#### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 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

|   |  |                                |                            |                              |                       | Inspection                          |            |
|---|--|--------------------------------|----------------------------|------------------------------|-----------------------|-------------------------------------|------------|
| Part I                                  | Annual Report Identif  | fication Information           |                            |                              |                       |                                     |            |
| For caler                               | dar plan year 2012 or fiscal pla                               | an year beginning 01/01/201    | 2                          | and ending 12/3              | 31/2012               |                                     |            |
| A This return/report is for:            |  |                                |                            |                              |                       |                                     |            |
| a single-employer plan; a DFE (specify) |  |                                |                            |                              |                       |                                     |            |
|   |  |                                |                            |                              |                       |                                     |            |
| <b>B</b> This r                         | eturn/report is:   | the first return/report;       | =                          | return/report;               |                       |                                     |            |
|   |  | an amended return/repo         | ort; a short p             | olan year return/report (les | ss than 12 m          | onths).                             |            |
| C If the                                | plan is a collectively-bargained                               | plan, check here               |                            |                              |                       | ×                                   |            |
| <b>D</b> Chec                           | c box if filing under:   | X Form 5558;                   | automat                    | ic extension;                | th                    | e DFVC program;                     |            |
|   |  | special extension (enter       | description)               |                              |                       |                                     |            |
| Part I                                  | I Basic Plan Informa   | ation—enter all requested info | ormation                   |                              |                       |                                     |            |
| 1a Nam                                  | e of plan<br>LROAD EMPLOYEES NATION                            | NAL DENTAL DLAN                |                            |                              | 1b                    | Three-digit plan number (PN) ▶      | 505        |
| THE IXA                                 | ENOAD EMILEOTEES NATION  | VAL DENTALT LAN                |                            |                              | 1c                    | Effective date of pl                | an         |
|   |  |                                |                            |                              |                       | 03/01/1976                          |            |
| 2a Plan                                 | sponsor's name and address; i                                  | include room or suite number ( | (employer, if for a single | -employer plan)              | 2b                    | Employer Identifica<br>Number (EIN) | ation      |
| NATION                                  | AL CARRIERS' CONFERENCE  | ≣                              |                            |                              |                       | 52-1036399                          |            |
| COMMIT                                  | TEE  |                                |                            |                              | 2c                    | Sponsor's telephor                  | ne         |
|   |  |                                |                            |                              |                       | number<br>202-862-7200              | )          |
|   | TREET NW SUITE 500<br>GTON, DC 20036                           |                                |                            |                              | 2d                    | Business code (se                   |            |
| 117 (O) III (                           | 01011, 20 20000  |                                |                            |                              |                       | instructions)                       |            |
| <u> </u>                                |  |                                |                            |                              |                       | 482110                              |            |
|   |  |                                |                            |                              |                       |                                     |            |
|   |  |                                |                            |                              |                       |                                     |            |
|   | A penalty for the late or inco                                 |                                |                            |                              |                       |                                     | alı il a a |
|   | nalties of perjury and other pents and attachments, as well as |                                |                            |                              |                       |                                     |            |
|   |  |                                |                            |                              |                       |                                     |            |
| SIGN                                    | Filed with authorized/valid elec                               | ctronic signature.             | 10/11/2013                 | A. K. GRADIA                 |                       |                                     |            |
| HERE                                    | Signature of plan administra                                   | ator                           | Date                       | Enter name of individua      | al signing as         | plan administrator                  |            |
|   |  |                                |                            |                              |                       |                                     |            |
| SIGN<br>HERE                            |  |                                |                            |                              |                       |                                     |            |
| HERE                                    | Signature of employer/plan                                     | sponsor                        | Date                       | Enter name of individua      | al signing as         | employer or plan sp                 | onsor      |
|   |  |                                |                            |                              |                       |                                     |            |
| SIGN<br>HERE                            |  |                                |                            |                              |                       |                                     |            |
|   | Signature of DFE   |                                | Date                       | Enter name of individua      |                       |                                     |            |
| Preparer                                | s name (including firm name, if                                | applicable) and address; inclu | ude room or suite numbe    | ər. (optional)               | Preparer's (optional) | telephone number                    |            |
|   |  |                                |                            |                              | (optional)            |                                     |            |
|   |  |                                |                            |                              |                       |                                     |            |
|   |  |                                |                            |                              |                       |                                     |            |
|   |  |                                |                            |                              |                       |                                     |            |
|   |  |                                |                            |                              |                       |                                     |            |

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| 3a       | Plan administrator's name and address XSame as Plan Sponsor Name  | Same as Plan Sponsor Address   | <b>3b</b> Administrator's   | EIN         |
|----------|---|--|-----------------------------|-------------|
|          |   |  | 3c Administrator's a number | telephone   |
|          |   |  |                             |             |
| 4        | If the name and/or EIN of the plan sponsor has changed since the last return EIN and the plan number from the last return/report:                                 | n/report filed for this plan, enter the name,  | <b>4b</b> EIN 52-110273     | Λ           |
| а        | Sponsor's name  |  | <b>4c</b> PN                | 0           |
|          | ATIONAL CARRIERS' CONFERENCE COMMITTEE  |  | 505                         |             |
| <u>5</u> | Total number of participants at the beginning of the plan year  | o only lines <b>for the for</b> and <b>fd</b> )  | 5                           | 166000      |
| U        | Number of participants as of the end of the plan year (welfare plans complete   | e only lines <b>oa, ob, oc,</b> and <b>ou</b> ).   |                             |             |
| а        | Active participants   |  | 6a                          | 164909      |
| b        | Retired or separated participants receiving benefits  |  | 6b                          |             |
| С        | Other retired or separated participants entitled to future benefits   |  | 6c                          |             |
| d        | Subtotal. Add lines 6a, 6b, and 6c  |  | 6d                          | 164909      |
| е        | Deceased participants whose beneficiaries are receiving or are entitled to re-  | ceive benefits   | 6e                          |             |
| f        | Total. Add lines <b>6d</b> and <b>6e</b>  | 6f   | 0                           |             |
| g        | Number of participants with account balances as of the end of the plan year complete this item)   |  | 6g                          |             |
| h        | Number of participants that terminated employment during the plan year with less than 100% vested   |  | 6h                          |             |
| 7        | Enter the total number of employers obligated to contribute to the plan (only   |  | <del></del>                 | 60          |
|          | If the plan provides pension benefits, enter the applicable pension feature could be plan provides welfare benefits, enter the applicable welfare feature code 4D |  |                             |             |
| 9a       | Plan funding arrangement (check all that apply)  (1) Insurance  (2) Code segtion 412(a)(3) insurance contracts  | 9b Plan benefit arrangement (check all the control of the control  |                             |             |
|          | (2) Code section 412(e)(3) insurance contracts  (3) Trust   | (2) Code section 412(e)(3<br>(3) X Trust   | ) insurance contracts       |             |
| 40       | (4) General assets of the sponsor   | (4) General assets of the  | •                           |             |
| 10       | Check all applicable boxes in 10a and 10b to indicate which schedules are a   | attached, and, where indicated, enter the nur  | nber attached. (See in      | structions) |
| а        | Pension Schedules   | <b>b</b> General Schedules   |                             |             |
|          | (1) R (Retirement Plan Information)   | (1) X H (Financial Info  | rmation)                    |             |
|          |   | <u>—</u>   |                             |             |
|          | (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary                                    | (2) I (Financial Information I | ,                           |             |

## **SCHEDULE C** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

### **Service Provider Information**

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

| For calendar plan year 2012 or fiscal plan year beginning 01/01/2012  |  |                               | and ending 12/31/2012   |                                   |  |
|---|--|-------------------------------|---|-----------------------------------|--|
| A Name of plan THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN  |  | E                             | Three-digit plan number (PN)  | 505                               |  |
| C Plan sponsor's name as shown on NATIONAL CARRIERS' CONFEREN   |  | С                             | Employer Identification Numb 52-1036399                               | er (EIN)                          |  |
| Part I Service Provider In  | formation (see instructions)   |                               |   |                                   |  |
| You must complete this Part, in acc<br>or more in total compensation (i.e.,<br>plan during the plan year. If a pers | cordance with the instructions, to report the information or anything else of monetary value) in coon received <b>only</b> eligible indirect compensation or include that person when completing the remainstructions. | onnection wi<br>for which the | th services rendered to the plan<br>e plan received the required disc | or the person's position with the |  |
| a Check "Yes" or "No" to indicate who   | eceiving Only Eligible Indirect Compether you are excluding a person from the remains plan received the required disclosures (see instance)  | nder of this I                | Part because they received only                                       |                                   |  |
|   | er the name and EIN or address of each person ensation. Complete as many entries as needed   |                               |   | rvice providers who               |  |
| <b>(b)</b> Enter  | name and EIN or address of person who provide  | ed you disclo                 | sures on eligible indirect comper                                     | nsation                           |  |
| AETNA, INC.   | 151 FARMINGTON A<br>HARTFORD, CT 0618  |                               |   |                                   |  |
| 06-6033492  |  |                               |   |                                   |  |
| (b) Enter   | name and EIN or address of person who provide  | ed you disclo                 | sure on eligible indirect compen                                      | sation                            |  |
|   |  |                               |   |                                   |  |
|   |  |                               |   |                                   |  |
| (b) Enter r   | name and EIN or address of person who provide  | d you disclo                  | sures on eligible indirect comper                                     | sation                            |  |
|   |  |                               |   |                                   |  |
|   |  |                               |   |                                   |  |
| (b) Enter r   | name and EIN or address of person who provide  | d you disclo                  | sures on eligible indirect comper                                     | sation                            |  |
|   |  |                               |   |                                   |  |

| Schedule C (Form 5500) 2012 | Pa                                | age <b>2-</b> 1                        |            |
|-----------------------------|-----------------------------------|--|------------|
|                             |                                   |  |            |
| (b) Enter name and FIN or a | address of person who provided vo | ou disclosures on eligible indirect co | mpensation |
| (1) -110                    |                                   |  |            |
|                             |                                   |  |            |
|                             |                                   |  |            |
|                             |                                   |  |            |
| (b) Enter name and EIN or a | address of person who provided yo | ou disclosures on eligible indirect co | mpensation |
|                             | <u></u>                           | <del>-</del>                           | <u>·</u>   |
|                             |                                   |  |            |
|                             |                                   |  |            |
|                             |                                   |  |            |
| (b) Enter name and EIN or a | ddress of person who provided yo  | ou disclosures on eligible indirect co | mpensation |
|                             |                                   |  |            |
|                             |                                   |  |            |
|                             |                                   |  |            |
|                             |                                   |  |            |
| (b) Enter name and EIN or a | ddress of person who provided yo  | u disclosures on eligible indirect cor | mpensation |
|                             |                                   |  |            |
|                             |                                   |  |            |
|                             |                                   |  |            |
| (h) =                       |                                   |  |            |
| (D) Enter name and EIN or a | ddress of person who provided yo  | ou disclosures on eligible indirect co | mpensation |
|                             |                                   |  |            |
|                             |                                   |  |            |
|                             |                                   |  |            |
| (b) Enter name and EIN or a | ddress of person who provided vo  | ou disclosures on eligible indirect co | mpensation |
| (1) -110                    |                                   |  |            |
|                             |                                   |  |            |
|                             |                                   |  |            |
|                             |                                   |  |            |
| (b) Enter name and EIN or a | ddress of person who provided yo  | ou disclosures on eligible indirect co | mpensation |
|                             |                                   |  |            |
|                             |                                   |  |            |
|                             |                                   |  |            |
|                             |                                   |  |            |
| (b) Enter name and EIN or a | ddress of person who provided yo  | ou disclosures on eligible indirect co | mpensation |
|                             |                                   |  |            |
|                             |                                   |  |            |
|                             |                                   |  |            |

| Page <b>3 -</b> 1 |  |
|-------------------|--|
|                   |  |

| Schedule C | (Form 5500 | 2012 |
|------------|------------|------|
|            |            |      |

| answered                  | d "Yes" to line 1a above   | e, complete as many   | entries as needed to list ea  | r Indirect Compensation in the person receiving, directly or the plan or their position with the                            | indirectly, \$5,000 or more in t   | otal compensation   |
|---------------------------|--|---|---|---|--|---|
|                           |  | (   | (a) Enter name and EIN or   | address (see instructions)  |  |   |
| AETNA, IN                 | IC.  |   |   | MINGTON AVENUE<br>RD, CT 06186  |  |   |
| 06-603349                 | 2  |   |   |   |  |   |
| (b)<br>Service<br>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) | (f) 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? |
| 15 13 12                  | NONE   | 4170622   | Yes No X  | Yes No  |  | Yes No  |
|                           |  | (   | (a) Enter name and EIN or   | address (see instructions)  |  |   |
| TMDG, LL0                 |  |   | SUITE 5   | RATT STREET<br>25<br>DRE, MD 21202  |  |   |
| (b)<br>Service<br>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) | (f) 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? |
| 10                        | NONE   | 157888  | Yes No 🛚  | Yes No  |  | Yes No  |
|                           |  | (   | (a) Enter name and EIN or   | address (see instructions)  |  |   |
| WEAVER I                  | BROTHERS INSURAN   | NCE   | EAST SU   | SCONSIN AVENUE<br>JITE 900<br>DA, MD 20814  |  |   |
| 13-283441                 | 4  |   |   |   |  |   |
| (b)<br>Service<br>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) | (f) 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? |
| 22                        | NONE   | 12850   | Yes No X  | Yes No  |  | Yes No  |

| Page : | 3 - | 2 |
|--------|-----|---|
|--------|-----|---|

| answered                  | d "Yes" to line 1a above   | e, complete as many   | entries as needed to list ea  | r Indirect Compensation in the person receiving, directly or the plan or their position with the                            | indirectly, \$5,000 or more in t   | otal compensation   |
|---------------------------|--|---|---|---|--|---|
|                           |  |   | (a) =   |   |  |   |
| - INVESTIGATION IN        | EALTHOARE  | (   | a) Enter name and EIN or  |   |  |   |
| UNITED H                  | EALTHCARE  |   |   | LUM STREET<br>RD, CT 06103  |  |   |
|                           |  |   |   |   |  |   |
| 36-273957                 | 1  |   |   |   |  |   |
| (b)<br>Service<br>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) | (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   | 79529   | Yes No X  | Yes No  |  | Yes No  |
|                           | •  | (   | a) Enter name and EIN or  | address (see instructions)  |  |   |
| SLINTPLIS                 | T BANKS, INC.  |   | •   | CHTREE STREET NE  |  |   |
| CONTINUO                  | T BANKO, IIVO.   |   | SUITE 32  |   |  |   |
| 58-046633                 | 0  |   | , <del>_</del>  |   |  |   |
| (b)<br>Service<br>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) | (f) 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? |
| 21                        | NONE   | 41489   | Yes X No  | Yes 🛛 No 🗌  |  | Yes No X  |
|                           |  |   | 2) Enter name and EIN or  | addraga (aga inatrustiana)  |  |   |
|                           |  | (   | a) Enter name and EIN or  | address (see instructions)  |  |   |
|                           |  |   |   |   |  |   |
| (b)<br>Service<br>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) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0 | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|                           |  |   | Yes No  | Yes No  |  | Yes No  |

| 3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compens  | ation, by a service provider, and th                                    | ne service provider is a fiduciary   |
|---|---|--|
| or provides contract administrator, consulting, custodial, investment advisory, investment mar<br>questions for (a) each source from whom the service provider received \$1,000 or more in indi<br>provider gave you a formula used to determine the indirect compensation instead of an amou<br>many entries as needed to report the required information for each source. | nagement, broker, or recordkeepin<br>irect compensation and (b) each so | g services, answer the following<br>ource for whom the service                             |
| (a) Enter service provider name as it appears on line 2   | (b) Service Codes<br>(see instructions)                                 | (c) Enter amount of indirect compensation  |
|   | (coo mondono)   | compensation   |
| (d) Enter name and EIN (address) of source of indirect compensation   | formula used to determine   | compensation, including any ethe service provider's eligibility the indirect compensation. |
|   |   |  |
| (a) Enter service provider name as it appears on line 2   | (b) Service Codes (see instructions)                                    | (c) Enter amount of indirect compensation  |
|   |   |  |
| (d) Enter name and EIN (address) of source of indirect compensation   | formula used to determine   | compensation, including any ethe service provider's eligibility the indirect compensation. |
|   |   |  |
| (a) Enter service provider name as it appears on line 2   | (b) Service Codes (see instructions)                                    | (C) Enter amount of indirect compensation  |
|   |   |  |
| (d) Enter name and EIN (address) of source of indirect compensation   | formula used to determine   | compensation, including any the service provider's eligibility the indirect compensation.  |
|   |   |  |

