New York July 29, 2013

Daines Kriner alleath LLA



DELPHI SALARIED RETIREES ASSOCIATION BENEFIT TRUST STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS) As of December 31, 2012 and 2011

ASSETS	2012	2011
Investments, at fair value (Note 3) Money market accounts Mutual funds	\$ 700,334 11,895,660	\$ 1,154,365 15,335,663
Net assets available for benefits	\$ 12,595,994	\$ 16,490,028

DELPHI SALARIED RETIREES ASSOCIATION BENEFIT TRUST STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)

For the year ended December 31, 2012

Additions to Net Assets Attributed to: Investment income Interest and dividends Net appreciation in fair value of investments - mutual funds Realized gain Net investment income	\$ 379,502 515,709 120,655 1,015,866
Contributions	
Retiree contributions	14,803,676
Health coverage tax credits	26,316,758
Other	325,728
Net contributions	41,446,162
Total additions	42,462,028
Deductions from Net Assets Attributed to:	
Hardship payments	114,015
Insurance premiums	41,047,296
Early retiree reinsurance program distributions - paid directly to participants	3,855,990
Contracted administrator fees	621,196
Early retiree reinsurance program fees	283,016
Administrative expenses	434,549
Total deductions	46,356,062
Net decrease for the year	(3,894,034)
Net Assets Available for Benefits:	
Beginning of year	16,490,028
End of year	\$ 12,595,994

December 31, 2012 and 2011

NOTE 1 - DESCRIPTION OF THE PLAN

The following brief description of the Plan is provided for general purposes only. Participants should refer to the Plan document for more complete information.

General - The Delphi Salaried Retirees Association Benefit Trust (the "Plan") was established on September 1, 2009 to offer welfare benefit coverage to eligible retirees and their dependents of Delphi Salaried Retirees Association ("DSRA"), with coverage beginning on October 1, 2009, as described in the Plan document.

The Plan provides participants specified medical, prescription drug, vision, and dental benefits. By virtue of being offered through a Voluntary Employee Beneficiary Association ("VEBA"), the component benefit programs offered for those under 65 years of age are intended to be qualified to take advantage of Health Coverage Tax Credits ("HCTC") available under the Internal Revenue Service ("IRS"). The Plan also offers alternative coverage for eligible retirees who are or who become Medicare eligible.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Administration of the Plan - The DSRA VEBA is the Plan sponsor and its Board of Directors ("VBOD") administers the Plan. The VBOD has contracted with a third-party, Marsh, Inc., to administer the benefits under the Plan, and Comerica Bank ("Comerica") serves as custodian for the trust.

Blue Cross Blue Shield of Michigan provides healthcare, prescription drugs, dental, and under 65 Medicare claims through insurance. Superior Vision Services, Inc., MetLife, Hartford, and Benistar Administrative Services provide vision claims, over 65 life insurance, Medicare supplemental insurance, and Medicare Part D coverage through insurance, respectively. Hardship payments are administered by a committee of the VBOD.

Contributions - The Plan is funded through a VEBA Trust set up by the Official Delphi Section 1114 Committee ("1114 Committee") with monies obtained solely from Delphi Corporation ("Delphi") pursuant to a Stipulation and Agreed Order entered between Delphi and the 1114 Committee (entered in Case No. 05-4481, United States Bankruptcy Court S.D. New York, as may be modified from time to time) (hereinafter referred to as the "Settlement Agreement") and by premium contributions from eligible retirees.

The IRS HCTC Department processes HCTC payments. Eligible retirees pay any residual premiums to the extent not covered by Delphi and HCTC payments. The premium rates are set by the VBOD after consultations with the insurance providers. Terminated employees may elect to continue their coverage (as provided under Consolidated Omnibus Budget Reconciliation Act of 1985 regulations) by making contributions to cover the full cost of their insurance premiums.

The Early Retiree Reinsurance Program (ERRP) was established by the Patient Protection and Affordable Care Act. Congress appropriated funding of \$5 billion for this temporary ERRP to provide financial assistance to employers, union, and state and local governments to help them maintain coverage for early retirees age 55 and older who are not yet eligible for Medicare, including their spouses, surviving spouses, and dependents.

The DSRA VEBA submitted an application for reimbursement from the ERRP in 2010 and received reimbursements of \$10,997,564 in 2011. Reimbursements have been and will continue to be used to reduce the Plan participants' health care costs through direct payments to participants. All ERRP funds plan to be distributed to participants by the end of December 2013.

