

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), 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 <div style="text-align: center; font-size: 24pt;">2009</div>
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2006</u> and ending <u>12/31/2006</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☐ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>DRIVESOL WORLDWIDE, INC. UNION 401(K) PLAN</u>	1b Three-digit plan number (PN) ► <u>002</u> 1c Effective date of plan <u>08/12/2005</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>DRIVESOL WORLDWIDE, INC.</u> <u>PO BOX 1236</u> <u>TROY, MI 48099</u>	2b Employer Identification Number (EIN) <u>20-3087848</u> 2c Sponsor's telephone number <u>248-526-3310</u> 2d Business code (see instructions) <u>336300</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>02/11/2010</u>	<u>JAMES MATHIAS</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") DRIVESOL WORLDWIDE, INC. PO BOX 1236 TROY, MI 48099	3b Administrator's EIN 20-3087848 3c Administrator's telephone number 248-526-3310
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	148
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	138
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	11
d Subtotal. Add lines 6a , 6b , and 6c	6d	149
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	
f Total. Add lines 6d and 6e	6f	149
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	74
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	1

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2G 2J 2K 3E 2F

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☒ 1 **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2006 and ending 12/31/2006		
A Name of plan DRIVESOL WORLDWIDE, INC. UNION 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500. DRIVESOL WORLDWIDE, INC.		
D Employer Identification Number (EIN) 20-3087848		

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

(a) Name of insurance carrier

TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	600024-000	74	01/01/2006	12/31/2006

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
1830	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

TOM CUNDY
333 EAST LAS OLAS BLVD
FT. LAUDERDALE, FL 33301

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
933			3

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

ADAM DANIEL UHLAN
2611 E. OAKLAND PARK BLVD. GRO
FT. LAUDERDALE, FL 33306

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
897			3

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

Schedule A (Form 5500) 2009
v.092308.1

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	113365

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

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	228048
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	1104
(4) Transferred from separate account	7c(4)	0
(5) Other (specify below)	7c(5)	0
▶		
(6) Total additions	7c(6)	229152
d Total of balance and additions (add b and c(6)).	7d	229152
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0
(2) Administration charge made by carrier	7e(2)	295
(3) Transferred to separate account	7e(3)	0
(4) Other (specify below)	7e(4)	2900
▶ LOAN REQUEST		
(5) Total deductions	7e(5)	3195
f Balance at the end of the current year (subtract e(5) from d)	7f	225957

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2006 and ending 12/31/2006

<div>A Name of plan</div> <div>DRIVESOL WORLDWIDE, INC. UNION 401(K) PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>002</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>DRIVESOL WORLDWIDE, INC.</div>	<div>D Employer Identification Number (EIN)</div> <div>20-3087848</div>

Part I

Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

ALERUS FINANCIAL

TWO PINE TREE DRIVE, SUITE 400
ARDEN HILLS, MN 55112

45-6062081

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	5955	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2009</div> This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2006 and ending 12/31/2006		
A Name of plan DRIVESOL WORLDWIDE, INC. UNION 401(K) PLAN		B Three-digit plan number (PN) ► 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 DRIVESOL WORLDWIDE, INC.		D Employer Identification Number (EIN) 20-3087848
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: TR TRANSAMERICA GROWTH OPP		
b Name of sponsor of entity listed in (a): TFLIC		
c EIN-PN 36-6071399-306	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1626
a Name of MTIA, CCT, PSA, or 103-12 IE: TR FIDELITY ADVISOR SMALL CAP		
b Name of sponsor of entity listed in (a): TFLIC		
c EIN-PN 36-6071399-115	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1705
a Name of MTIA, CCT, PSA, or 103-12 IE: TR STOCK INDEX FUND		
b Name of sponsor of entity listed in (a): TFLIC		
c EIN-PN 36-6071399-139	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4948
a Name of MTIA, CCT, PSA, or 103-12 IE: TR AMERICAN FUNDS FUNDAMENTAL		
b Name of sponsor of entity listed in (a): TFLIC		
c EIN-PN 36-6071399-141	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27975
a Name of MTIA, CCT, PSA, or 103-12 IE: TR AMERICAN FUNDS GTH FD OF AM		
b Name of sponsor of entity listed in (a): TFLIC		
c EIN-PN 36-6071399-147	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27169
a Name of MTIA, CCT, PSA, or 103-12 IE: TR TRANSAMERICA SSGA BOND IND		
b Name of sponsor of entity listed in (a): TFLIC		
c EIN-PN 36-6071399-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8127
a Name of MTIA, CCT, PSA, or 103-12 IE: TR AMERICAN CENTURY LG CO VAL		
b Name of sponsor of entity listed in (a): TFLIC		
c EIN-PN 36-6071399-007	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16075