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| P | art II Service Providers Who Fail or Refuse to                           | Provide Infori                      | mation  |  |  |  |  |  |
|---|--|-------------------------------------|---|--|--|--|--|--|
| 4 | this Schedule.   | ch service provide                  | er who failed or refused to provide the information necessary to complete           |  |  |  |  |  |
|   | (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of<br>Service<br>Code(s) | (C) Describe the information that the service provider failed or refused to provide |  |  |  |  |  |
|   |  |                                     |   |  |  |  |  |  |
|   | (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of<br>Service<br>Code(s) | (C) Describe the information that the service provider failed or refused to provide |  |  |  |  |  |
| _ |  |                                     |   |  |  |  |  |  |
|   | (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of<br>Service<br>Code(s) | (c) Describe the information that the service provider failed or refused to provide |  |  |  |  |  |
|   |  |                                     |   |  |  |  |  |  |
|   | (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of<br>Service<br>Code(s) | (C) Describe the information that the service provider failed or refused to provide |  |  |  |  |  |
|   |  |                                     |   |  |  |  |  |  |
|   | (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of<br>Service<br>Code(s) | (C) Describe the information that the service provider failed or refused to provide |  |  |  |  |  |
|   |  |                                     |   |  |  |  |  |  |
|   | (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of<br>Service<br>Code(s) | (c) Describe the information that the service provider failed or refused to provide |  |  |  |  |  |
|   |  |                                     |   |  |  |  |  |  |
|   |  |                                     |   |  |  |  |  |  |

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|--------|------------|

| Pa       | rt III           | Termination Information on Accountants and Enrolled Actuaries (see ins | structions)         |
|----------|------------------|--|---------------------|
| a        | Name:            | (complete as many entries as needed)                                   | <b>b</b> EIN:       |
| C        | Positio          |  | B EIIV.             |
| d        | Addres           |  | <b>e</b> Telephone: |
| •        | / lauro          |  | С госраново.        |
|          |                  |  |                     |
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| Ex       | olanatio         | ):   |                     |
|          |                  |  |                     |
|          |                  |  |                     |
| _        | Nissa            |  | h rivi              |
| <u>a</u> | Name:            |  | b EIN:              |
| d<br>d   | Position Address |  | <b>e</b> Telephone: |
| u        | Addie            | is.  | С тегерпопе.        |
|          |                  |  |                     |
|          |                  |  |                     |
| Ex       | olanatio         | n:   |                     |
|          |                  |  |                     |
|          |                  |  |                     |
|          |                  |  |                     |
| a        | Name:            |  | <b>b</b> EIN:       |
| C        | Positio          |  |                     |
| d        | Addres           | SS:  | e Telephone:        |
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|          |                  |  |                     |
| Exi      | olanatio         | );   |                     |
|          |                  |  |                     |
|          |                  |  |                     |
|          |                  |  |                     |
| а        | Name:            |  | <b>b</b> EIN:       |
| С        | Positio          | n:   |                     |
| d        | Addres           | ss:  | <b>e</b> Telephone: |
|          |                  |  |                     |
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| Evi      | olanatio         | <u> </u>   |                     |
| ᅜᄭ       | piariatio        | l.   |                     |
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|          |                  |  |                     |
| а        | Name:            |  | b EIN:              |
| C        | Positio          |  |                     |
| d        | Addres           |  | e Telephone:        |
|          |                  |  |                     |
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|          |                  |  |                     |
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|          |                  |  |                     |

## SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

#### **Financial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

| For calendar plan year 2012 or fiscal plan year beginning 01/01/2012  |   | and e  | nding 12/31/2012                                    |                                     |                           |
|---|---|--|---|-------------------------------------|---------------------------|
| A Name of plan THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN  |   |  | B Three-digit plan number (PN                       | 1) •                                | 505                       |
|   |   |  |   |                                     |                           |
| C Plan sponsor's name as shown on line 2a of Form 5500  |   |  | D Employer Identific                                | ation Number (                      | EIN)                      |
| NATIONAL CARRIERS' CONFERENCE   |   |  | 52-1036399  |                                     |                           |
|   |   |  | 32-1030399  |                                     |                           |
| Part I Asset and Liability Statement  |   |  |   |                                     |                           |
| 1 Current value of plan assets and liabilities at the beginning and end of the plan the value of the plan's interest in a commingled fund containing the assets of m lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance benefit at a future date. Round off amounts to the nearest dollar. MTIAs, Co and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See | nore than one<br>se contract wh<br>CTs, PSAs, a | plan on a li<br>nich guarant<br>and 103-12 l | ne-by-line basis unless<br>ees, during this plan ye | s the value is repear, to pay a spe | portable on ecific dollar |
| Assets  |   | <b>(a)</b> Be                                | ginning of Year                                     | <b>(b)</b> End                      | of Year                   |
| a Total noninterest-bearing cash  | 1a  |  |   |                                     |                           |
| <b>b</b> Receivables (less allowance for doubtful accounts):  |   |  |   |                                     |                           |
| (1) Employer contributions  | 1b(1)   |  | 8625621   |                                     | 8105720                   |
| (2) Participant contributions   | 1b(2)   |  | 241493  |                                     | 235541                    |
| (3) Other   | 1b(3)   |  | 42319   |                                     | 39413                     |
| <b>C</b> General investments:   |   |  |   |                                     |                           |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit)   | 1c(1)   |  | 24644561  |                                     | 29922306                  |
| (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):  |   |  |   |                                     |                           |
| (A) Preferred   | 1c(4)(A)  |  |   |                                     |                           |
| (B) Common  | 1c(4)(B)  |  |   |                                     |                           |
| (5) Partnership/joint venture interests   | 1c(5)   |  |   |                                     |                           |
| (6) Real estate (other than employer real property)   | 1c(6)   |  |   |                                     |                           |
| (7) Loans (other than to participants)  | 1c(7)   |  |   |                                     |                           |
| (8) Participant loans   | 1c(8)   |  |   |                                     |                           |
| (9) Value of interest in common/collective trusts   | 1c(9)   |  |   |                                     | 0                         |
| (10) Value of interest in pooled separate accounts  | 1c(10)  |  |   |                                     |                           |
| (11) Value of interest in master trust investment accounts  | 1c(11)  |  |   |                                     |                           |
| (12) Value of interest in 103-12 investment entities  | 1c(12)  |  |   |                                     |                           |
| (13) Value of interest in registered investment companies (e.g., mutual funds)  | 1c(13)  |  |   |                                     |                           |
| (14) Value of funds held in insurance company general account (unallocated  | 10(14)  |  |   |                                     |                           |

1c(14)

| 38302980 |
|----------|
|          |
| 9499530  |
| 350727   |
|          |
| 121312   |
| 9971569  |
|          |
| 28331411 |
| _        |

## 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>(b)</b> Total |
|---|---|----------|------------|------------------|
| а | Contributions:  |          |            |                  |
|   | (1) Received or receivable in cash from: (A) Employers                                  | 2a(1)(A) | 110369022  |                  |
|   | (B) Participants  | 2a(1)(B) | 2774656    |                  |
|   | (C) Others (including rollovers)  | 2a(1)(C) |            |                  |
|   | (2) Noncash contributions   | 2a(2)    |            |                  |
|   | (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)                   | 2a(3)    |            | 113143678        |
| b | Earnings on investments:  |          |            |                  |
|   | (1) Interest:   |          |            |                  |
|   | (A) Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 2377       |                  |
|   | (B) U.S. Government securities  | 2b(1)(B) |            |                  |
|   | (C) Corporate debt instruments  | 2b(1)(C) |            |                  |
|   | (D) Loans (other than to participants)  | 2b(1)(D) |            |                  |
|   | (E) Participant loans   | 2b(1)(E) |            |                  |
|   | (F) Other   | 2b(1)(F) |            |                  |
|   | (G) Total interest. Add lines 2b(1)(A) through (F)                                      | 2b(1)(G) |            | 2377             |
|   | (2) Dividends: (A) Preferred stock  | 2b(2)(A) |            |                  |
|   | (B) Common stock  | 2b(2)(B) |            |                  |
|   | (C) Registered investment company shares (e.g. mutual funds)                            | 2b(2)(C) |            |                  |
|   | (D) Total dividends. Add lines 2b(2)(A), (B), and (C)                                   | 2b(2)(D) |            |                  |
|   | (3) Rents   | 2b(3)    |            |                  |
|   | (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds                           | 2b(4)(A) |            |                  |
|   | (B) Aggregate carrying amount (see instructions)  | 2b(4)(B) |            |                  |
|   | (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result                          | 2b(4)(C) |            |                  |
|   | (5) Unrealized appreciation (depreciation) of assets: (A) Real estate                   | 2b(5)(A) |            |                  |
|   | (B) Other   | 2b(5)(B) |            |                  |
|   | (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)                 | 2b(5)(C) |            |                  |

|    |   | F                |          |                |            |            | 1                  |                   |
|----|---|------------------|----------|----------------|------------|------------|--------------------|-------------------|
|    |   |                  |          | (a)            | Amount     |            | (b)                | Total             |
|    | (6) Net investment gain (loss) from common/collective trusts  |                  |          |                |            |            |                    |                   |
|    | (7) Net investment gain (loss) from pooled separate accounts  |                  |          |                |            |            |                    |                   |
|    | (8) Net investment gain (loss) from master trust investment accounts  |                  |          |                |            |            |                    |                   |
|    | (9) Net investment gain (loss) from 103-12 investment entities  | . 2b(9)          |          |                |            |            |                    |                   |
|    | (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)   | 2b(10)           |          |                |            |            |                    |                   |
| С  | Other income  | 1                |          |                |            |            |                    | -                 |
| d  | Total income. Add all <b>income</b> amounts in column (b) and enter total   | . 2d             |          |                |            |            |                    | 113146055         |
|    | Expenses  |                  |          |                |            |            |                    |                   |
| е  | Benefit payment and payments to provide benefits:   |                  |          |                |            |            |                    |                   |
|    | (1) Directly to participants or beneficiaries, including direct rollovers   | . 2e(1)          |          |                | 1027       | 790207     |                    |                   |
|    | (2) To insurance carriers for the provision of benefits   | - (-)            |          |                |            |            | -                  |                   |
|    | (3) Other   | 0 (0)            |          |                |            |            | -                  |                   |
|    | (4) Total benefit payments. Add lines 2e(1) through (3)   | 2e(4)            |          |                |            |            |                    | 102790207         |
| f  |   |                  |          |                |            |            |                    |                   |
| g  |   | _                |          |                |            |            |                    |                   |
|    | Interest expense  | O.L.             |          |                |            |            |                    |                   |
| i  | Administrative expenses: (1) Professional fees  | 0:/4\            |          |                |            | 170739     |                    |                   |
|    | (2) Contract administrator fees   |                  |          |                | 42         | 250151     |                    |                   |
|    | (3) Investment advisory and management fees   | 0:(2)            |          |                |            | 41489      |                    |                   |
|    | (4) Other   | 0:(4)            |          |                |            |            |                    |                   |
|    | (5) Total administrative expenses. Add lines 2i(1) through (4)  | 0:(5)            |          |                |            |            |                    | 4462379           |
| i  | Total expenses. Add all <b>expense</b> amounts in column (b) and enter total  |                  |          |                |            |            |                    | 107252586         |
| •  | Net Income and Reconciliation   |                  |          |                |            |            |                    |                   |
| k  | Net income (loss). Subtract line 2j from line 2d  | 2k               |          |                |            |            |                    | 5893469           |
| ı  | Transfers of assets:  |                  |          |                |            |            |                    |                   |
| -  | (1) To this plan  | 2l(1)            |          |                |            |            |                    |                   |
|    | (2) From this plan  | 01/0             |          |                |            |            |                    |                   |
|    |   |                  |          |                |            |            |                    |                   |
| Pa | art III Accountant's Opinion  |                  |          |                |            |            |                    |                   |
|    | Complete lines 3a through 3c if the opinion of an independent qualified public attached.  | accountant is    | attache  | ed to th       | is Form 5  | 5500. Com  | plete line 3d if a | an opinion is not |
| а  | The attached opinion of an independent qualified public accountant for this pla   | an is (see instr | uctions  | s):            |            |            |                    |                   |
|    | (1) Unqualified (2) Qualified (3) Disclaimer (4)  | Adverse          |          |                |            |            |                    |                   |
| b  | Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.10   | 3-8 and/or 103   | 3-12(d)  | ?              |            |            | × Yes              | No                |
| С  | Enter the name and EIN of the accountant (or accounting firm) below:  |                  |          |                |            |            |                    |                   |
| _  | (1) Name: TMDG, LLC   |                  | (2)      | EIN: 0         | 3-058306   | 4          |                    |                   |
| a  | The opinion of an independent qualified public accountant is <b>not attached</b> be (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached |                  | ext Forn | n 5500         | pursuant   | to 29 CFI  | R 2520.104-50.     |                   |
| Pa | art IV Compliance Questions   |                  |          |                |            |            |                    |                   |
| 4  | CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete           |                  | lines 4a | a, 4e, 4       | f, 4g, 4h, | 4k, 4m, 4i | n, or 5.           |                   |
|    | During the plan year:   |                  |          |                | Yes        | No         | Am                 | nount             |
| а  | Was there a failure to transmit to the plan any participant contributions within  | in the time      |          |                |            |            |                    |                   |
|    | period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any until fully corrected. (See instructions and DOL's Voluntary Fiduciary Corrected.   |                  |          | 4a             |            | X          |                    |                   |
| b  | Were any loans by the plan or fixed income obligations due the plan in defa   | _                | ,        | <del>4</del> a |            |            |                    |                   |
|    | close of the plan year or classified during the year as uncollectible? Disrega  | ard participant  |          |                |            |            |                    |                   |
|    | secured by participant's account balance. (Attach Schedule G (Form 5500) checked.)  |                  |          | 4b             |            | X          |                    |                   |

|         |  |          | Yes         | No               | Amo                     | unt                |
|---------|--|----------|-------------|------------------|-------------------------|--------------------|
| С       | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)  | 4c       |             | X                |                         |                    |
| d       | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is   |          |             | Х                |                         |                    |
|         | checked.)  | 4d       |             |                  |                         |                    |
| е       | Was this plan covered by a fidelity bond?  | 4e       | X           |                  |                         | 1000000            |
| f       | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?   | 4f       |             | X                |                         |                    |
| g       | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?  | 4g       |             | X                |                         |                    |
| h       | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?  | 4h       |             | X                |                         |                    |
| i       | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)  | 4i       | X           |                  |                         |                    |
| j       | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j       | X           |                  |                         |                    |
| k       | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?   | 4k       |             | X                |                         |                    |
| ı       | Has the plan failed to provide any benefit when due under the plan?  | 41       |             | X                |                         |                    |
| m       | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  | 4m       |             |                  |                         |                    |
| n       | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3                                      | 4n       |             |                  |                         |                    |
| 5a      | Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  If "Yes," enter the amount of any plan assets that reverted to the employer this year                        | Yes      | s X No      | Amou             | nt:                     |                    |
| 5b      | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s) transferred. (See instructions.)   | ), ident | ify the pla | an(s) to wh      | ich assets or liabi     | lities were        |
|         | 5b(1) Name of plan(s)  |          |             |                  |                         |                    |
|         |  |          |             |                  |                         |                    |
|         |  |          |             | <b>5b(2)</b> EIN | (s)                     | <b>5b(3)</b> PN(s) |
|         |  |          |             |                  |                         |                    |
|         |  |          |             |                  |                         |                    |
|         |  |          |             |                  |                         |                    |
|         |  |          |             |                  |                         |                    |
| ) o = 1 | V Truct Information (antiqual)   |          |             |                  |                         | <u> </u>           |
| Part    |  |          |             | Gh T             | w.o.t.o. EIN            |                    |
|         | ame of trust RR EES NAT'L DENTAL PLAN TRUST  |          |             |                  | rust's EIN<br>521102730 |                    |
|         |  |          |             |                  |                         |                    |



#### Certified Public Accountants & Healthcare Consultants

500 East Pratt Street • Suite 525 • Baltimore, Maryland 21202-3178
Telephone: 443.743.1277 • Facsimile: 443.743.1295



#### INDEPENDENT AUDITOR'S REPORT

To the National Carriers' Conference Committee with respect to The Railroad Employees National Dental Plan

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

We were engaged to audit the accompanying financial statements of The Railroad Employees National Dental Plan (the Plan), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the year ended December 31, 2012, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

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

#### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

#### Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 3 and 7, which was certified by SunTrust Bank, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2012 and 2011, and for the year ended December 31, 2012, that the information provided to the Plan Administrator by the trustee is complete and accurate.