December 31, 2012 and 2011

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Benefits - The Plan provides for specified medical, prescription drug, vision, life insurance, and dental benefits through insurance arrangements. The Plan also provides for hardship payments to eligible participants to reimburse residual premiums.

Basis of Accounting - The financial statements have been prepared using the modified cash basis of accounting, which is a comprehensive basis of accounting other than U.S. generally accepted accounting principles. Under the modified cash basis of accounting, contributions and income are recorded when received and distributions and expenses are recorded when paid.

Estimates - The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts and disclosures that are included in these financial statements. Actual results could differ from management's estimates and assumptions.

Investments - 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 knowledgeable unrelated parties at the measurement date. See Note 3 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Benefits - Hardship payments and insurance premium payments are recorded when paid.

Administrative Expenses - Administrative expenses associated with the Plan are paid by the Plan as permissible by the Plan's provisions.

Subsequent Events - The Plan evaluated all events subsequent to December 31, 2012 through July 29, 2013, the date the financial statements were available to be issued. No events subsequent to December 31, 2012 required recognition or disclosure.

NOTE 3 - FAIR VALUE MEASUREMENTS

The Plan uses a fair value hierarchy that prioritizes the valuation assumptions used to measure fair value. This hierarchy consists of three broad levels: Level 1 - assumptions rely on quoted prices in active markets for identical assets and must be used when available, Level 2 - assumptions rely on quoted prices for similar, but not identical, assets, and Level 3 - assumptions generally are developed by the reporting entity, and may only be utilized when Level 1 and Level 2 information is not available. The Plan uses appropriate valuation techniques on the available information to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 or Level 3 inputs were used by the Plan.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2012 and 2011.

Level 1 Fair Value Measurements - The fair value of money market funds and mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

December 31, 2012 and 2011

NOTE 3 - FAIR VALUE MEASUREMENTS (CONT'D)

The following table sets forth, by level with the fair value hierarchy, the Plan's assets (all Level 1) at fair value as of December 31, 2012 and 2011:

	2012	2011
Money market accounts	\$ 700,334	\$ 1,154,365
Mutual funds		
Short-term bond	4,370,133	5,781,286
Intermediate-term bond	4,355,920	6,005,592
Large cap growth	1,265,855	1,595,043
Large cap value	1,128,698	1,315,791
High-yield	270,989	-
Mid cap value	150,227	195,718
Mid cap growth	143,207	197,225
Small cap growth	106,867	124,068
Small blend	103,764	120,940
Total assets at fair value	\$12,595,994	<u>\$16,490,028</u>

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 - INVESTMENTS

The Plan's investments are held by Comerica, the custodian for the trust that holds the Plan's assets. The following table presents the fair values of the Plan's investments that represent 5% or more of the Plan's net assets:

	2012	2011
Money Market Invesco AIM Premier Portfolio	\$ 691,325	\$ 1,051,361
Mutual Funds		
T. Rowe Price Growth Stock Fund	1,116,264	1,296,033
T. Rowe Price Equity Inc. Fund	1,128,698	1,315,791
T. Rowe Price New Income Fund	4,355,920	6,005,592
T. Rowe Price Short-Term Bond Fund	4,370,133	5,781,286
All other investments less than 5%	933,654	1,039,965
	\$12,595,994	\$16,490,028

December 31, 2012 and 2011

NOTE 5 - RELATED PARTY TRANSACTIONS

The Plan invests in shares of mutual funds managed by T. Rowe Price, the Plan's investment advisor. Transactions in such investments qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

NOTE 6 - TAX STATUS

The trust established under the Plan, to hold the Plan's net assets, is qualified pursuant to Section 501(c)(9) of the Internal Revenue Code as a VEBA and, accordingly, the trust's net investment income is exempt from income taxes. The Plan and trust are required to operate in conformity with the Internal Revenue Code to maintain the tax-exempt status of the trust. The trust has received a favorable tax exemption letter form the IRS and the DSRA VBOD believes that the trust continues to qualify and operate as designed.

Plan management evaluates tax positions taken by the Plan and recognizes a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2012 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.