a Name of MTIA, CCT, PSA, or 103-12 IE: [TR AMERICAN CENTURY SML CP VAL](#)

b Name of sponsor of entity listed in (a): [TFLIC](#)

c EIN-PN 36-6071399-010	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3578
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TR TRANSAMERICA OPPENHEIMER GL](#)

b Name of sponsor of entity listed in (a): [TFLIC](#)

c EIN-PN 36-6071399-035	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8804
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TR TRANSAMERICA IDEX AA - CONS](#)

b Name of sponsor of entity listed in (a): [TFLIC](#)

c EIN-PN 36-6071399-036	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11258
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TR TRANSAMERICA IDEX AA - MOD](#)

b Name of sponsor of entity listed in (a): [TFLIC](#)

c EIN-PN 36-6071399-037	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 83
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TR TRANSAMERICA IDEX AA MOD GR](#)

b Name of sponsor of entity listed in (a): [TFLIC](#)

c EIN-PN 36-6071399-038	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1066
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TR TRANSAMERICA IDEX AA - GRWT](#)

b Name of sponsor of entity listed in (a): [TFLIC](#)

c EIN-PN 36-6071399-039	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 706
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TR BLACKROCK GLOBAL ALLOCATION](#)

b Name of sponsor of entity listed in (a): [TFLIC](#)

c EIN-PN 36-6071399-045	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 245
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD RETIREMENT SAVINGS TRUST](#)

b Name of sponsor of entity listed in (a): [VANGUARD FIDUCIARY TRUST COMPANY](#)

c EIN-PN 23-2186884-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2006 and ending 12/31/2006		
A Name of plan DRIVESOL WORLDWIDE, INC. UNION 401(K) PLAN	B Three-digit plan number (PN)	002
C Plan sponsor's name as shown on line 2a of Form 5500 DRIVESOL WORLDWIDE, INC.	D Employer Identification Number (EIN) 20-3087848	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	839	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	974	
(2) Participant contributions	1b(2)	8308	
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(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)	24781	50218
(9) Value of interest in common/collective trusts.....	1c(9)	200668	
(10) Value of interest in pooled separate accounts.....	1c(10)		113365
(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)	83430	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		225957
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	319000	389540

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	1520	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1520	

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	317480	389540
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	6574	
(B) Participants	2a(1)(B)	54779	
(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)		61353

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	12312	
(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)	1755	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14067
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(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)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(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)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1963
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		7831
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		85214

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6755	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6755
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	6255	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	144	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		6399
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		13154

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		72060
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: FENNER MELSTROM & DOOLING PLC

(2) EIN: 38-1402622

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....	☒		18483
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		☒	
e Was this plan covered by a fidelity bond?.....	☒		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒		
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.).....	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
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.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2006 and ending 12/31/2006

A Name of plan <u>DRIVESOL WORLDWIDE, INC. UNION 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DRIVESOL WORLDWIDE, INC.</u>	D Employer Identification Number (EIN) <u>20-3087848</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-6071399</u> <u>45-6062081</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

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

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

FMD

FENNER, MELSTROM & DOOLING, PLC
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

TO THE TRUSTEES
DRIVESOL WORLDWIDE, INC. UNION 401(K) PLAN
TROY, MICHIGAN

We were engaged to audit the financial statements of DriveSol Worldwide, Inc. Union 401(k) Plan as of December 31, 2006 and 2005, and for the year ended December 31, 2006 and the period from August 12, 2005 (date of inception) to December 31, 2005, and the December 31, 2006 and 2005 supplementary information, as listed in the accompanying table of contents. These financial statements and supplementary information are the responsibility of the Plan's management.

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 referred to in Note 3, which was certified by Alerus Financial ("Alerus") and Transamerica Life Insurance Company ("Transamerica"), the investment custodians of the Plan, except for comparing such information with the related information included in the financial statements and supplementary information. We have been informed by the Plan administrator that Transamerica held the Plan's investment assets and executed investment transactions from November 14, 2006 to December 31, 2006, and that Alerus held the Plan's investments and executed investment transactions as of December 31, 2005 and for the period from August 12, 2005 (date of inception) to November 13, 2006. The Plan administrator has obtained certification from the investment custodians as of and for the year ended December 31, 2006 and for the period from August 12, 2005 (date of inception) to December 31, 2005 that the information provided to the Plan administrator by the investment custodians is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplementary information taken as a whole. The form and content of the information included in the financial statements and supplementary information, other than that derived from the information certified by the investment custodians, 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.