## **Disclaimer of Opinion**

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

#### Other Matter

The supplemental schedules of assets (held at end of year) as of December 31, 2012 and of reportable transactions for the year ended December 31, 2012, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

## Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Baltimore, Maryland October 11, 2013

## Form **5500**

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## **Annual Return/Report of Employee Benefit Plan**

This form is required to be filed 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.

| Part I Annual Report Identification Information  |   |  |                                   |  |  |
|--|---|--|-----------------------------------|--|--|
| For the calendar plan year 2012 or fiscal plan year  | ar beginning  | and ending   |                                   |  |  |
| A This return/report is for: (1) $X$ a multiemplo  | yer plan:   | (3) a multiple-employer pla  | n; or                             |  |  |
| (2) a single-emp   | loyer plan;   | (4) a DFE (specify)  |                                   |  |  |
|  |   | **   |                                   |  |  |
|  |   |  |                                   |  |  |
| <b>B</b> This return/report is: (1) the first retur  | n/report;   | (3) the final return/report;   |                                   |  |  |
| , , <u> </u>   | return/report;  | (4) a short plan year return/repo  | t (less than 12 months).          |  |  |
| C If the plan is a collectively-bargained plan, or   | check here  | <u></u>  | <b>&gt;</b> 🛚 🗓                   |  |  |
| D Check box if filing under: X Form 5558;  |   | automatic extension;   | the DFVC program;                 |  |  |
| Policon Control Contro | nsion (enter description)   |  |                                   |  |  |
| Part II Basic Plan Information — ent   | er all requested information.   |  |                                   |  |  |
| 1 a Name of plan   |   | 1b Three-digit   |                                   |  |  |
| THE RAILROAD EMPLOYEES NATIONAL  | DENTAL PLAN   | plan number  | (PN) ► 505                        |  |  |
|  |   | 1c Effective date of p   | an                                |  |  |
| 2 -  | · · · · · · · · · · · · · · · · · · ·   | 03/01/19   |                                   |  |  |
| 2 a Plan sponsor's name and address, including room or suite   | number (Employer, if for single-emp   |  | , ,                               |  |  |
|  |   | 52-10363   | <del></del>                       |  |  |
|  |   | 2c Sponsor's telephor  |                                   |  |  |
|  |   | 202-862-72<br>2d Business code (se   |                                   |  |  |
|  |   | ,  | e instructions)                   |  |  |
|  |   | 482110   |                                   |  |  |
|  |   |  |                                   |  |  |
|  |   |  |                                   |  |  |
| W1 TT 0 W1 T 0 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T   |   | 99   |                                   |  |  |
| NATIONAL CARRIERS' CONFERENCE COMMITTEE  |   |  |                                   |  |  |
| 1901 L STREET, NW, SUITE 500   |   |  |                                   |  |  |
| WASHINGTON, DC 20036   |   |  |                                   |  |  |
| Caution: A penalty for the late or incomplete filing of  | of this return/report will be as  | ssessed unless reasonable cause is establi   | shed.                             |  |  |
| Under penalties of perjury and other penalties set forth in the instruell as the electronic version of this return/report, and to the best   | uctions, I declare that I have examin<br>of my knowledge and belief, it is true | ed this return/report, including accompanying schedules  a. correct. and complete. | s, statements and attachments, as |  |  |
|  | T   |  |                                   |  |  |
| SIGN HERE OV H. D.   | 101.1.  |  |                                   |  |  |
| Signature of plan administrator  | Date  | A. K. GRADIA  Enter name of individual signing as plan administrator               |                                   |  |  |
|  | Date  | Enter hame or murridual signing as plan administrate                               |                                   |  |  |
| SIGN<br>HERE   |   |  |                                   |  |  |
| Signature of employer/plan sponsor   | Date  | Enter name of individual signing as employer or plan                               | sponsor                           |  |  |
|  |   |  |                                   |  |  |
| SIGN<br>HERE   |   |  |                                   |  |  |
| Signature of DFE   | Date  | Enter name of individual signing as DFE  |                                   |  |  |
| Preparer's name (including firm name, if applicable) and addre   | ess; including room or suite numbe  | er. (optional) Preparer's tele   | phone number (optional)           |  |  |
| Matthew B Dubnansky, CPA   | -   |  |                                   |  |  |
| TMDG, LLC.   |   |  |                                   |  |  |
| 500 E PRATT ST STE 525   |   |  |                                   |  |  |
| BALTIMORE MD   | 21202-3178  |  |                                   |  |  |
| ·  |   |  |                                   |  |  |

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

Form **5500** (2012) **v.120126** 

| Form <b>5500</b> (2012)  |                                       | Page 2                                     | ·                      |           |              |        |
|--|---------------------------------------|--|------------------------|-----------|--------------|--------|
| 3 a Plan administrator's name and address  | X Same as Plan Sponsor Name           | Same as Plan Sponsor Address               | <b>3b</b> Administrate | or's EIN  |              |        |
|  |                                       |  | 3c Administrate        | or's tele | phone number |        |
|  |                                       | ***  |                        |           |              |        |
|  |                                       |  |                        |           |              |        |
|  |                                       |  |                        |           |              |        |
| 4 If the name and/or EIN of the plan   | sponsor has changed since the         | a last return/report filed for this plan   | enter the              |           | 4b EIN       |        |
| 4 If the name and/or EIN of the plan<br>name, EIN and the plan number                        | from the last return/report:          | e last return/report med for this plan     | r, eriter trie         |           | 52-1         | 102730 |
|  | ARRIERS' CONFERENC                    | E  |                        |           | 4c PN        |        |
| COMMITTEE  |                                       |  |                        | T =       | 505          | 1.0000 |
| <ul><li>Total number of participants at the solution of participants as of the end</li></ul> | ne beginning of the plan yea          | r.,  | C-1\                   | 5         |              | 166000 |
| 6 Number of participants as of the end<br>a Active participants                              | of the plan year (welfare plans       | complete only lines 6a, 6b, 6c, and        | 6 <b>a</b> )           | 6 a       |              | 164909 |
| <b>b</b> Retired or separated participants   | receiving benefits                    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,       |                        | 6 b       |              | 10490  |
| c Other retired or separated partic  | ipants entitled to future bene        | ifite                                      |                        | 6 c       |              |        |
| d Subtotal. Add lines 6a, 7b, and 6  |                                       |  |                        | 6 d       |              | 164909 |
| e Deceased participants whose be   | neficiaries are receiving or a        | re entitled to receive benefits            |                        | 6 e       |              |        |
| f Total. Add lines 6d and 6e   |                                       |  |                        | 6 f       |              |        |
| g Number of participants with accomplete this item)  | ount balances as of the end o         | of the plan year (only defined co          | ntribution plans       | 6 g       |              |        |
| h Number of participants that termina  | ated employment during the pla        | in year with accrued benefits that w       | rere less              |           |              |        |
| trian 100% vested  | <u></u>                               |  |                        | 6 h       |              |        |
| 7 Enter the total number of employers oblig  |                                       |  |                        | 7         | L            | 60     |
| 8 a If the plan provides pension benefits, enter   | the applicable pension feature cod    | es from the List of Plan Characteristic Co | des in the instruction | 15:       |              |        |
|  |                                       |  |                        |           |              |        |
| b If the plan provides welfare benefits, ente  | r the applicable welfare feature code | s from the List of Plan Characteristic Cod | es in the instructions | :         |              |        |
| 4D   |                                       |  |                        |           |              |        |
|  |                                       |  |                        |           | , .          |        |
| On Plan funding  |                                       |  |                        |           |              |        |
| 9 a Plan funding arrangement (check (1) Insurance  | k all that apply)                     | 9 b Plan benefit arran                     | gement (check a        | iii thai  | t apply)     |        |
| (1) Illibutative   |                                       | (1) Insurance                              |                        |           |              |        |

Code section 412(e)(3) insurance contracts

(Financial Information)

(Insurance Information)

(Service Provider Information)

(Financial Information - Small Plan)

(DFE/Participating Plan Information)

(Financial Transaction Schedules)

General assets of the sponsor

X Trust

**b General Schedules** 

(3)

(4)

(1)

(2)

(3)

(4)

(5)

(6)

(2) Code section 412(e)(3) insurance contracts

R (Retirement Plan Information)

MB (Multiemployer Defined Benefit Plan and Certain

Money Purchase Plan Actuarial Information) - signed by

SB (Single-Employer Defined Benefit Plan Information) -

(4) General assets of the sponsor

the plan actuary

signed by the plan actuary

(3) X Trust

(1)

(2)

(3)

a Pension Schedules

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

## $\mathsf{Form}\,5558$

(Rev. August 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns G For Privacy Act and Paperwork Reduction Act Notice, see instructions. G Information about Form 5558 and its instructions is at www.irs.gov/form5558.

OMB No. 1545-0212

File With IRS Only

| Part I   Identification   |   |                                |                            |                  |             |
|---|---|--------------------------------|----------------------------|------------------|-------------|
| Name of filer, plan administrator, or plan sponsor (see instructions)   | B Filer's Identifying Nu<br>Employer identificati | ımber (see instruction         | ns).<br>ligits             |                  |             |
| NATIONAL CARRIERS' CONFERENCE   | XX-XXXXXXXX                                       | on number (Env) (7 c           | iigits                     |                  |             |
| Number, street, and room or suite number (If a P.O. box, see instructions)  |   |                                |                            |                  |             |
| 1901 L STREET, NW, SUITE 500  | G 52-103  | 6399                           |                            |                  |             |
| City or town, state, and ZIP code   | Social security numb                              | er (SSN) (9 digits XX          | (X-XX-XXXX)                | )                |             |
| WASHINGTON, DC 20036  | G   |                                |                            |                  |             |
| C Plan name   |   | Plan number                    | Plan ye                    | ar enc           | ding        |
|   |   |                                | MM                         | DD               | YYYY        |
| 1 THE RAILROAD EMPLOYEES NATIONAL DENTAL PL   |   | 505                            | 12                         | 31               | 12          |
| Part II Extension of Time To File Form 5500 Series, and/or Form 895   | S-SSA   |                                |                            |                  |             |
| Check this box if you are requesting an extension of time on line 2 to file the Part 1, C above.  2 I request an extension of time until 10/15/2013 to file Form 5500 series  |   | es return/report               | or the pla                 | n liste          | d in        |
| Note. A signature IS NOT required if you are requesting an extension to file For  |   |                                |                            |                  |             |
| 3 I request an extension of time until to file Form 8955-SSA Note. A signature IS NOT required if you are requesting an extension to file For   | •   |                                |                            |                  |             |
| The application is automatically approved to the date shown on line 2 and/or line normal due date of Form 5500 series, and/or Form 8955-SSA for which this ext 3 (above) is not later than the 15th day of the third month after the normal due | ension is requested, a                            | Form 5558 is find (b) the date | led on or l<br>on line 2 a | oefore<br>and/or | the<br>line |
| Part III Extension of Time To File Form 5330 (see instructions)   |   |                                |                            |                  |             |
| 4 I request an extension of time until to file Form 5330.   |   |                                |                            |                  |             |
| You may be approved for up to a 6 month extension to file Form 5330, after the  | normal due date of F                              | orm 5330.                      |                            |                  |             |
| a Enter the Code section(s) imposing the tax  | G a   |                                |                            |                  |             |
| b Enter the payment amount attached   |   | G b                            |                            |                  |             |
| c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/a   | amendment date                                    | G c                            |                            |                  |             |
| 5 State in detail why you need the extension:   |   |                                |                            |                  |             |
|   |   |                                |                            |                  |             |
|   |   |                                |                            |                  |             |
| <del></del>   |   |                                |                            |                  |             |
|   |   |                                |                            |                  |             |
|   |   |                                |                            |                  |             |
|   |   |                                |                            |                  |             |
|   |   |                                |                            |                  |             |
|   |   |                                |                            |                  |             |
|   |   |                                |                            |                  |             |
|   |   |                                |                            |                  |             |
| nder penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are  | true correct and complete an                      | d that I am authorized         | to prepare                 |                  |             |
| is application.   | correct, and complete, an                         | aat r am aumonzeu              | to proper                  |                  |             |
| Signature G   |   | Date                           | G                          |                  |             |

# FINANCIAL STATEMENTS (Together with report of Independent Public Accountants)

December 31, 2012 and 2011

## CONTENTS

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#### Certified Public Accountants & Healthcare Consultants

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Telephone: 443.743.1277 • Facsimile: 443.743.1295



#### INDEPENDENT AUDITOR'S REPORT

To the National Carriers' Conference Committee with respect to The Railroad Employees National Dental Plan

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

We were engaged to audit the accompanying financial statements of The Railroad Employees National Dental Plan (the Plan), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the year ended December 31, 2012, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

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

#### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

#### Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 3 and 7, which was certified by SunTrust Bank, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2012 and 2011, and for the year ended December 31, 2012, that the information provided to the Plan Administrator by the trustee is complete and accurate.

## **Disclaimer of Opinion**

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

#### Other Matter

The supplemental schedules of assets (held at end of year) as of December 31, 2012 and of reportable transactions for the year ended December 31, 2012, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

## Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Baltimore, Maryland October 11, 2013

## Statements of Net Assets Available for Benefits December 31, 2012 and 2011

|  | 2012                                  | 2011                                  |
|--|---------------------------------------|---------------------------------------|
| ASSETS   |                                       |                                       |
| Investments, at fair value   | \$ 29,922,306                         | \$ 24,644,561                         |
| Receivables: Participating railroads' contributions Participants' COBRA contributions COBRA premium subsidy Accrued interest | 8,105,720<br>235,541<br>39,200<br>213 | 8,625,621<br>241,493<br>42,127<br>192 |
|  | 8,380,674                             | 8,909,433                             |
| Amounts due from participating railroads   | <del>_</del>                          |                                       |
| Total assets   | 38,302,980                            | 33,553,994                            |
| LIABILITIES  |                                       |                                       |
| Accounts payable and accrued expenses Participating railroad contribution overpayment  | 350,727<br>121,312                    | 353,311<br>                           |
| Total liabilities  | 472,039                               | 353,311                               |
| NET ASSETS AVAILABLE FOR BENEFITS  | <u>\$ 37,830,941</u>                  | \$ 33,200,683                         |

## Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2012

## **ADDITIONS**

| Investment income: Interest income   | \$ 2,377                 |
|--|--------------------------|
| Less investment expenses   | ( 41,489)                |
|  | ( 39,112)                |
| Participating railroads' contributions Participants' COBRA contributions           | 110,369,022<br>2,774,656 |
|  | 113,143,678              |
| Total additions  | <u>113,104,566</u>       |
| DEDUCTIONS   |                          |
| Benefits paid to or for participants, beneficiaries and dependents:  Dental claims | 104,053,418              |
| Administrative expenses  | 4,420,890                |
| Total deductions   | 108,474,308              |
| Net increase (decrease)  | 4,630,258                |
| NET ASSETS AVAILABLE FOR BENEFITS Beginning of year                                | 33,200,683               |
| End of year  | \$ 37,830,941            |

## Statements of Plan Benefit Obligations (As Determined by Aetna) December 31, 2012 and 2011

|   | 2012                 | 2011          |
|---|----------------------|---------------|
| AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS Dental claims payable | \$ 2,009,038         | \$ 1,982,586  |
| OTHER OBLIGATIONS FOR CURRENT BENEFITS COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS                |                      |               |
| Dental claims incurred but not reported   | 7,490,492            | 8,780,155     |
| Accumulated eligibility credit  | 8,981,859            | 8,024,009     |
| Extended benefit coverage   | 3,104,069            | 2,922,508     |
|   | 19,576,420           | 19,726,672    |
| PLAN'S TOTAL BENEFIT OBLIGATION   | <u>\$ 21,585,458</u> | \$ 21,709,258 |

## Statement of Changes in Plan Benefit Obligations (As Determined by Aetna) For the Year Ended December 31, 2012

| AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS Balance at beginning of year Dental claims reported and approved for payment Dental claims paid | \$ 1,982,586<br>104,079,870<br><u>( 104,053,418</u> ) |
|---|---|
| Balance at end of year  | 2,009,038   |
| OTHER OBLIGATIONS FOR CURRENT BENEFITS COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS Balance at beginning of year Net change during the year: Other                           | 19,726,672<br><u>( 150,252</u> )                      |
| Balance at end of year  | 19,576,420  |
| PLAN'S TOTAL BENEFIT OBLIGATION   | <u>\$ 21,585,458</u>                                  |

## Note 1. Description of the Plan

The following description of The Railroad Employees National Dental Plan (the Plan) provides only general information. Participants should refer to the Plan's Summary Plan Description for a more complete description of the Plan's provisions.

#### General

The Plan and related Trust were established in 1976 pursuant to collective-bargaining to provide dental benefits to eligible employees of participating railroads and their beneficiaries. The Plan is administered by the National Carriers' Conference Committee and is subject to the provisions of the Railway Labor Act, as amended, and the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

#### **Benefits**

The Plan benefits are provided on a self-insured basis. The Plan is primarily administered by a third party administrator, Aetna, pursuant to an Administrative Service Only contract.