NOTE 7 - TERMINATION OF THE PLAN

Although it has not expressed any intention to do so, the DSRA VEBA reserves the right to amend, modify, or terminate the Plan at any time. In the event the Plan is terminated, the trust assets, to the extent they exist, are to be applied first to reasonable and necessary expenses in connection with the termination; second, to provide benefits to participants and beneficiaries with respect to claims arising prior to the date of termination, or such earlier date as the trustees may designate; and the balance, if any, to provide benefits permitted by Internal Revenue Code Section 501(c)(9), as the Plan manager may determine.

NOTE 8 - 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 that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

DELPHI SALARIED RETIREES ASSOCIATION BENEFIT TRUST SCHEDULE OF ASSETS (HELD AT END OF YEAR) As of December 31, 2012

<u>(a)</u>	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current
	Invesco AIM Premier Portfolio	Manay market account	\$ 691,325	\$ 691.325
		Money market account		·
- 2	T. Rowe Price Summit Funds, Inc. Cash	Money market account	9,009	9,009
	Total money market accounts			700,334
٠	T. Rowe Price Short Term Bond Fund	Mutual fund	4,370,569	4,370,133
•	T. Rowe Price New Income Fund	Mutual fund	4,258,058	4,355,920
•	T. Rowe Price Equity Inc. Fund	Mutual fund	965,872	1,128,698
٠	T. Rowe Price Growth Stock Fund	Mutual fund	901,883	1,116,264
	T. Rowe Price High-Yield Fund	Mutual fund	261,763	270,989
•	T. Rowe Price Mid Cap Value Fund	Mutual fund	139,040	150,227
•	T. Rowe Price Spectrum Growth Fund	Mutual fund	137,725	149,591
	T. Rowe Price Mid Cap Growth	Mutual fund	139,470	143,207
•	T. Rowe Price New Horizons Fund Inc.	Mutual fund	102,051	106,867
•	T. Rowe Price Small Cap Value Fund	Mutual fund	89,652	103,764
	Total mutual funds			11,895,660
	Total assets available for benefits			\$12,595,994

^{*} Party-in-interest

DELPHI SALARIED RETIREES ASSOCIATION BENEFIT TRUST SCHEDULE OF REPORTABLE TRANSACTIONS

For the year ended December 31, 2012

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS FEDERAL EIN# 26-4594868 PLAN # 501

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	`	Purchase price	_	d) Selling price	_	(g) Cost of asset	(h) Current value of asset on transaction date		value of asset on transaction		٠,	Net gain r (loss)
Invesco Invesco T. Rowe Price T. Rowe Price	(Category (i)) that amount to more than 5% of the AIM Premier Portfolio AIM Premier Portfolio T. Rowe Price New Income Fund T. Rowe Price New Income Fund	\$	1,540,000 - - -	\$	1,491,000 875,000 875,000	\$	1,491,000 857,469 867,854	\$	1,491,000 875,000 875,000	\$	- 17,531 7,146		
Series of transactio of Plan assets Invesco	ns (Category (iii)) with respect to securities of the s AIM Premier Portfolio Purchases - 58 transactions	same issue	4,392,873	t, in \$	the aggregate	e, to	-	% o \$	-	ng vai	lue -		
T. Rowe Price	Sales - 65 transactions T. Rowe Price New Income Fund Purchases - 31 transactions Sales - 11 transactions		453,756		4,752,909 2,200,000		4,752,909 - 2,173,599		4,752,909		26,401		
T. Rowe Price	T. Rowe Price Short Term Bond Fund Purchases - 27 transactions Sales - 9 transactions		353,466 -		1,810,000		1,798,642		1,810,000		11,358		