Fenner, Melstrom & Dooling, PLC

FENNER, MELSTROM & DOOLING, PLC

NOVEMBER 13, 2009

FORM: SCHEDULE H - PART IV LINE 4f - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

EMPLOYER
DRIVESOL WORLDWIDE, INC.EIN
20-3087848PLAN NAME
DRIVESOL WORLDWIDE, INC. UNION 401(K) PLANPLAN #
002

(a) Identity of issuer, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value		(c) Cost	(d) Current value
* TRANSAMERICA LIFE INSURANCE COMPANY	STABLE VALUE FUND	PART, DIRECT INTEREST RANGE	NOT AVAILABLE	225,956.51
		UNITS UNIT VALUE		
* TRANSAMERICA LIFE INSURANCE COMPANY	TR TRANSAMERICA GROWTH OPP.	PART, DIRECT PSA	NOT AVAILABLE	1,626.03
* TRANSAMERICA LIFE INSURANCE COMPANY	TR FIDELITY ADVISOR SMALL CAP	PART, DIRECT PSA	NOT AVAILABLE	1,704.89
* TRANSAMERICA LIFE INSURANCE COMPANY	TR STOCK INDEX FUND	PART, DIRECT PSA	NOT AVAILABLE	4,948.14
* TRANSAMERICA LIFE INSURANCE COMPANY	TR AMERICAN FUNDS FUNDAMENTAL	PART, DIRECT PSA	NOT AVAILABLE	27,975.22
* TRANSAMERICA LIFE INSURANCE COMPANY	TR AMERICAN FUNDS GTH FD OF AM	PART, DIRECT PSA	NOT AVAILABLE	27,169.36
* TRANSAMERICA LIFE INSURANCE COMPANY	TR TRANSAMERICA SSGA BOND IND	PART, DIRECT PSA	NOT AVAILABLE	8,127.32
* TRANSAMERICA LIFE INSURANCE COMPANY	TR AMERICAN CENTURY LG CO VAL	PART, DIRECT PSA	NOT AVAILABLE	16,074.06
* TRANSAMERICA LIFE INSURANCE COMPANY	TR AMERICAN CENTURY SML CP VAL	PART, DIRECT PSA	NOT AVAILABLE	3,577.71
* TRANSAMERICA LIFE INSURANCE COMPANY	TR TRANSAMERICA OPPENHEIMER GL	PART, DIRECT PSA	NOT AVAILABLE	8,804.12
* TRANSAMERICA LIFE INSURANCE COMPANY	TR TRANSAMERICA IDEX AA - CONS	PART, DIRECT PSA	NOT AVAILABLE	11,257.76
* TRANSAMERICA LIFE INSURANCE COMPANY	TR TRANSAMERICA IDEX AA - MOD	PART, DIRECT PSA	NOT AVAILABLE	82.66
* TRANSAMERICA LIFE INSURANCE COMPANY	TR TRANSAMERICA IDEX AA - MOD GR	PART, DIRECT PSA	NOT AVAILABLE	1,065.69
* TRANSAMERICA LIFE INSURANCE COMPANY	TR TRANSAMERICA IDEX AA - GRWT	PART, DIRECT PSA	NOT AVAILABLE	708.13
* TRANSAMERICA LIFE INSURANCE COMPANY	TR BLACKROCK GLOBAL ALLOCATION	PART, DIRECT PSA	NOT AVAILABLE	245.14
			TOTAL =	339,321.84
* PARTICIPANT PLAN LOANS	YEARS	1	TO	5
	INTEREST RANGE	7.00%	TO	9.50%
				50,218.28

(a) An asterisk in this column identifies an entity known to be a party-in-interest

SEE ACCOMPANYING NOTES

DRIVESOL WORLDWIDE, INC.
UNION 401(K) PLAN

EIN #20-3087848 PN#002
SCHEDULE OF REPORTABLE TRANSACTIONS
(Schedule H, line 4 (j))
December 31, 2006