#### Eligibility

Upon satisfying the eligibility and coverage requirements, as outlined in the Plan's Summary Plan Description, employees of the participating railroads and their dependents are entitled to receive the benefits provided by the Plan. Additional extended benefit coverage provisions may be available for certain participants who become disabled (including pregnancy), furloughed, suspended, or dismissed. (See Note 5 regarding the liability for financial statement reporting purposes for extended benefit coverage.)

#### **Funding**

The participating railroads' obligation to provide contributions to the Plan arises pursuant to the terms and conditions of the collective-bargaining agreements, Plan document and related practices. Contributions to the Plan are provided by the participating railroads on a monthly basis in the amount determined after discussions with Aetna. The railroads fund the obligations of the Plan as they become due and payable during the year.

#### Tax status

The Trust, established pursuant to the Plan to hold the Plan's assets, is qualified pursuant to Section 501(c)(9) of the Internal Revenue Code and, accordingly, the Trust's net investment income is exempt from income taxation. The Plan has

#### Note 1. Description of the Plan (continued)

#### Tax status (continued)

obtained a favorable tax determination letter from the Internal Revenue Service, and the Plan Sponsor believes that the Plan, as amended, continues to qualify and to operate as designed.

Representatives of the Plan Sponsor considered the Plan's tax positions relative to FASB ASC 740, Income Taxes (which includes FASB Interpretation No. 48 (FIN 48) – Accounting for Uncertainty in Income Taxes) and believes that the Plan has maintained its tax exempt status and had taken no uncertain tax positions. Therefore, no provision or liability for income taxes has been included in the financial statements. The Plan is subject to routine examination by taxing jurisdictions; however, there are currently no examinations for any tax periods in progress. Based on the three year statute of limitations that restricts the tax filing from examination by the IRS and other taxing jurisdictions for income tax purposes, the Plan Sponsor believes it is no longer subject to examinations by these jurisdictions for this purpose for years prior to 2009.

#### Plan termination

In the event of termination of the Plan, the Trust's remaining assets will be used to provide for the payment of any and all obligations of the Plan. Such payments shall be for the exclusive benefit of the Plan participants and beneficiaries and to defray the administrative expenses of the Plan.

#### Note 2. Significant Accounting Policies

#### Basis of accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America except that benefit payments are recorded when paid.

#### Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as of the date of the financial statements. Accordingly, actual results could differ from those estimates.

## Note 2. Significant Accounting Policies (continued)

Valuation of investments and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis.

#### Fair value of financial instruments

The Plan administrator believes the carrying value of financial instruments, as stated in the financial statements, approximates their fair value.

#### Participating railroads' contributions and contributions receivable

Each participating railroad provides a monthly contribution to the Plan as determined annually. Participating railroad contributions are recognized as revenue in the period in which the compensated service giving rise to the contribution is rendered.

#### Participants' COBRA contributions

Participants and beneficiaries who experience a qualifying event, as defined by Federal COBRA guidelines, may self-pay to continue coverage in the Plan for a limited period of time. Participants' COBRA contributions are recognized when due and payable.

## Terminated and withdrawing railroads' withdrawal liability receivable

Upon termination or withdrawal from the Plan in whole or in part, a railroad is assessed a withdrawal liability, as provided for pursuant to the Plan document, which approximates the individual railroad's claim run-out liability. This run-out liability is due and payable 10 days subsequent to the railroad's receipt of a bill for such payment. As of December 31, 2012 and 2011, there are no outstanding amounts receivable from terminating or withdrawing railroads as it relates to the withdrawal liability.

#### Allowance for doubtful accounts

The Plan utilizes the allowance method to account for uncollectible receivables. Unless otherwise noted, an allowance for doubtful accounts for the Plan's receivable balances is not considered necessary as probable uncollectible amounts have been determined by the Plan Administrator to be insignificant to the financial statements.

### Note 2. Significant Accounting Policies (continued)

Amounts due from participating railroads

The amounts due from participating railroads represent an unfunded commitment, pursuant to the collective-bargaining agreements, Plan document and related practices, by each participating railroad, to contribute to the Plan sufficient funds to enable the Plan to pay the benefits provided by it for that railroad's employees and their eliqible dependents.

#### Subsequent events

The Plan has evaluated subsequent events through October 11, 2013 the date the financial statements were available to be issued.

#### Note 3. Investments

Investments are held by a bank administered trust fund. The following table represents the fair value of those investments as of December 31, 2012 and 2011. Investments that represent 5% or more of the Plan's net assets are separately identified.

2012 2011
Investments at estimated fair value:

Money market fund\*

\$\frac{2012}{29,922,306}\$
\$\frac{24,644,561}{24,644,561}\$

\* Investments held as of December 31, 2012 and 2011 were in Federated Treasury Obligation MM-1 #68 FFS.

#### Note 4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

#### Level 1

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

#### Level 2

Inputs to the valuation methodology include:

Quoted prices for similar assets or liabilities in active markets

## Note 4. Fair Value Measurements (continued)

- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

#### Level 3

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

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

The valuation methodology used for assets measured at fair value as of December 31, 2012 and 2011 is as follows:

#### Money market funds

Shares of a money market portfolio are considered cash equivalents and are valued at their carrying amount due to their short-term nature.

As of December 31, 2012, and 2011, all of the Plan's investment assets have been determined by the Plan Sponsor to be level 1.

#### Note 5. Post-Retirement Benefits and Other Plan Benefit Obligations

The Plan provides no post-retirement benefits.

Plan obligations as of December 31st for dental claims payable, dental claims incurred by participants but not reported as of that date, accumulated eligibility credit and extended benefit coverage available to Plan participants, are estimated by Aetna. Such estimated amounts are reported in the accompanying statement of Plan Benefit Obligations at present value. Based on the current nature of the obligation, generally within three months of year end, discounting the obligation was not necessary.

#### Note 6. Concentration of Participating Railroads

There are approximately 60 railroads participating in the Plan, of which 5 Class I railroads comprised approximately 90% of the total Plan activity as of and for the years ended December 31, 2012 and 2011. This activity includes, but is not limited to, participating railroads' contributions receivable and amounts due from participating railroads as of December 31, 2012 and 2011, and participating railroads' contributions for the year ended December 31, 2012 as follows:

## Percentage of Total Plan Activity

| Railroad | 2012  | 2011  |
|----------|-------|-------|
| Α        | 25.9% | 26.2% |
| В        | 22.3% | 22.0% |
| С        | 16.0% | 16.1% |
| D        | 15.4% | 15.5% |
| Ε        | 10.2% | 10.1% |

### Note 7. Information Certified by the Plan's Trustee and the Plan Administrator

The following information included in the financial statements and supplemental schedules was provided and certified by the Trustee, SunTrust Bank, and the Plan Administrator as complete and accurate.

- Investments
- Accrued interest
- Investment income
- Schedule of assets held for investment purposes
- Schedule of reportable transactions

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

#### Note 8. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying 2012 and 2011 financial statements to the Form 5500:

## Note 8. Reconciliation of Financial Statements to Form 5500 (continued)

|   | 2012                 | 2011                 |
|---|----------------------|----------------------|
| Net assets available for benefits as reported within the financial statements | \$ 37,830,941        | \$ 33,200,683        |
| Benefit obligations currently payable   | ( 9,499,530)         | ( 10,762,741)        |
| Net assets available for benefits as reported within the Form 5500            | <u>\$ 28,331,411</u> | <u>\$ 22,437,942</u> |

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500 for the year ended December 31, 2012:

| Benefits paid to or for participants as reported within the financial statements | \$  | 104,053,418 |
|--|-----|-------------|
| Add: Amounts payable at end of year  |     | 9,499,530   |
| Less: Amounts payable at beginning of year                                       | 1   | 10,762,741) |
| Benefits paid to or for participants as reported within the Form 5500            | \$_ | 102,790,207 |

Amounts currently payable to or for participants, dependents, and beneficiaries are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to December 31st but not yet paid as of that date and for incurred but not reported benefit claims as of December 31st.

#### Note 9. Risks and Uncertainties

The Plan invests in money market funds with SunTrust. These investments are exposed to credit risk. Due to the level of risk associated with these investments given the current economic condition and uncertainty in the market place, it is at least reasonably possible that changes in the value of these investments may occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and changes in net assets available for benefits.

The total obligations for claims payable, claims incurred but not reported, accumulated eligibility and extended benefit coverage as calculated and reported to the Plan by Aetna is based on certain assumptions pertaining to health care trends and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

SUPPLEMENTAL SCHEDULES

## Schedule of Assets (Held at End of Year) December 31, 2012

Schedule H Item 4(i) – Schedule of Assets (Held at End of Year)

EIN: 52-1036399 Plan Number: 505

| (a) | (b)   | (c)  | (d)                  | (e)                     |
|-----|---|--|----------------------|-------------------------|
|     | ldentity of Issue, Borrower,<br><u>or Similar Party</u> | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity | <u>Cost</u>          | Current<br><u>Value</u> |
|     | Cash and Cash Equivalents                               |  |                      |                         |
| *   | SunTrust Bank<br>Account 70-04-102-7036737              | Money Market Fund<br>Federated Trsy Oblig MM-I #68 FFS   | <u>\$ 29,922,306</u> | <u>\$ 29,922,306</u>    |

<sup>\*</sup> Known party-in-interest to the Plan.

## Schedule of Reportable Transactions For the Year Ended December 31, 2012

Schedule H Item 4(j) – Schedule of Reportable Transactions

EIN: 52-1036399 Plan Number: 505

| (a)                        | (b)                   | (c)          | (d)          | (g)         | (i)          |
|----------------------------|-----------------------|--------------|--------------|-------------|--------------|
| Identity of Dayte I        | <b>5</b>              | Purchase     | Selling      | Asset       | Current      |
| Identity of Party Involved | Description of Assets | <u>Price</u> | <u>Price</u> | <u>Cost</u> | <u>Value</u> |

SunTrust Bank

Account 70-04-102-7036737 (See attached schedule as prepared and reported by SunTrust Bank)



### THROUGH 12/31/12

1/1/12

RAILROAD - EMP DENTAL PLAN

24,644,753.01 INCURRED BEGINNING MARKET VALUE PRICE

EXPENSE

LIS

PAR VALUE SHARES

BOUGHT/SOLD

DATE

ACCOUNT 7036737

PRINCIPAL CASH

1,232,237.65

COMPARATIVE VALUE (52)

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE

ERISA COST

ERISA COST GAIN/LOSS

PAGE 67

1,262,224

5,144,032

-5,144,032 \*

-1,262,224

-5,712,135

5,219,239

89#

- FEDERATED TRSY OBLIGS MM-I - FEDERATED TRSY OBLIGS MM-I

5,144,032.0700

60934N500

ISSUE:

11/02/12

ISSUE: 60934N500

10/01/12

5,712,134.9300 1,262,223.6800

898

60934N500 60934N500

ISSUE: ISSUE

21/50/60

ISSUE: 08/02/12

07/02/12

-3,657,645 6,812,669 -6,894,022

0000.1 .0000 .0000 .0000 0000 .0000 1.0000

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#68

FEDERATED TRSY OBLIGS MM-I FEDERATED TRSY OBLIGS MM-I FEDERATED TRSY OBLIGS MM-I

6,812,668.7100 6,894,021.6400 5,219,239.2700

-5,896,456 20,946,855 -20,946,855

0

|  | - 6 |
|--|-----|

2,264,153 4,680,154 2,683,044 1,941,334 4,531,866 4,416,994 1,299,027 5,896,456 20,946,855 20,946,855 3,657,645 6,812,669 6,894,022 5,219,239 5,712,135

-2,264,153 \*

1.0000 #68 FFS .0000

FEDERATED TRSY OBLIG MM-I #68 FFS

609068DFS

609068DF5

01/18/12 ISSUE: - FEDERATED TRSY OBLIG MM-I #68 FFS

609068DFS 609068DF5 609068DF5 609068DF5 609068DF5 60906BDF5 609068DFS

I SSUE:

02/02/12

02/17/12

ISSUE: 03/01/12

- FEDERATED TRSY OBLIG MM-I

4,680,154.0800

2,264,153.0700

- FEDERATED TRSY OBLIG MM-I #68 FFS

ISSUE: 05/01/12

04/02/12

ISSUE: ISSUE: 06/04/12

05/02/12

FEDERATED TRSY OBLIG MM-I

1,299,027.4400 5,896,455.6000

- FEDERATED TRSY OBLIG MM-I

ISSUE: I SSUE:

03/02/12

1,941,333.7600

- FEDERATED TRSY OBLIG MM-I

4,416,994.4500

4,531,865.7700

FEDERATED TRSY OBLIG MM-I

2,683,044.0200

FEDERATED TRSY OBLIG MM-I #68 FFS

1.0000 0000.1

#68

FEDERATED TRSY OBLIGS MM-I FEDERATED TRSY OBLIGS MM-I - FEDERATED TRSY OBLIGS MM-I

20,946,855.0000

20,946,855.0000 3,657,644.7300

> 005N55609 60934N500 60934N500

ISSUE:

06/04/12

21/50/90

ISSUE:

60934N500

ISSUE:

1.0000 #68 FFS 0000.1

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4,680,154

-2,683,044 \*

1,941,334

\* 998'125'5-\* 566'915'5. -1,299,027 \*



# REPORTABLE TRANSACTIONS MORKSHEET

### THROUGH 12/31/12 1/1/12

RAYLROAD - EMP DENTAL PLAN

PACE 68

ERISA COST GAIN/LOSS 6,896,346 6,839,834 118,044,884 ERISA COST \* 956,346 \* -6,839,834 \* 118,044,884 PRINCIPAL CASH INCURRED EXPENSE 1.0000 1.0000 6,896,346.2600 1.000 - FEDERATED TRSY OBLIGS MM-I #68 6,839,834.3200 1.000 - FEDERATED TRSY OBLIGS MM-I #68 PRICE SHARES PAR VALUE GRAND TOTAL ISSUE: 60934N500 ISSUE: 60934N500 12/31/12 8 BOUGHT/SOLD 12/03/12

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

\*\* NO TRANSACTIONS QUALIFIED FOR THIS SECTION \*\*\*

# CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

| -2,264,155 * 2,264,155 |             |            | -557,980 557,980 |            | * 4,680,       | *              |              |            | **                       | **   | Net  | **   | 4,531,<br>565,<br>757,<br>1,163,   | -4,531,866 * 4,531,866<br>-363,860   |
|------------------------|-------------|------------|------------------|------------|----------------|----------------|--------------|------------|--------------------------|--|--|--|--|--|
| 0 -2,264               | 55.         |            | -557             | 0          | 0 -4,680       | 0 -2.683       | 958-         | 0          | 0 0                      | 0 -4,531                                   | 0<br>0<br>0<br>1353<br>0<br>1353                           |  | -4,55<br>-757<br>-1,163  | -4,531<br>-757<br>0 -757<br>0 -757<br>0 -75,416                                    |
| 1.0000                 | 1.0000      | 1.0000     | 1.0000           | 1.0000     | 1.0000         | 1.0000         | 1.0000       | 1.0000     | 1.0000<br>1.0000         | 1.0000                                     | 1.0000<br>1.0000<br>1.0000                                 | 1.0000<br>1.0000<br>1.0000<br>1.0000   | 1.0000<br>1.0000<br>1.0000<br>1.0000   | 1.0000<br>1.0000<br>1.0000<br>1.0000<br>1.0000                                     |
| 2,264,153.0700         | 53,151.0100 | 567.2000   | 557,980.1000     | 177.3600   | 4,680,154,0800 | 2,683,044.0200 | 826,729.7600 | 171.6700   | 171.6700                 | 171.6700<br>4,531,865.7700<br>363,859.9100 | 171.6700<br>4,531,865.7700<br>363,859.9100<br>757,630.8600 | 171.6700<br>6,551,865.7700<br>363,859.9100<br>757,630.8600<br>1,163,477.8000 | 171.6700<br>4,531,865.7700<br>363,859.9100<br>757,630.8600<br>1,163,477.8000<br>4,416,994.4500 | 4,531,865.7700<br>563,865.7700<br>757,630.8600<br>1,163,477.8000<br>4,416,994.4500 |
| 01/18/12 B             | 01/19/12 B  | 01/24/12 B | 01/27/12 B       | 02/01/12 B | 02/02/12 B     | 02/17/12 B     | 02/24/12 B   | 03/01/12 B | 03/01/12 B<br>03/02/12 B | 03/01/12 B<br>03/02/12 B<br>03/19/12 B     | 05/01/12 B<br>05/02/12 B<br>05/19/12 B                     | 05/01/12 B<br>05/02/12 B<br>05/19/12 B<br>05/20/12 B                         | 05/01/12 B<br>05/02/12 B<br>05/19/12 B<br>05/19/12 B<br>05/30/12 B                             | 03/01/12 B<br>03/02/12 B<br>03/19/12 B<br>03/20/12 B<br>04/02/12 B                 |