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration
Pencion 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 6047(e), 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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginn		2012 and 6	nding	12/31/2012	
A This return/report is for: a multiemployer pla a single-employer p	n;		a multiple e a DFE (spe	employer plan; or city)	
B This return/report is: the first return/repo	·			urn/report; n year return/report (les	s than 12 months
If the plan is a collectively-bargained plan, check here			*******		▶
O Check box if filing under: Form 5558; special extension (e		L.	automatic (extension;	e DFVC program;
Part II Basic Plan Information - enter all re	quested information				
a Name of plan			1b	Three-digit	
SRA BENEFIT TRUST PLAN			10	plan number (PN) Effective date of plan 09/01/2009	501
Plan sponsor's name and address, include room or suite nu	mber (employer, If for a	single-employer plan)	2b	Employer Identificatio 26-4594868	n Number (EIN)
SRA BENEFIT TRUST	140			Sponsor's telephone 5 – 6 28 – 27 9 8	number
C/O BOARD OF DIRECTORS GRASMERE ROAD			2d	Business code (see in 525920	structions)
GRASMERE ROAD					
the electronic version of this return/report, and to the best of my knowledge.	g and belief, it is true, correct	i, and complete.	accompanying	3 SOURCE STATE OF STA	tacintients, as wen
SIGN James Sagebre	07/31/2013	JAMES HAG			
Signature of plan administrator	Date /	Enter name of indi	vidual signi	ng as plan administrate	or
IGN James Hazerbarl	7/31/2013	JAMPS	HAGE	BACH	
Signature of employer/plan sponsor	Date	Enter name of indi	vidua: signi	ng as employer or plan	sponsor
ERE	Date	Enter name of Indi	uldual eigni	ng av NEE	
Preparer's name (including firm name, if applicable) and a		1		Preparer's telephone (optional)	number
				716-652-1	042
GAINES KRINER ELLIOTT LLP 100 RILEY STREET EAST AURORA NY 14	052				
EAST AURORA NY 14	054				
or Paperwork Reduction Act Notice and OMB Control	Numbers, see the in	netructions for For	n 5500.		Form 5500 (2012 v. 120126

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DELPHI SALARIED RETIREES ASSOCIATION BENEFIT TRUST SCHEDULE OF ASSETS (HELD AT END OF YEAR)

As of December 31, 2012

<u>(a)</u>	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current
	Invesco AIM Premier Portfolio T. Rowe Price Summit Funds, Inc. Cash	Money market account Money market account	\$ 691,325 9,009	\$ 691,325 9,009
	Total money market accounts			700,334
	T. Rowe Price Short Term Bond Fund	Mutual fund	4,370,569	4,370,133
	T. Rowe Price New Income Fund	Mutual fund	4,258,058	4,355,920
•	T. Rowe Price Equity Inc. Fund	Mutual fund	965,872	1,128,698
•	T. Rowe Price Growth Stock Fund	Mutual fund	901,883	1,116,264
	T. Rowe Price High-Yield Fund	Mutual fund	261,763	270,989
	T. Rowe Price Mid Cap Value Fund	Mutual fund	139,040	150,227
	T. Rowe Price Spectrum Growth Fund	Mutual fund	137,725	149,591
	T. Rowe Price Mid Cap Growth	Mutual fund	139,470	143,207
	T. Rowe Price New Horizons Fund Inc.	Mutual fund	102,051	106,867
•	T. Rowe Price Small Cap Value Fund	Mutual fund	89,652	103,764
	Total mutual funds			11,895,660
	Total assets available for benefits			\$12,595,994

^{*} Party-in-interest

DELPHI SALARIED RETIREES ASSOCIATION BENEFIT TRUST SCHEDULE OF REPORTABLE TRANSACTIONS

For the year ended December 31, 2012

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS FEDERAL EIN# 26-4594868 PLAN # 501

(a) Identity of party involved Single transactions	(b) Description of asset (include interest rate and maturity in case of a loan) (Category (i)) that amount to more than 5% of the	<u> </u>	e) Purchase price	_	d) Selling price		(g) Cost of asset	va	n) Current lue of asset transaction date		Net gain r (loss)
Invesco Invesco T. Rowe Price T. Rowe Price	AIM Premier Portfolio AIM Premier Portfolio T. Rowe Price New Income Fund T. Rowe Price New Income Fund	\$	1,540,000 - - -	\$	1,491,000 875,000 875,000	\$	1,491,000 857,469 867,854	\$	1,491,000 875,000 875,000	\$	- 17,531 7,146
Series of transactions (Category (iii)) with respect to securities of the same issue that amount, in the aggregate, to more than 5% of the beginning value of Plan assets											
Invesco	AIM Premier Portfolio Purchases - 58 transactions Sales - 65 transactions	\$	4,392,873	\$	4,752,909	\$	- 4,752,909	\$	- 4,752,909	\$:
T. Rowe Price	T. Rowe Price New Income Fund Purchases - 31 transactions Sales - 11 transactions		453,756 -		2,200,000		- 2,173,599		2,200,000		- 26,401
T. Rowe Price	T. Rowe Price Short Term Bond Fund Purchases - 27 transactions Sales - 9 transactions		353,466 -		1,810,000		- 1,798,642		1,810,000		- 11,358