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Vanguard	Retirement Savings Trust Fund	\$ 228,048	\$ 228,048	\$ -	\$ -	\$ 228,048	\$ 228,048	\$ -
Vanguard	Morgan Growth Fund	24,006	26,955	-	-	24,006	26,955	(2,949)
Vanguard	Windsor Fund	24,966	27,317	-	-	24,966	27,317	(2,351)
Vanguard	Wellington Fund	14,497	15,702	-	-	14,497	15,702	(1,205)
Total Single Transactions Exceeding 5%		\$ 291,517	\$ 298,022	\$ -	\$ -	\$ 291,517	\$ 298,022	\$ (6,505)

DRIVESOL WORLDWIDE, INC.
UNION 401(K) PLAN

EIN #20-3087848 PN#001
SCHEDULE OF DELINQUENT
PARTICIPANT CONTRIBUTIONS
(Schedule H, Line 4 (a))
Year Ended December 31, 2006

Participant Contributions Transferred Late to Plan	Total that Constitutes Non-exempt Prohibited Transactions
\$ 12,385	\$ 12,385
<u>6,098</u>	<u>6,098</u>
<u>\$ 18,483</u>	<u>\$ 18,483</u>

**DRIVESOL WORLDWIDE, INC.
UNION 401(K) PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**

**Year Ended December 31, 2006 and
Period from August 12, 2005 (date of inception) to December 31, 2005**

DRIVESOL WORLDWIDE, INC.
UNION 401(K) PLAN

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FMD

FENNER, MELSTROM & DOOLING, PLC
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

TO THE TRUSTEES
DRIVESOL WORLDWIDE, INC. UNION 401(K) PLAN
TROY, MICHIGAN

We were engaged to audit the financial statements of DriveSol Worldwide, Inc. Union 401(k) Plan as of December 31, 2006 and 2005, and for the year ended December 31, 2006 and the period from August 12, 2005 (date of inception) to December 31, 2005, and the December 31, 2006 and 2005 supplementary information, as listed in the accompanying table of contents. These financial statements and supplementary information are the responsibility of the Plan's management.

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 referred to in Note 3, which was certified by Alerus Financial ("Alerus") and Transamerica Life Insurance Company ("Transamerica"), the investment custodians of the Plan, except for comparing such information with the related information included in the financial statements and supplementary information. We have been informed by the Plan administrator that Transamerica held the Plan's investment assets and executed investment transactions from November 14, 2006 to December 31, 2006, and that Alerus held the Plan's investments and executed investment transactions as of December 31, 2005 and for the period from August 12, 2005 (date of inception) to November 13, 2006. The Plan administrator has obtained certification from the investment custodians as of and for the year ended December 31, 2006 and for the period from August 12, 2005 (date of inception) to December 31, 2005 that the information provided to the Plan administrator by the investment custodians is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplementary information taken as a whole. The form and content of the information included in the financial statements and supplementary information, other than that derived from the information certified by the investment custodians, 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.

Fenner, Melstrom & Dooling, PLC

FENNER, MELSTROM & DOOLING, PLC

NOVEMBER 13, 2009

DRIVESOL WORLDWIDE, INC.
UNION 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2006 and 2005

	<u>2 0 0 6</u>	<u>2 0 0 5</u>
ASSETS		
INVESTMENTS, AT FAIR VALUE		
VALUE OF INTEREST		
IN POOLED SEPARATE ACCOUNTS	\$ 113,365	\$ -
VALUE OF INTEREST IN INSURANCE		
COMPANY GENERAL ACCOUNT	225,957	-
VALUE OF INTEREST		
IN MUTUAL FUNDS	-	83,430
VALUE OF INTEREST IN		
COMMON/COLLECTIVE TRUSTS	-	200,668
PARTICIPANT LOANS	<u>50,218</u>	<u>24,781</u>
TOTAL INVESTMENTS, AT FAIR VALUE ...	<u>389,540</u>	<u>308,879</u>
CASH	<u>-</u>	<u>839</u>
RECEIVABLES		
PARTICIPANT CONTRIBUTIONS	18,483	8,308
EMPLOYER CONTRIBUTIONS	<u>2,212</u>	<u>974</u>
TOTAL RECEIVABLES	<u>20,695</u>	<u>9,282</u>
TOTAL ASSETS	410,235	319,000
LIABILITIES		
DUE TO BROKER	<u>-</u>	<u>1,520</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u><u>\$ 410,235</u></u>	<u><u>\$ 317,480</u></u>