# 1/1/12 THROUGH 12/31/12

| PLAN     |  |
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| DENTAL . |  |
|          |  |
| RAILROAD |  |
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|             | PAR VALUE        | PRICE  | INCURRED          | PRINCIPAL CASH | ERISA COST | ERISA COST<br>GAIN/LOSS |
|-------------|------------------|--------|-------------------|----------------|------------|-------------------------|
| 04/18/12 B  | 71,899.2100      | 1.0000 |                   | 0 -71,899      | 71.899     |                         |
| 04/23/12 B  | 987,357.9400     | 1.0000 |                   | 987.358        | 987,358    |                         |
| 05/01/12 B  | 1,299,027.4400   | 1.0000 |                   | 0 -1,299,027 * | 1,299,027  |                         |
| 05/01/12 B  | 182.5100         | 1.0000 |                   | -183           | 183        |                         |
|             | 5,896,455.6000   | 1.0000 |                   | * 95,896,456 * | 5,896,456  |                         |
| 05/18/12 B  | 985,752.0700     | 1.0000 |                   | 0 -985,732     | 985,732    |                         |
| 06/01/12 B  | 196.8300         | 1.0000 |                   | 161-           | 197        |                         |
| 06/01/12 B  | 358,446.5700     | 1.0000 |                   | -358,447       | 258,447    |                         |
| 9           |                  |        | * * * * * * * * * | * * *          |            |                         |
| SUB-TOTAL   | TAL OF BUYS # 24 |        |                   | 32,810,051     | 32,810,051 |                         |
| 01/03/12 \$ | 746,414.1200     | 1.0000 |                   | 746,414        | 746,414    |                         |
| 01/04/12 S  | 407,841.9600     | 1.0000 |                   | 0 407,842      | 407,842    |                         |
| 01/05/12 \$ | 898,895.9800     | 1.0000 |                   | 898,896        | 898,896    | 0                       |
| 01/06/12 \$ | 950,197.1700     | 1.0000 |                   | 950,197        | 950,197    | •                       |
|             | 514,906.0600     | 1.0000 |                   | 0 514,906      | 514,906    | 0                       |
| -           | 3,449.7000       | 1.0000 |                   | 3,450          | 3,450      | 0                       |
|             | 195,659.5700     | 1.0000 |                   |                | 195,660    | 0                       |
|             | 333,616.5900     | 1.0000 |                   |                | 333,617    |                         |
|             | 525,671.8800     | 1.0000 |                   |                | 525,672    |                         |
| 01/13/12 8  | 592,540,7800     | 0000.1 |                   |                | 392,341    | 0                       |
|             | 0000 744 407     | 0000   |                   | 085.162        | 785 767    |                         |
|             | 407,382.0900     | 1.0000 |                   |                | 407,000    | <b>•</b>                |
|             | 400,243.6400     | 1.0000 |                   |                | 400,544    | • •                     |
| 01/25/12 \$ | 458,230,3400     | 1,0000 |                   |                | 458,230    |                         |
| 01/26/12 \$ | 705,279.2600     | 1.0000 | <del></del>       | 0 703,279      | 703,279    | 0                       |
|             | 312,941.9200     | 1.0000 | <del>, .</del> .  |                | 312,942    | •                       |
|             | 332,293.8300     | 1.0000 |                   |                | 332,294    | 0                       |
|             | 741,608,1200     | 1.0000 |                   |                | 741,608    | 9                       |
| 02/02/12 5  | 586,996.0700     | 0000.1 |                   |                | 386,386    | <b>O</b>                |
| 02/08/12 5  | 0010.547.057     | 7.0000 |                   | 296,194        | 296,194    | <b>~</b> <              |
|             | 3.266.9500       | 0000   |                   | 1000 ×         | TO CONT    | <b>,</b>                |
|             | 298,923.9300     | 1.0000 |                   | 53             | 298,924    | <b>•</b>                |
| 02/09/12 \$ | 428,319.2800     | 1.0000 | _                 |                | 428.319    |                         |
| 02/10/12 S  | 341,585.4000     | 1.6000 |                   |                | 341,585    | . •                     |
| 02/13/12 S  | 306,690.7600     | 1.0000 |                   | 306,691        | 306,691    | 0                       |
| 02/14/12 S  | 376,029.2100     | 3.0000 |                   | 376,029        | 376,029    | 0                       |
|             | 370,500.8700     | 1.0000 |                   |                | 370,501    | •                       |
|             | 581,361.3300     | 1.0000 |                   |                | 581,361    |                         |
|             | 306,768.2600     | 1.0000 | . ***             | 306,768        | 306,768    | 0                       |
|             | 368,215.7100     | 1.0000 |                   |                | 368,216    | •                       |
|             | 194,118.5600     | 1.0000 | **                |                | 194,119    |                         |
|             | 159,611.2500     | 1.0000 |                   | 159,611        | 129,611    | 0                       |
| 02/28/12 \$ | 105,424.4600     | 1.0000 |                   | 105,424        | 105,424    |                         |



## 1/1/12 THROUGH 12/31/12

RAILROAD - EMP DENTAL PLAN

| ERISA COST<br>GAIN/LOSS | 67,729      | 334            | 0000         | 821          |              |            |              | 927 0        |              | 770 0        |                |              | O C PU       |              |              |              | 027          | 0 0 0        | 0           | 625                          | 5,926          | 989          | 0 | 27.2         | 0 0 0        | 0 062        | 600          | 770          | NI C                                  | 106          | 952          | 0 996        | 523          | 267            | A 6           |             | 0.413      | 0            | 733          | 292          |   |
|-------------------------|-------------|----------------|--------------|--------------|--------------|------------|--------------|--------------|--------------|--------------|----------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-------------|------------------------------|----------------|--------------|---|--------------|--------------|--------------|--------------|--------------|---------------------------------------|--------------|--------------|--------------|--------------|----------------|---------------|-------------|------------|--------------|--------------|--------------|---|
| ERISA COST              | . 19        | 1.941.334      | 273,805      | 272,821      | 334,723      | 100        | 361,764      | 423,927      | 278,186      | 314,770      | 388,181        | 613.77       | 010'0M0      | 021.237      | 419.856      | 309,831      | 301,027      | 402,025      | 608,895     | 420,829                      | 595,926        | 508.486      | 267,040                                 | 348,377      | 605,057      | 496,290      | 301,738      | 770'621      | MIN. 1878                             | 324,901      | 379,952      | 996'906      | 425,523      | 269,767        | X01'600'T     | 108.91      |            | 275.185      | 321,933      | 540,362      |   |
| PRINCIPAL CASH          | 67,729      | 1,941,334 *    | 273,805      | 272,821      | 334,723      | 3,323      | 361,764      | 423,927      | 278,186      | 314,770      | 388, 181       | 613,771      | 040,040      | 603.170      | 419,856      | 309,831      | 301,027      | 405,025      | 608,895     | 450,029                      | ONE CONTRACTOR | 508,486      | 267,040                                 | 348,377      | 605,057      | 496,290      | 301,738      | 120,021      | S S S S S S S S S S S S S S S S S S S | 324,901      | 379,952      | 904,966      | 425,523      |                | K07/600/1     | 76.821      | 10.4.10    | 275,185      | 321,933      | 540,362      | * |
| EXPENSE                 |             | 0              | 0            | •            | •            |            | •            | 0            | 0            | •            | <b>O</b> _1    |              | <b>,</b>     | • •          |              | •            | •            | •            | 0 1         |                              | <b>3</b> C     |              | 0                                       | 0            | •            | •            | <b>•</b>     | •            |                                       | 0            | •            | 0            | •            |                | <b>&gt;</b> c |             |            | 0            | •            | 0            |   |
| PRICE                   | 1.0000      | 1.0000         | 1.0000       | 1.0000       | 1.0000       | 1.0000     | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000         |              | 0000         | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000      | 0000 T                       | 9000           | 1.0000       | 1.0000                                  | 1.0000       | 1:0000       | 1.0000       | 1.0000       | 0000         | 1.0000                                | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 0000           | 1,0000        |             |            | 1.0000       | T.0000       | 1.0000       |   |
| SHARES<br>PAR VALUE     | 67,729.3500 | 1,941,333.7600 | 273,804.9900 | 272,820.8800 | 334,723.4700 | 3,323.1900 | 361,764.2100 | 423,927.1200 | 278,185.5500 | 314,769.8800 | 588, 181, 4200 | 100 110 6300 | 250.550.8000 | 603,170.1900 | 419,855.9300 | 309,831.2000 | 501,026.6200 | 405,024.6500 | 608,895,050 | 450,027.0200<br>ROK 924.0200 | 3,351.4400     | 508,486.0800 | 267,040.4500                            | 348,376.8100 | 605.057.2200 | 496,290.3100 | 128,020,2600 | 611.836.4700 | 373,153.3500                          | 324,901.0200 | 379,951.6500 | 904,966.4600 | 425,522,6200 | 1005 SEL 200 L | ik.           | 76,820.6700 | 3,413.0000 | 275,185.2300 | 321,933.4700 | 540,361.5400 |   |
| BOUGHT/SOLD             | 02/29/12 \$ |                |              |              |              |            |              |              |              |              | 03/14/12 S     |              |              |              |              |              |              |              | 08/29/12 5  |                              |                | 04/09/12 \$  |   | 2.           |              |              | 04/10/12 5   |              | 04/20/12 \$                           | 04/24/12 \$  |              |              | 04/2//12 5   |                |               | 05/07/12 \$ |            |              |              |              |   |



# 1/1/12 THROUGH 12/31/12

# RAILROAD - EMP DENTAL PLAN

| ERISA COST<br>GAIN/LOSS | 0            | 0            | 0            | 0            | 0            | O            | 0            | 0            | 0            | o            | . 6          | 6               |               | 0                 |   | 0          |                                  |                 |                |              |              |                |            |              |                |          |                |                |                |                |          |               |              |                |                |          |                |          |              |                |              |              |            |
|-------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-----------------|---------------|-------------------|---|------------|----------------------------------|-----------------|----------------|--------------|--------------|----------------|------------|--------------|----------------|----------|----------------|----------------|----------------|----------------|----------|---------------|--------------|----------------|----------------|----------|----------------|----------|--------------|----------------|--------------|--------------|------------|
| ERISA COST              | 323,066      | 369,982      | 596,854      | 279,386      | 368,231      | 205,559      | 487,639      | 314,343      | 190,799      | 267,414      | 497,186      | 20,946,855      | 医鼠毒素医毒素医毒素医毒素 | 57,454,612        | 多字字字是是非常是非常是非                           | 126        |                                  | 20,946,855      | 3,657,645      | 117,523      | 943,815      | 6,812,669      | 647        | 122,427      | 808,378        | 193      | 6,894,022      | 1,157,007      | 1,124,566      | 5,219,239      | 270      | 137,335       | 406,382      | 1,157,580      | 5,712,135      | 190      | 1,262,224      | 212      | 967,458      | 5,144,032      | 120,927      | 201,156      | 604        |
| PRINCIPAL CASH          | 323,066      | 369,982      | 596,854      | 279,386      | 368,231      | 205,559      | 487,639      | 314,343      | 190,799      | 267,414      | 497,186      | 20,946,855 *    |               | 57,454,612        | 克莱 亲 省"美"宽"金" 第 章 章 基 章 章               | 90,264,663 |                                  | -20,946,855 *   | -3,657,645 *   | -117,523     | -943,815     | -6,812,669 *   | -179       | -122,427     | -808,378       | -193     | * 6,894,022 *  | -1,157,007     | -1,124,566     | -5,219,239 *   | -270     | -137,335      | -406,382     |                | -5,712,135 *   |          | -1,262,224 *   | -212     | -967,458     | -5,144,032 *   | -120,927     | -201,156     | -400       |
| EXPENSE<br>INCURRED     | o            | 0            | 0            | 0            | 0            | 0            | o            | 0            | 0            | ٥            | 0            | 0               | *********     | 0                 | * | a          |                                  | 0               | ٥              | 0            | •            | 0              | O          | •            | 0              | 0        | 0              | 0              | 0              | 0              | 0        | 0             | 0            | 0 1            | 0              | 0        | 0              | 0        | 0            | 0              | 0            | 0            | 0          |
| UNIT                    | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000          |               |                   |   |            | 89# I                            | 1.0000          | 1.0000         | 1.0000       | 1.0000       | 1.0000         | 1.0000     | 1.0000       | 1.0000         | 1.0000   | 1.0000         | 1.0000         | 1.0000         | 1.0000         |          | 1.0000        | 1.0000       | 1.0000         | 1.0000         | *        | 1.0000         |          | 1.0000       | 1.0000         | 1.0000       | 1.0000       | 1.0000     |
| SHARES<br>PAR VALUE     | 323,066.4500 | 369,981.5900 | 596,853,6800 | 279,385.9400 | 368,231.4900 | 205,558.6200 | 487,638.5600 | 314,343.1700 | 190,798.5400 | 267,413.5500 | 497,185.8000 | 20,946,855.0000 | 4             | TAL OF SALES # 93 |   | SUB-TOTAL  | - FEDERATED TRSY OBLIGS HM-I #68 | 20,946,855.0000 | 3,657,644.7300 | 117,522.7100 | 943,814.7900 | 6,812,668.7100 | 178.7500   | 122,426.7600 | 808, 377. 5300 | 192.8000 | 6,894,021.6400 | 1,157,006.9300 | 1,124,566.4100 | 5,219,239.2700 | 269.7900 | 157, 335.4200 | 406,381.7000 | 1,157,580.4700 | 5,712,134.9300 | 190.1100 | 1,262,223.6800 | 212.2600 | 967,458.0300 | 5,144,032.0700 | 120,926.6300 | 201,156.0600 | 400.0000   |
| DATE<br>BOUGHT/SOLD     | 05/15/12 \$  | 05/17/12 S   | 05/17/12 \$  | 05/21/12 \$  | 05/22/12 \$  | 05/23/12 S   | 05/24/12 S   | 05/25/12 \$  | 05/29/12 \$  | 05/30/12 \$  | 05/31/12 \$  | 06/04/12 S      |               | SUB-TOTAL         |   | ns         | ISSUE: 60934N500 - 1             | 06/04/12 B      | 06/04/12 B     | 06/18/12 8   | 06/19/12 B   | 07/02/12 B     | 07/02/12 B | 07/18/12 8   |                |          |                |                |                |                |          |               |              |                |                |          |                |          |              |                | 11/19/12 B   | 11/19/12 B   | 11/20/12 8 |

# REPORTABLE TRANSACTIONS MORKSHEET

1/1/12 THROUGH 12/31/12

RAILROAD - EMP DENTAL PLAN

| ERISA COST<br>GAIN/LOSS | Hardware Company of the Company of t |                |            |             |              |                |  |   | 0            |              | 0            | 0          | 0            | 0            | 0            |              | 0            | 0.4           |                     | ) <b>a</b>   | . 0          | 6            | o            | 9            | 0            | 0            | 0            |             | 0 (          | > c          | )            | Ö            | 0            | 0            | 0            | 0            | 0            | 0            | •            | •            | 0            | 0            | •            |
|-------------------------|--|----------------|------------|-------------|--------------|----------------|--|---|--------------|--------------|--------------|------------|--------------|--------------|--------------|--------------|--------------|---------------|---------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| ERISA COST              | 463,412  | 6,896,346      | 208        | 57,266      | 653,378      | 6,839,834      | 77.825.268                             | *************************************** | 337,516      | 330,125      | 570,414      | 3,528      | 196,951      | 268,641      | 258,127      | 320,340      | 559,470      | 548,712       | 1661107<br>1807 AOR | 381.732      | 266,950      | 319,862      | 394,109      | 625,759      | 414,358      | 339,693      | 362,242      | 902'869     | 230,161      | 700 KOC      | 361.372      | 520,741      | 409,932      | 378,639      | 255,717      | 516,711      | 390,663      | 257,517      | 385,380      | 613,116      | 442,453      | 311,971      | 271,929      |
| PRINCIPAL CASH          | -463,412   | -6,896,346 *   | -208       | -57,266     | -653,378     | -6,839,834 *   | ###################################### |   | 337,516      | 330,125      | 570,414      | 3,528      | 196,951      | 268,641      | 258,127      | 070,070      | W/W, WWW     | 248,712       | #17.400<br>#17.800  | 381.752      | 266,950      | 319,862      | 394,109      | 625,759      | 414,358      | 339,693      | 362,242      | 922,706     | 750,121      | 400.880      | 361,372      | 520,741      | 409,932      | 378,639      | 255,717      | 516,711      | 390,663      | 257,517      | 385,380      | 613,116      | 442,453      | 311,971      | 271,929      |
| EXPENSE<br>INCURRED     | 0  | •              | •          | 0           | 0            | •              | 1 C                                    | •                                       | 6            | •            | 0            |            | 0            |              | o (          | <b>)</b>     |              | <b>&gt;</b> • | 9 6                 | 0            | 0            | · •          | 0            | 0            | 0            | •            | 0 (          |             | <b></b> c    |              | . 0          |              | 0            | 0            | •            | 0            | 0            | 0            | 0            | 0            | 0            | 9            | O            |
| PRICE                   | 1.0000   | 1.0000         | 1.0000     | 1.0000      | 1.0000       | 1.0000         |  |   | 1.0000       | 1.0000       | 1.0000       | 1.0000     | 1.0000       | 1.0000       | 1.0000       | 0000         | 0000         | 0000          | 0000.1              | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       |             |              | 7,0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       |
| SHARES<br>PAR VALUE     | 463,411.6600   | 6,896,346.2600 | 207.8800   | 57,265.6800 | 653,378.3400 | 6,839,834,3200 | SUB-TOTAL OF BUYS # 32                 | 1                                       | 337,516.4100 | 330,124.6300 | 570,413.7100 | 3.528.4100 | 196,951.4600 | 268,640.8500 | 258,126.9200 | 0000.010.000 | 0010.6/h/400 | 2017 201 001  | 598,618,0000        | 381,731.8100 | 266,949.8800 | 319,861.5700 | 394,108.7300 | 625,758.8300 | 414,357.9800 | 539,692.9300 | 562,241,7800 | 020,702,740 | 0001.2101101 | 298,004.0100 | 361,371.5100 | 520,740.7700 | 409,932.4700 | 378,639.4500 | 255,717.4300 | 516,710.5600 | 390,663.3700 | 257,517.2200 | 385,380.2700 | 613,115.8500 | 442,453.2200 | 311,970.8100 | 271,928.5100 |
| DATE<br>BOUGHT/SOLD     | 11/21/12 8   | 12/03/12 B     | 12/05/12 B | 12/13/12 8  | 12/19/12 8   | 12/31/12 B     | SUB-TO                                 |   | 06/05/12 \$  | 06/06/12 S   |              |            |              |              | S 27/21/90   |              |              |               |                     | 06/22/12 S   | 06/25/12 S   | 06/26/12 \$  | 06/27/12 \$  | 06/28/12 \$  | 06/29/12 \$  | 07/03/12 \$  | S 27/50//0   | 0 77/00//fu | 07/10/12 5   |              | 07/11/12 S   | 07/12/12 S   | 07/13/12 S   |              |              |              |              |              |              |              |              | 07/50/12 \$  | 07/31/12 \$  |



# 1/1/12 THROUGH 12/31/12

| PLAN     |  |
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| RAILROAD |  |

| DUXCHI / SALD | PAR VALUE    | PRICE  | INCURRED | PRINCIPAL CASH | ERISA COST | GAIN/LOSS |
|---------------|--------------|--------|----------|----------------|------------|-----------|
| 08/01/12 \$   | 723,993.1500 | 1.0000 |          | 723,993        | 725,993    | 0         |
| 08/03/12 S    | 384,519.4700 | 1.0000 |          | 384,519        | 384,519    | 0         |
| 08/06/12 \$   | 298,111.0500 | 1.0000 |          | 298,111        | 298,111    | o         |
|               | 199,367,7000 | 1.0000 |          | 199,368        | 199,368    | 0         |
|               | 3,469.4800   |        |          |                | 3,469      | 0         |
|               | 396,074.1900 | ٠.     |          |                | 396,074    | 0         |
|               | 569,497.8600 | *      |          |                | 569,498    | 0         |
|               | 359,244.8200 |        |          |                | 359,245    | 0         |
|               | 346,642.1900 | •      |          |                | 346,642    | 0         |
|               | 356,155.6100 | ٠      |          |                | 356,156    | D         |
|               | 409,385,5900 | •      |          |                | 409,386    | 0         |
|               | 512,575.2900 |        |          |                | 512,575    | 0         |
|               | 553,210.9900 | *      |          | 353,211        | 353,211    | 0         |
|               | 380,574,7300 | 1.0000 |          | 380,575        | 380,575    | 0         |
|               | 227,364.8200 | *      |          |                | 227,365    | 0         |
|               | 513,393.0600 | 1.0000 |          | 513,393        | 513,393    | 0         |
|               | 370,836.9000 | 1.0000 |          | 370,837        | 370,837    | 0         |
| 08/27/12 \$   | 351,880.4900 | 1.0000 |          | 351,880        | 351,880    | 0         |
|               | 385,597.3900 | 1.0000 |          | 385,597        | 385,597    | 0         |
|               | 438,486.3500 | 1.0000 |          | 0 438,486      | 438,486    | o         |
| 08/30/12 \$   | 579,699.2400 | 1.0000 |          | 579,699        | 579,699    | 0         |
|               | 452,384.9500 | 1.0000 |          | 452,385        | 452,385    | 0         |
|               | 446,375.7200 | 1.0000 |          | 0 446,376      | 446,376    | 0         |
|               | 511,513.4400 | 1.0000 |          | 511,513        | 511,513    | 0         |
|               | 153,147.1700 | 1.0000 |          | 153,147        | 153,147    | 0         |
|               | 3,523.9500   | 1.0000 | _        | 3,524          | 3,524      | 0         |
|               | 443,640.8300 | 1.0000 |          | 443,641        | 149'641    | 0         |
|               | 440,333.7500 | 1.0000 |          | 0 440,334      | 440,334    | 0         |
|               | 618,902.7200 | 1.0000 |          | 618,903        | 618,903    | 0         |
|               | 342,104.1200 | 1.0000 |          | 342,104        | 342,104    | 0         |
|               | 125,959.1100 | 1.0000 |          | 125,959        | 125,959    | O         |
|               | 403,403.9600 | 1.0000 |          |                | 403,404    | 0         |
|               | 332,151.2700 | 1.0000 |          |                | 332,151    | 0         |
|               | 336,218,1100 | 1.0000 |          |                | 336,218    | Ö         |
|               | 340,611.7200 | 1.0000 |          |                | 340,612    | o         |
|               | 413,383.9600 |        |          |                | 413,384    | •         |
|               | 545,664.2500 | 1.0000 |          |                | 245,664    | 0         |
|               | 777,320.9900 | 1.0000 |          |                | 777,321    | 0         |
|               | 448,542.8300 | 1.0000 |          | 0 448,543      | 648,543    | 0         |
|               | 546,406.2100 | 1.0000 |          | 246,406        | 246,406    | 0         |
| 10/05/12 S    | 112,169.5800 | 1.0000 | •        | 0 112,170      | 112,170    | 0         |
| 10/09/12 S    | 3,511.6500   | 1.0000 |          | 3,512          | 3,512      | 0         |
| 10/09/12 S    | 293,580.8600 | 1.0000 |          | 293,581        | 293,581    | 0         |
| 10/10/12 \$   | 413,669.0000 | 1.0000 |          | 413,669        | 413,669    | 0         |
| 10/11/12 \$   | 558,824.9100 | 1.0000 |          | 558,825        | 558,825    | 0         |
| 10/12/12 \$   | 485,659,8600 | 1.0000 |          | 0 485,660      | CR5. 640   | c         |



1/1/12 THROUGH 12/31/12

| PLAN     |
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| RAILROAD |
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| 10/15/12 S  |                |        | NCKKE! | PRINCIPAL CASH | ERISA COST | CAIN/LOSS |
|-------------|----------------|--------|--------|----------------|------------|-----------|
|             | 312,565.9600   | 1.0000 |        | 312,566        | 312,566    |           |
| 10/16/12 \$ | 298,578.9400   | 1.0000 |        | 298,579        | 298,579    |           |
| 10/18/12 \$ | 592,513.3400   | 1.0000 | -      | 592,513        | 235.513    |           |
| 10/19/12 \$ | 385,077.0600   | 1.0000 |        | 385,077        | 385,077    |           |
| 10/22/12 \$ | 319,772.3600   | 1.0000 |        | 319,772        | 319,772    |           |
| 10/23/12 \$ | 414,532.4800   | 1.0000 | _      | 414,532        | 414,532    |           |
| 10/24/12 \$ | 435,708.8900   | 1.0000 |        | 435,709        | 435,709    |           |
| 10/25/12 \$ | 542,448.5600   | 1.0000 | -      | 542,449        | 542,449    |           |
| 10/26/12 \$ | 421,144.9200   | 1.0000 | _      | 421,145        | 421,145    |           |
| 10/31/12 \$ | 1,052,723.0900 | 1.0000 |        | 1,052,723      | 1,052,723  |           |
| 11/05/12 \$ | 309,219,4300   | 1.0000 | _      | 309,219        | 309,219    |           |
| 11/06/12 \$ | 343,472.2100   | 1.0000 |        | 343,472        | 343,472    |           |
| 11/07/12 \$ | 184,341.5400   | 1.0000 | _      | 184,342        | 184,342    |           |
| 11/08/12 \$ | 3,652.7000     | 1.0000 | •      | 3,653          | 3,653      |           |
| 11/08/12 \$ | 558,796.4600   | 1.0000 | •      | 558,796        | 558,796    |           |
| 11/09/12 S  | 334,240.3600   | 1.0000 | _      | 334,240        | 334,240    |           |
| 11/13/12 \$ | 302,910.3000   | 1.0000 | _      | 302,910        | 302,910    |           |
| 11/14/12 \$ | 380,707.5600   | 1.0000 | •      | 380,708        | 380,708    |           |
| 11/15/12 \$ | 566,138.3900   | 1.0000 | •      | 566,138        | 566,138    |           |
| 11/16/12 \$ | 506,854.4100   | 1.0000 |        | 506,854        | 506,854    |           |
| 11/20/12 \$ | 374,579.3300   | 1.0000 | •      | 374,579        | 374,579    |           |
| 11/23/12 \$ | 534,734.2700   | 1.0000 |        | 534,734        | 554,734    |           |
|             | 473,540.0000   | 1.0000 | •      | 473,340        | 473,340    |           |
|             | 170,916,6700   | 1.0000 |        | 170,917        | 170,917    |           |
| •           | 215,087.4000   | 1.0000 |        | 315,087        | 315,087    |           |
|             | 454,208.0200   | 1.0000 | •      | 454,208        | 454,208    |           |
|             | 335,734.8000   | 1.0000 | •      | 335,735        | 355,255    |           |
|             | 529,198.9000   | 1.0000 | •      | 529,199        | 529,199    |           |
|             | 688,490.9600   | 1.0000 | -      | 685,491        | 688,491    |           |
| 12/06/12 S  | 491,379,4300   | 1.0000 |        | 491,379        | 491,379    |           |
| 12/07/12 \$ | 55,573.4300    | 1.0000 |        | 55,573         | 573,573    |           |
| 12/10/12 \$ | 3,640.3200     | 1.0000 | •      | 3,640          | 3,640      |           |
| 12/10/12 \$ | 244,156.6100   | 1.0000 |        | 244,157        | 244,157    |           |
| 12/11/12 S  | 265,533.8500   | 1.0000 |        | 265,534        | 265,534    |           |
| 12/12/12 \$ | 401,559.6100   | 1.0000 |        | 401,560        | 401,560    |           |
| 12/14/12 S  | 376,593.3200   | 1.0000 |        | 376,593        | 376,593    |           |
| 12/17/12 8  | 392,708.1800   | 1.0000 | _      | 392,708        | 392,708    |           |
| 12/18/12 \$ | 394,516.3900   | 1.0000 |        | 394,516        | 394,516    |           |
| 12/20/12 \$ | 592,966.7200   | 1.0000 | •      | 592,967        | 592,967    |           |
| 12/21/12 S  | 357,629.0900   | 1.0000 |        | 357,629        | 357,629    |           |
| 12/24/12 \$ | 303,819.5700   | 1.0000 | •      | 303,820        | 303,820    |           |
| 12/26/12 \$ | 359,993.0300   | 1.0000 |        | 359,993        | 359,993    |           |
| 12/27/12 S  | 218,394.9500   | 1.0000 | _      | 218,395        | 218,395    |           |
| 12/28/12 \$ | 306.516.6400   | 6666   |        | 742 C17        |            |           |

# SUNTRUST

1/1/12 THROUGH 12/31/12

RAILROAD - EMP DENTAL PLAN

PRINCIPAL CASH EXPENSE INCURRED

PRICE

SHARES PAR VALUE

BOUGHT/SOLD

ACCOUNT 7036737

\*\*\*\*\*\*\*\*\*\*\*

47,902,953

SUB-TOTAL OF SALES # 127

SUB-TOTAL

125,728,216

215,992,879

O

GRAND TOTAL

FOOTNOTES

\* = SINGLE TRANSACTION IS 5% REPORTABLE

B = BUY TRANSACTION S = SELL TRANSACTION R = REINVESTMENT TRANSACTION

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

\*\*

\*\*\* NO TRANSACTIONS QUALIFIED FOR THIS SECTION

215,992,879

0

0

125,728,216

47,902,953

ERISA COST GAIN/LOSS

ERISA COST

### THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN

### Schedule of Reportable Transactions For the Year Ended December 31, 2012

Schedule H Item 4(j) – Schedule of Reportable Transactions

EIN: 52-1036399 Plan Number: 505

(a) (c) (b) (d) (g) (i) Selling Purchase Asset Current **Identity of Party Involved Description of Assets Price** Price Cost Value

SunTrust Bank Account 70-04-102-7036737

(See attached schedule as prepared and reported by SunTrust Bank)



### THROUGH 12/31/12

1/1/12

RAILROAD - EMP DENTAL PLAN

24,644,753.01 INCURRED BEGINNING MARKET VALUE PRICE

EXPENSE

LIS

PAR VALUE SHARES

BOUGHT/SOLD

DATE

ACCOUNT 7036737

PRINCIPAL CASH

1,232,237.65

COMPARATIVE VALUE (52)

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE

ERISA COST

ERISA COST GAIN/LOSS

PAGE 67

1,262,224

5,144,032

-5,144,032 \*

-1,262,224

-5,712,135

5,219,239

89#

- FEDERATED TRSY OBLIGS MM-I - FEDERATED TRSY OBLIGS MM-I

5,144,032.0700

60934N500

ISSUE:

11/02/12

ISSUE: 60934N500

10/01/12

5,712,134.9300 1,262,223.6800

898

60934N500 60934N500

ISSUE: ISSUE

21/50/60

ISSUE: 08/02/12

07/02/12

-3,657,645 6,812,669 -6,894,022

0000.1 .0000 .0000 .0000 0000 .0000 1.0000

#68

89#

#68

FEDERATED TRSY OBLIGS MM-I FEDERATED TRSY OBLIGS MM-I FEDERATED TRSY OBLIGS MM-I

6,812,668.7100 6,894,021.6400 5,219,239.2700

-5,896,456 20,946,855 -20,946,855

0

|  | - 6 |
|--|-----|

2,264,153 4,680,154 2,683,044 1,941,334 4,531,866 4,416,994 1,299,027 5,896,456 20,946,855 20,946,855 3,657,645 6,812,669 6,894,022 5,219,239 5,712,135

-2,264,153 \*

1.0000 #68 FFS .0000

FEDERATED TRSY OBLIG MM-I #68 FFS

609068DFS

609068DF5

01/18/12 ISSUE: - FEDERATED TRSY OBLIG MM-I #68 FFS

609068DFS 609068DF5 609068DF5 609068DF5 609068DF5 60906BDF5 609068DFS

I SSUE:

02/02/12

02/17/12

ISSUE: 03/01/12

- FEDERATED TRSY OBLIG MM-I

4,680,154.0800

2,264,153.0700

- FEDERATED TRSY OBLIG MM-I #68 FFS

ISSUE: 05/01/12

04/02/12

ISSUE: ISSUE: 06/04/12

05/02/12

FEDERATED TRSY OBLIG MM-I

1,299,027.4400 5,896,455.6000

- FEDERATED TRSY OBLIG MM-I

ISSUE: I SSUE:

03/02/12

1,941,333.7600

- FEDERATED TRSY OBLIG MM-I

4,416,994.4500

4,531,865.7700

FEDERATED TRSY OBLIG MM-I

2,683,044.0200

FEDERATED TRSY OBLIG MM-I #68 FFS

1.0000 0000.1

#68

FEDERATED TRSY OBLIGS MM-I FEDERATED TRSY OBLIGS MM-I - FEDERATED TRSY OBLIGS MM-I

20,946,855.0000

20,946,855.0000 3,657,644.7300

> 005N55609 60934N500 60934N500

ISSUE:

06/04/12

21/50/90

ISSUE:

60934N500

ISSUE:

1.0000 #68 FFS 0000.1

1.0000 #68 FFS ..0000 #68 FFS 1.0000 #68 FFS 1.0000

4,680,154

-2,683,044 \*

1,941,334

\* 998'125'5-\* 566'915'5. -1,299,027 \*



# REPORTABLE TRANSACTIONS MORKSHEET

### THROUGH 12/31/12 1/1/12

RAYLROAD - EMP DENTAL PLAN

PACE 68

ERISA COST GAIN/LOSS 6,896,346 6,839,834 118,044,884 ERISA COST \* 956,346 \* -6,839,834 \* 118,044,884 PRINCIPAL CASH INCURRED EXPENSE 1.0000 1.0000 6,896,346.2600 1.000 - FEDERATED TRSY OBLIGS MM-I #68 6,839,834.3200 1.000 - FEDERATED TRSY OBLIGS MM-I #68 PRICE SHARES PAR VALUE GRAND TOTAL ISSUE: 60934N500 ISSUE: 60934N500 12/31/12 8 BOUGHT/SOLD 12/03/12

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

\*\* NO TRANSACTIONS QUALIFIED FOR THIS SECTION \*\*\*

# CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

| 64,155 * 2,264,155 |             |            | -557,980 557,980 |            | * 4,680,       | *              |              |            | **                       | **   | Net  | **  | 4,531,<br>565,<br>757,<br>1,163,   | * *  |
|--------------------|-------------|------------|------------------|------------|----------------|----------------|--------------|------------|--------------------------|--|--|---|--|--|
| 0 -2,264,153       | -53.        | 0          | . 557.           | 0          | 0 -4,680,154   | 0 -2,683,0     | -826,        | •          | 0 0                      |  | 0                    | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | -172<br>0 -4,531,866<br>-563,860<br>0 -757,631<br>0 -1,163,478<br>0 -4,416,994                 |
| 1.0000             | 1.0000      | 1.0000     | 1.0000           | 1.0000     | 1.0000         | 1.0000         | 1.0000       | 1.0000     | 1.0000                   | 1.0000<br>1.0000<br>1.0000                 | 1.0000<br>1.0000<br>1.0000<br>1.0000                       | 1.0000<br>1.0000<br>1.0000<br>1.0000  | 1.0000<br>1.0000<br>1.0000<br>1.0000<br>1.0000   | 1.0000<br>1.0000<br>1.0000<br>1.0000<br>1.0000   |
| 2,264,153.0700     | 53,151.0100 | 567.2000   | 557,980.1000     | 177.3600   | 4,680,154,0800 | 2,683,044.0200 | 826,729.7600 | 171.6700   | 171.6700                 | 171,6700<br>4,531,865.7700<br>363,859.9100 | 171.6700<br>6,551,865.7700<br>363,859.9100<br>757,630.8600 | 171.6700<br>6,551,865.7700<br>363,859.9100<br>757,630.8600<br>1,163,477.8000                | 171.6700<br>4,551,865.7700<br>363,859.9100<br>757,630.8600<br>1,163,477.8000<br>4,416,994.4500 | 171.6700<br>4,531,865.7700<br>563,859.9100<br>757,630.8600<br>1,163,477.8000<br>4,416,994.4500 |
| 01/18/12 B         | 01/19/12 8  | 01/24/12 B | 01/27/12 B       | 02/01/12 B | 02/02/12 B     | 02/17/12 B     | 02/24/12 8   | 03/01/12 B | 05/01/12 B<br>05/02/12 B | 03/01/12 B<br>03/02/12 B<br>03/19/12 B     | 03/01/12 B<br>03/02/12 B<br>03/19/12 B<br>03/20/12 B       | 03/01/12 B<br>03/02/12 B<br>03/19/12 B<br>03/20/12 B  | 03/01/12 B<br>03/02/12 B<br>03/19/12 B<br>03/20/12 B<br>03/30/12 B                             | 03/01/12 B<br>03/02/12 B<br>03/19/12 B<br>03/20/12 B<br>04/02/12 B                             |



# 1/1/12 THROUGH 12/31/12

| PLAN     |  |
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| DENTAL 1 |  |
| <u></u>  |  |
| RAILROAD |  |
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|             | PAR VALUE        | PRICE  | INCURRED          | PRINCIPAL CASH   | ERISA COST | CAIN/LOSS |
|-------------|------------------|--------|-------------------|--|------------|-----------|
| 04/18/12 B  | 71,899.2100      | 1.0000 |                   | 0 -71,899  | 71.899     |           |
| 04/23/12 B  | 987,357,9400     | 1.0000 |                   | 987.358  | 987,358    |           |
| 05/01/12 B  | 1,299,027.4400   | 1.0000 |                   | 0 -1,299,027 *   | 1,299,027  |           |
| 05/01/12 B  | 182.5100         | 1.0000 |                   | -183   | 183        |           |
|             | 5,896,455.6000   | 1.0000 |                   | * 95,896,456 *   | 5,896,456  |           |
| 05/18/12 B  | 985,732.0700     | 1.0000 |                   | 0 -985,732   | 985,732    |           |
| 06/01/12 B  | 196.8300         | 1.0000 |                   | 161-   | 197        |           |
| 06/01/12 B  | 358,446.5700     | 1.0000 |                   | -358,447   | 258,447    |           |
| 9           |                  |        | * * * * * * * * * | * * *  |            |           |
| SUB-TOTAL   | TAL OF BUYS # 24 |        |                   | 32,810,051   | 32,810,051 |           |
| 01/03/12 \$ | 746,414.1200     | 1.0000 |                   | 746,414  | 246,414    |           |
| 01/04/12 \$ | 407,841.9600     | 1.0000 |                   | 0 407,842  | 407,842    |           |
| 01/05/12 \$ | 898,895.9800     | 1.0000 |                   | 898,896  | 898,896    | 0         |
| 01/06/12 \$ | 950,197.1700     | 1.0000 |                   | 950,197  | 950,197    | •         |
|             | 514,906.0600     | 1.0000 |                   | 0 514,906  | 514,906    | 0         |
| -           | 3,449.7000       | 1.0000 |                   | 3,450  | 3,450      | 0         |
|             | 195,659.5700     | 1.0000 | T.                |  | 195,660    | 0         |
|             | 333,616.5900     | 1.0000 |                   |  | 333,617    |           |
|             | 525,671.8800     | 1.0000 |                   |  | 525,672    | 0         |
| 01/13/12 8  | 392,340,7800     | 0000.1 |                   |  | 392,341    | 0         |
|             | 0000 784 2000    | 0000   |                   | 085.162  | 084,142    |           |
|             | 407,382.0900     | 1.0000 |                   |  | 407.000    | <b>•</b>  |
|             | 400,243.6400     | 1.0000 |                   |  | 400,244    | • •       |
| 01/25/12 \$ | 458,230,3400     | 1,0000 |                   |  | 458,230    |           |
| 01/26/12 \$ | 705,279.2600     | 1.0000 | <del></del>       | 0 703,279  | 703,279    | 0         |
|             | 312,941.9200     | 1.0000 | <del>, .</del> .  |  | 312,942    | •         |
|             | 332,293.8300     | 1.0000 |                   |  | 332,294    | 0         |
|             | 741,608,1200     | 1.0000 |                   |  | 741,608    | 9         |
|             | 586,996.0700     | 1.0000 |                   |  | 286,996    | 0         |
| 27/90/77    | 010.94.0100      | 0000.1 |                   | 296,194  | 296,194    |           |
|             | 0000-10212t      | 0000   |                   | TOKAKT OF THE TO | 100 H      |           |
|             | 298,923.9300     | 1.0000 |                   | 53   | 298.924    | <b>•</b>  |
| 02/09/12 \$ | 428,319.2800     | 1.0000 | _                 |  | 428.319    |           |
| 02/10/12 S  | 341,585.4000     | 1.6000 |                   |  | 341,585    | . •       |
| 02/13/12 S  | 306,690.7600     | 1.0000 |                   | 306,691  | 306,691    | 0         |
| 02/14/12 S  | 376,029.2100     | 3.0000 |                   | 376,029  | 376,029    | 0         |
|             | 370,500.8700     | 1.0000 |                   |  | 370,501    |           |
|             | 581,361.3300     | 1.0000 |                   |  | 581,361    |           |
|             | 306,768.2600     | 1.0000 | . ***             | 306,768  | 306,768    | 0         |
|             | 368,215.7100     | 1.0000 |                   |  | 368,216    | •         |
|             | 194,118.5600     | 1.0000 | **                |  | 194,119    |           |
|             | 159,611.2500     | 1.0000 |                   | 159,611  | 1197651    | 0         |
| 02/28/12 \$ | 105,424.4600     | 1.0000 |                   | 105,424  | 105,424    | ****      |



## 1/1/12 THROUGH 12/31/12

RAILROAD - EMP DENTAL PLAN

| ERISA COST<br>GAIN/LOSS | 67,729      | G 500 500 500 500 500 500 500 500 500 50 | 80%          | 821          |              |            |              | 927 0        |              | 770          |                |              | O C          |              |              |              | 027          | 025          | 0           | 625                          | 5,926          | 989          | 0 | 277          | 0 0          | 0 062        | 000          | 770          |                                       | TOS          | 952          | 0 596        | 523          | 252            |            |             | 0.413      | 0            | 999          | 0 0          |   |
|-------------------------|-------------|--|--------------|--------------|--------------|------------|--------------|--------------|--------------|--------------|----------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-------------|------------------------------|----------------|--------------|---|--------------|--------------|--------------|--------------|--------------|---------------------------------------|--------------|--------------|--------------|--------------|----------------|------------|-------------|------------|--------------|--------------|--------------|---|
| ERISA COST              | . 19        | 1.941.334                                | 273,805      | 272,821      | 334,723      | 100        | 361,764      | 423,927      | 278,186      | 314,770      | 388,181        | 613.77       | 010'0M0      | 021.207      | 419.856      | 309,831      | 301,027      | 402,025      | 608,895     | 420,829                      | 595,926        | 508.486      | 267,040                                 | 348,377      | 605,057      | 496,290      | 301,738      | 770'621      | MIN. 1878                             | 324,901      | 379,952      | 996'906      | 425,523      | 269,767        | X01'600'T  | 108.91      |            | 275.185      | 321,933      | 540,362      |   |
| PRINCIPAL CASH          | 67,729      | 1,941,334 *                              | 273,805      | 272,821      | 334,723      | 3,323      | 361,764      | 423,927      | 278,186      | 314,770      | 388, 181       | 613,771      | 040,040      | 603.170      | 419,856      | 309,831      | 301,027      | 405,025      | 608,895     | 450,029                      | ONE CONTRACTOR | 508,486      | 267,040                                 | 348,377      | 605,057      | 496,290      | 301,738      | 120,021      | S S S S S S S S S S S S S S S S S S S | 324,901      | 379,952      | 904,966      | 425,523      |                | K07/600/1  | 76.821      | 10.4.10    | 275,185      | 321,933      | 540,362      | * |
| EXPENSE                 |             | 0  | •            | •            |              |            | •            | •            | 0            | 0            | <b>o</b> .1    |              | <b>,</b>     |              |              | •            | •            | 0            | 0 1         |                              |                |              | 0                                       | 0            | 0            | •            | •            | <b>.</b>     |                                       | 0            | •            | 0            | •            |                | <b>)</b> C | • •         |            | 0            | •            | 0            |   |
| PRICE                   | 1.0000      | 1.0000                                   | 1.0000       | 1.0000       | 1.0000       | 1.0000     | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000         |              | 0000         | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000      | 0000 T                       | 9000           | 1.0000       | 1.0000                                  | 1.0000       | 1:0000       | 1.0000       | 1.0000       | 0000         | 1.0000                                | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 0000           | 1,0000     |             |            | 1.0000       | 1.0000       | 1.0000       |   |
| SHARES<br>PAR VALUE     | 67,729.3500 | 1,941,333.7600                           | 273,804.9900 | 272,820.8800 | 334,723.4700 | 3,323.1900 | 361,764.2100 | 423,927.1200 | 278,185.5500 | 314,769.8800 | 588, 181, 4200 | 100 110 6300 | 250.550.8000 | 603,170.1900 | 419,855.9300 | 309,831.2000 | 501,026.6200 | 405,024.6500 | 608,895,050 | 450,027.0200<br>ROK 924.0200 | 3,351.4400     | 508,486.0800 | 267,040.4500                            | 348,376.8100 | 605.057.2200 | 496,290.3100 | 128,020,2600 | 611.836.4700 | 373,153.3500                          | 324,901.0200 | 379,951.6500 | 904,966.4600 | 425,522,6200 | 1005 SEL 200 L | ik.        | 76,820.6700 | 3,413.0000 | 275,185.2300 | 321,933.4700 | 540,361.5400 |   |
| BOUGHT/SOLD             | 02/29/12 \$ |  |              |              |              |            |              |              |              |              | 03/14/12 S     |              |              |              |              |              |              |              | 08/29/12 5  |                              |                | 04/09/12 \$  |   | 2.           |              |              | 04/10/12 5   |              | 04/20/12 \$                           | 04/24/12 \$  |              |              | 04/2//12 5   |                |            | 05/07/12 \$ |            |              |              |              |   |



# 1/1/12 THROUGH 12/31/12

RAILROAD - EMP DENTAL PLAN

| ERISA COST<br>GAIN/LOSS | •            | 0            | 0            | 0            | 0            | 0            | 0            | 0            | 0            | o            | 0            |                 | 1 O                | (表)東京東京(東)東 東 東 東 東 車 車 | 0          |                              |                 |                |              |              |                |            |              |              |          |                |                |                |                |          |              |              |                |                |            |                |            |              |                |              |              |            |
|-------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-----------------|--------------------|-------------------------|------------|------------------------------|-----------------|----------------|--------------|--------------|----------------|------------|--------------|--------------|----------|----------------|----------------|----------------|----------------|----------|--------------|--------------|----------------|----------------|------------|----------------|------------|--------------|----------------|--------------|--------------|------------|
| ERISA COST              | 323,066      | 369,982      | 596,854      | 279,386      | 368,231      | 205,559      | 487,639      | 314,343      | 190,799      | 267,414      | 497,186      | 20,946,85       | 57,454,612         | 多多多多是是是是是是是是是是          | 90,264,663 |                              | 20,946,855      | 3,657,645      | 117,523      | 943,815      | 6,812,669      | 179        | 122,427      | 808,378      | 193      | 6,894,022      | 1,157,007      | 1,124,566      | 5,219,239      | 270      | 137,335      | 406,382      | 1,157,580      | 5,712,135      | 190        | 1,262,224      | 212        | 967,458      | 5,144,032      | 120,927      | 201,156      | 400        |
| PRINCIPAL CASH          | 323,066      | 369,982      | 596,854      | 279,386      | 368,231      | 205,559      | 487.639      | 314,343      | 190,799      | 267,414      | 497,186      | 20,946,855 *    | 57,454,612         | 医医医肾医医胃 医骨骨 医异异苯        | 90,264,663 |                              | -20,946,855 *   | -3.657.645     | -117,523     | -943,815     | -6,812,669 *   | -179       | -122,427     | -808,378     | -193     | -6,894,022 *   | -1,157,007     | -1,124,566     | -5,219,239 *   | -270     | -137,335     | -406,382     | -1,157,580     | -5,712,135 *   | -190       | -1,262,224 *   | -212       | -967,458     | -5,144,032 *   | -120,927     | -201,156     | -400       |
| EXPENSE<br>INCURRED     | 0            | 0            | 0            | 0            | 0            | 0            | 0            | 0            | 0            | 0            | 0            | •               | 1 0                | *****                   | •          |                              | 0               | 0              | 0            | 0            | 0              | 0          | 0            | 0            | 0        | 0              | 0              | o              | 0              | 0        | 0            | 0            | o.             | 0              | 0          | 0              | 0          | 0            | 0              | 0            | 0            | •          |
| UNIT                    | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000          |                    |                         |            | .I #68                       | 1.0000          | 1.0000         | 1.0000       | 1.0000       | 1.0000         | 1.0000     | 1.0000       | 1.0000       | 1.0000   | 1.0000         | 1.0000         | 1.0000         | 1.0000         | 1.0000   | 1.0000       | 1.0000       | 1.0000         | 1.0000         | 1.0000     | 1.0000         | 1.0000     | 1.0000       | 1.0000         | 1.0000       | 1.0000       | 1.0000     |
| SHARES<br>PAR VALUE     | 323,066.4500 | 369,981.5900 | 596,853.6800 | 279,385.9400 | 368,231.4900 | 205,558.6200 | 487,638.5600 | 514,343,1700 | 190,798.5400 | 267,413.5500 | 497,185.8000 | 20,946,855,0000 | OTAL OF SALES # 93 |                         | SUB-TOTAL  | - FEDERATED TRSY OBLIGS MM-I | 20,946,855.0000 | 3,657,644.7300 | 117,522.7100 | 943,814.7900 | 6,812,668.7100 | 178.7500   | 122,426.7600 | 808,377.5300 | 192.8000 | 6,894,021.6400 | 1,157,006.9500 | 1,124,566.4100 | 5,219,239.2700 | 269.7900 | 137,335.4200 | 406,381.7000 | 1,157,580.4700 | 5,712,134.9300 | 190.1100   | 1,262,223.6800 | 212.2600   | 967,458.0300 | 5,144,032.0700 | 120,926.6300 | 201,156.0600 | 400.0000   |
| DATE<br>BOUGHT/SOLD     | 05/15/12 \$  | 05/17/12 \$  | 05/17/12 \$  | 05/21/12 \$  | 05/22/12 \$  | 05/23/12 S   | 05/24/12 S   | 05/25/12 S   | 05/29/12 S   | 05/30/12 \$  |              | S 21/50/90      | SUB-TOTAL          |                         | Σ.         | ISSUE: 60934N500 -           | 06/04/12 B      | 06/04/12 B     | 06/18/12 B   | 06/19/12 B   | 07/02/12 B     | 07/02/12 B | 07/18/12 B   | 07/23/12 B   |          | 08/02/12 8     | 08/17/12 B     |                |                |          | 09/17/12 8   | 09/20/12 B   | 09/28/12 B     | 10/01/12 B     | 10/01/12 B | 10/17/12 8     | 11/01/12 8 | 11/01/12 B   | 11/02/12 8     | 11/19/12 B   | 11/19/12 B   | 11/20/12 8 |

# REPORTABLE TRANSACTIONS MORKSHEET

1/1/12 THROUGH 12/31/12

RAILROAD - EMP DENTAL PLAN

| ERISA COST<br>GAIN/LOSS | Hardistin Addition proposes and a second propose and a second proposes and a second propose a second propose and a second propose and a second propose a second propose and a second propose and a second propose and a second propose and a second propose a second propose and a second propose a se |                |            |             |              |                |                                       |   | 0            |              | 0            | 0          | 0            | 0         | <b>.</b>            |              | , c          | 0            | •            | •            | o            | 0            | 0            | 0            | 0            | 0 (         | <b>3</b>     | <b>&gt;</b> a | 0          |              | •            | Ġ            | •            | 0            | 6            | 0            | 0            | •            | •            | 0            | 0            | 0            | •            |
|-------------------------|--|----------------|------------|-------------|--------------|----------------|---------------------------------------|---|--------------|--------------|--------------|------------|--------------|-----------|---------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-------------|--------------|---------------|------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| ERISA COST              | 463,412  | 6,896,346      | 208        | 57,266      | 653,378      | 6,839,834      | 77.825.268                            |   | 337,516      | 330,125      | 570,414      | 3,528      | 196,951      | 268,641   | 258,127             | 017.010      | 348.712      | 201,991      | 598,618      | 581,732      | 266,950      | 319,862      | 394,109      | 625,759      | 414, 558     | 339,693     | 757,700      | 131,642       | 650,0      | 298,004      | 361,372      | 520,741      | 409,932      | 378,639      | 255,717      | 516,711      | 390,663      | 257,517      | 385,380      | 613,116      | 442,453      | 311.971      | 271,929      |
| PRINCIPAL CASH          | -463,412   | -6,896,346 *   | -208       | -57,266     | -653,378     | -6,839,834 *   | FEFFE TEFFF FFF FFF FFF MSO. WOW. NO. |   | 337,516      | 330,125      | 570,414      | 3,528      | 196,951      | 268,641   | 171.807<br>171.00 m | 430,678      | 348.712      | 201,991      | 598,618      | 581,732      | 266,950      | 319,862      | 394,109      | 625,759      | 414,358      | 359,693     | 747.700      | 131,642       | 3,359      | 298,004      | 561,372      | 520,741      | 409,932      | 378,639      | 255,717      |              | 390,663      | 257,517      | 385,380      | 613,116      | 442,453      | 311,971      | 271,929      |
| EXPENSE<br>INCURRED     | 0  | 0              | •          | 0           | 0            | •              | 1 C                                   | • | 0            | •            | 0            | 0          | 0 (          |           | <b>.</b>            |              |              | 0            | 0            | 0            | 0            |              | 0            | 0            | 0            |             |              | • •           | 0          | 0            | 0            | 0            | 0            | 0            | •            |              | Φ.           | Ο :          | 0            | 0            | 0            | 0            | 0            |
| UNIT                    | 1.0000   | 1.0000         | 1.0000     | 1.0000      | 1.0000       | 1.0000         |                                       |   | 1.0000       | 1.0000       | 1.0000       | 1.0000     | 0000.1       | 1.0000    | 2000 1              | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 0000        | 0000         | 1.0000        | 1.0000     | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 7.000        | 1.0000       | 7.0000       | 1.0000       | 1.000        | 1.0000       | 1.0000       | 1.0000       | 1.0000       | 1.0000       |
| SHARES<br>PAR VALUE     | 463,411.6600   | 6,896,346.2600 | 207.8800   | 57,265.6800 | 653,378.3400 | 6,839,834,3200 | SUB-TOTAL OF BUYS # 32                |   | 337,516.4100 | 330,124.6300 | 570,413.7100 | 3.528.4100 | 196,951.4600 | 0000 0000 | 300.565.8800        | 539.475.0100 | 348,712.3100 | 201,991.0100 | 598,618.0000 | 581,731.8100 | 266,949.8800 | 319,861.5700 | 394,108.7300 | 625,758.8300 | 414,557.9800 | 357,672,500 | 658.705.7400 | 131,642.1600  | 3,358.5900 | 298,004.0100 | 361,371.5100 | 520,740.7700 | 409,932.4700 | 378,639.4500 | 255,717.4500 | 210,710.5600 | 390,663.3700 | 257,517.2200 | 385,380.2700 | 613,115.8500 | 442,453.2200 | 311,970.8100 | 271,928.5100 |
| DATE<br>BOUGHT/SOLD     | 11/21/12 8   | 12/03/12 B     | 12/05/12 B | 12/13/12 8  | 12/19/12 8   | 12/31/12 B     | SUB-TO                                |   | 06/05/12 \$  | 06/06/12 \$  |              |            | 06/18/72 S   |           |                     |              |              | 06/20/12 \$  | 06/21/12 S   | 06/22/12 S   | 06/25/12 S   | 06/26/12 \$  | 06/27/12 \$  | 06/28/12 \$  | 06/29/12 S   | 07/05/12 5  | 07/06/12 \$  | 07/09/12 \$   | 07/10/12 S | 07/10/12 S   | 07/11/12 \$  | 07/12/12 S   | 07/15/12 S   |              |              |              |              |              |              |              |              |              | 07/31/12 \$  |



### 1/1/12 THROUGH 12/31/12

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RAILROAD - EMP DENTAL PLAN

GAIN/LOSS ERISA COST 227,365 413,669 384,519 3,469 380.575 370,837 438,486 452,385 446,376 618,903 342,104 340,612 546,406 112,170 485,660 298,111 199,368 396.074 569,498 359,245 346,642 356,156 409,386 512,575 513,393 551,880 585,597 579,699 511,513 3,524 443,641 440,334 (25,959 403,404 536,218 413,384 545,664 448,543 3,512 293,581 558,825 353,211 153,147 332,151 777,321 ERISA COST \$84,519 199,368 3,469 396,074 569,498 359,245 409,386 512,575 \$80.575 227,365 513,393 551,880 \$85,597 438,486 579,699 452,385 146,376 511,513 443,641 440,334 125,959 403,404 536,218 \$40,612 413,384 345,664 148,543 293,581 113,669 558,825 298,111 546,642 356,156 553,211 570,837 153,147 3,524 518,903 \$42,104 532,151 177,321 246,406 112,170 3,512 485,660 PRINCIPAL CASH INCURRED EXPENSE 0000 .0000 .0000 .0000 .0000 0000 .0000 .0000 0000 .0000 .0000 .0000 .0000 .0000 .0000 .0000 .0000 .0000 .0000 .0000 .0000 .0000 0000 0000 .0000 .0000 .0000 .0000 .0000 .0000 .0000 0000 .0000 0000 0000 .0000 .0000 0000 .0000 .0000 .0000 .0000 .0000 .0000 0000.1 PRICE UNIT 384,519.4700 298,111.0500 199,367.7000 153,147.1700 112,169.5800 558,824.9100 723,993.1500 3,469.4800 396,074.1900 569,497.8600 559,244.8200 346,642.1900 \$56,155.6100 409,385.5900 512,575.2900 553,210.9900 580,574.7300 227,364.8200 513,393.0600 370,836.9000 551,880.4900 385,597.3900 438,486.3500 579,699.2400 452,384.9500 446,375.7200 511,513.4400 443,640.8300 440,333.7500 618,902.7200 542,104.1200 25,959.1100 103,403.9600 332,151.2700 540,611.7200 413,383.9600 545,664.2500 177,320.9900 448,542.8300 546,406.2100 3,511.6500 293,580.8600 413,669.0000 3,523.9500 536,218,1100 485,659.8600 SHARES PAR VALUE 08/15/12 S 08/21/12 \$ 08/23/12 \$ 08/27/12 \$ 08/28/12 S 09/05/12 \$ 09/06/12 \$ 09/07/12 \$ 09/11/12 \$ 09/11/12 S 09/12/12 S 09/14/12 S 09/18/12 S S 21/61/60 09/24/12 \$ 8 21/52/60 08/22/12 5 BOUGHT/SOLD 21/80/80 08/09/12 08/14/12 08/16/12 08/29/12 08/10/12 08/24/12 08/01/12 08/06/12 08/08/12 08/03/12 08/07/12 08/13/12 08/20/12 08/30/12 09/10/12 09/13/12 09/21/12 09/26/12 09/27/12 10/02/12 10/03/12 10/04/12 10/09/12 10/09/12 10/10/12 10/11/12 10/12/12 10/05/12



1/1/12 THROUGH 12/31/12

| PLAN     |
|----------|
| DENTAL   |
| 2        |
| ı        |
| RATLROAD |
|          |

|             | TAR VALCE      | TALCE  | INCORRED | PRINCIPAL CASH | ERINE COS | GAIN/LOSS |
|-------------|----------------|--------|----------|----------------|-----------|-----------|
| 10/15/12 S  | 312,565.9600   | 1.0000 |          | 312,566        | 312,566   |           |
| 10/16/12 \$ | 298,578.9400   | 1.0000 |          | 298,579        | 298,579   |           |
| 10/18/12 \$ | 592,513.3400   | 1.0000 |          | 592,513        | 200.000   |           |
| 10/19/12 S  | 385,077.0600   | 1.0000 |          | 385,077        | 385,077   |           |
| 10/22/12 \$ | 319,772.3600   | 1.0000 |          | 319,772        | 319,772   |           |
| 10/23/12 \$ | 414,532.4800   | 1.0000 |          | 414,532        | 414,532   |           |
| 10/24/12 \$ | 435,708.8900   | 1.0000 | -        | 435,709        | 435,709   |           |
| 10/25/12 \$ | 542,448.5600   | 1.0000 | -        | 542,449        | 542,449   |           |
| 10/26/12 \$ | 421,144.9200   | 1.0000 |          | 421,145        | 421,145   |           |
| 10/31/12 \$ | 1,052,723.0900 | 1,0000 |          | 1.052.723      | 1.052.723 |           |
| 11/05/12 \$ | 309,219,4300   | 1.0000 |          |                | 309.219   |           |
| 11/06/12 \$ | 343,472.2100   | 1.0000 |          | 343.472        | 343,472   |           |
| 11/07/12 \$ | 184,341,5400   | 1.0000 |          | 184,342        | 184.342   |           |
| 11/08/12 \$ | 3,652.7000     | 1.0000 |          | 5.6553         | 100.00    |           |
| 11/08/12 \$ | 558,796.4600   | 1.0000 |          | 558,796        | 558.736   |           |
| 11/09/12 \$ | 334,240.3600   | 1.0000 |          | 334,240        | 334,240   |           |
|             | 302,910.3000   | 1.0000 |          | 302.910        | 302.910   |           |
| 11/14/12 \$ | 380,707.5600   | 1.0000 |          | 380.708        | 380.708   |           |
| 11/15/12 \$ | 566,138.3900   | 1.0000 |          | 566,138        | 266.13    |           |
| 11/16/12 \$ | 506,854.4100   | 1.0000 | _        | 506,854        | 506,854   |           |
| 11/20/12 \$ | 374,579.3300   | 1.0000 |          | 374,579        | 374,579   |           |
| 11/23/12 \$ | 534,734.2700   | 1.0000 |          | 534,734        | 534,734   |           |
|             | 473,340.0000   | 1.0000 | •        | 473,340        | 473,340   |           |
|             | 170,916.6700   | 1.0000 |          | 170,917        | 170,917   |           |
| •           | 315,087.4000   | 1.0000 |          | 315,087        | 315,087   |           |
|             | 454,208.0200   | 1.0000 | •        | 454,208        | 454,208   |           |
|             | 335,734.8000   | 1.0000 | _        | 335,735        | 335,735   |           |
|             | 529,198.9000   | 1.0000 | •        | 529,199        | 529,199   |           |
|             | 688,490.9600   | 1.0000 | -        | 688,491        | 688,491   |           |
|             | 491,379,4300   | 1.0000 |          | 491,379        | 491,379   |           |
| 12/07/12 S  | 55,573.4300    | 1.0000 |          | 55,573         | 55,573    |           |
| 12/10/12 S  | 3,640.3200     | 1.0000 | -        | 3,640          | 3,640     |           |
| 12/10/12 \$ | 244,156.6100   | 1.0000 |          | 244,157        | 244,157   |           |
|             | 265,533.8500   | 1.0000 | •        | 265,534        | 265,534   |           |
| 12/12/12 \$ | 401,559.6100   | 1.0000 |          | 401,560        | 401,560   |           |
|             | 376,593.3200   | 1.0000 | •        | 376,593        | 376,593   |           |
| 12/17/12 8  | 392,708.1800   | 1.0000 | _        | 392,708        | 392,708   |           |
| 12/18/12 \$ | 394,516.3900   | 1.0000 | _        | 394,516        | 394,516   |           |
| 12/20/12 \$ | 592,966.7200   | 1.0000 | •        | 592,967        | 592,967   |           |
| 12/21/12 S  | 357,629.0900   | 1.0000 |          | 357,629        | 357,629   |           |
| 12/24/12 \$ | 305,819.5700   | 1.0000 | •        | 303,820        | 303,820   |           |
| 12/26/12 S  | 359,993.0300   | 1.0000 |          | 359,993        | 359,993   |           |
|             |                |        |          |                |           |           |
| 12/27/12 S  | 218,394.9500   | 1.0000 |          | 218,395        | 218,395   |           |

# SUNTRUST

1/1/12 THROUGH 12/31/12

RAILROAD - EMP DENTAL PLAN

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PRINCIPAL CASH EXPENSE INCURRED

\*\*\*\*\*\*\*\*\*\*\*

47,902,953

SUB-TOTAL OF SALES # 127

SUB-TOTAL

125,728,216

215,992,879

O

GRAND TOTAL

FOOTNOTES

\* = SINGLE TRANSACTION IS 5% REPORTABLE

B = BUY TRANSACTION S = SELL TRANSACTION R = REINVESTMENT TRANSACTION

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

\*\*

\*\*\* NO TRANSACTIONS QUALIFIED FOR THIS SECTION

215,992,879

0

0

125,728,216

47,902,953

ERISA COST GAIN/LOSS

ERISA COST

PRICE

SHARES PAR VALUE

BOUGHT/SOLD

ACCOUNT 7036737

### THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN

### Schedule of Assets (Held at End of Year) December 31, 2012

Schedule H Item 4(i) – Schedule of Assets (Held at End of Year)

EIN: 52-1036399 Plan Number: 505

| (a) | (b)   | (c)  | (d)                  | (e)                     |
|-----|---|--|----------------------|-------------------------|
|     | ldentity of Issue, Borrower,<br><u>or Similar Party</u> | Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity | <u>Cost</u>          | Current<br><u>Value</u> |
|     | Cash and Cash Equivalents                               |  |                      |                         |
| *   | SunTrust Bank<br>Account 70-04-102-7036737              | Money Market Fund<br>Federated Trsy Oblig MM-I #68 FFS   | <u>\$ 29,922,306</u> | <u>\$ 29,922,306</u>    |

<sup>\*</sup> Known party-in-interest to the Plan.