SEE ACCOMPANYING NOTES

DRIVESOL WORLDWIDE, INC.
UNION 401(K) PLAN

STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

Year Ended December 31, 2006 and
Period from August 12, 2005 (date of inception) to December 31, 2005

	<u>2 0 0 6</u>	<u>2 0 0 5</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
INVESTMENT INCOME		
NET INVESTMENT INCOME		
FROM POOLED SEPARATE ACCOUNTS	\$ 1,963	\$ -
NET APPRECIATION IN		
FAIR VALUE OF MUTUAL FUNDS	7,831	896
INTEREST AND DIVIDEND INCOME	2,757	3,033
INTEREST INCOME		
FROM STABLE VALUE FUNDS	9,554	931
INTEREST FROM PARTICIPANT LOANS	<u>1,755</u>	<u>526</u>
TOTAL INVESTMENT INCOME	<u>23,860</u>	<u>5,386</u>
CONTRIBUTIONS:		
PARTICIPANT ELECTIVE DEFERRALS	73,262	28,393
EMPLOYER CONTRIBUTIONS	8,786	3,371
PARTICIPANT ROLLOVER	<u>-</u>	<u>280,430</u>
TOTAL CONTRIBUTIONS	<u>82,048</u>	<u>312,194</u>
TOTAL ADDITIONS	<u>105,908</u>	<u>317,580</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
BENEFITS PAID TO PARTICIPANTS	6,754	-
ADMINISTRATIVE FEES	<u>6,399</u>	<u>100</u>
TOTAL DEDUCTIONS	<u>13,153</u>	<u>100</u>
NET INCREASE	92,755	317,480
NET ASSETS AVAILABLE FOR		
BENEFITS, BEGINNING OF PERIOD	<u>317,480</u>	<u>-</u>
NET ASSETS AVAILABLE FOR		
BENEFITS, END OF PERIOD	<u>\$ 410,235</u>	<u>\$ 317,480</u>

SEE ACCOMPANYING NOTES

DRIVESOL WORLDWIDE, INC.
UNION 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2006 and 2005

1. DESCRIPTION OF PLAN

The following description of the DriveSol Worldwide, Inc. ("Company") Union 401(k) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

GENERAL

The Plan is a defined contribution plan covering all union employees of the Company who have three months of service and are twenty-one years of age or older. Service with Teleflex Incorporated (a former employer) is recognized for eligibility purposes under the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

CONTRIBUTIONS

Each year, participants may contribute pre-tax annual compensation, as defined in the Plan, not to exceed limits under the Internal Revenue Code (IRC). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investment of their contributions into various investments options offered by the Plan. The Plan currently offers several mutual funds held in pooled separate accounts and a stable value fund held in a group annuity contract maintained by Transamerica as investment options for participants. The Company may make a matching contribution based on participant elective deferrals to the Plan. The Company contributes 12% of base compensation that a participant contributed to the Plan. Additional amounts may also be contributed at the option of the Company's Board of Directors. Contributions are subject to certain limitations.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(continued on next page)

DRIVESOL WORLDWIDE, INC.
UNION 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2006 and 2005

1. DESCRIPTION OF PLAN (continued)

VESTING

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching contributions and discretionary profit sharing contributions plus actual earnings thereon is based on years of continuous service. A participant is immediately 100% vested after one year of credited service. Participants are immediately 100% vested in Qualified Non-Elective Contributions. (QNEC) when made. Service with Teleflex Incorporated (a former employer) is recognized for vesting purposes under the Plan.

PARTICIPANT LOANS

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant Notes fund. Loans must be fully repaid through payroll deductions within 5 years or longer for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at the current prime rate plus one percentage point in the month the loan is effective. Interest rates range from 7.00% to 9.75%. Principal and interest is paid ratably through weekly payroll deductions.

PAYMENT OF BENEFITS

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

FORFEITED ACCOUNTS

These accounts will be used first to reduce plan expenses and any remaining forfeiture will reduce employer contributions. In 2006 and the period from August 12, 2005 (date of inception) to December 31, 2005, plan expenses and employer contributions were not reduced by forfeited nonvested accounts, and there were no forfeited accounts at December 31, 2006 and 2005.

(continued on next page)

DRIVESOL WORLDWIDE, INC.
UNION 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2006 and 2005

1. DESCRIPTION OF PLAN (continued)

RISKS AND UNCERTAINTIES

The Plan provides for various investment options in pooled separate accounts and a stable value fund with the underlying assets consisting of any combination of stocks, fixed income securities, mutual funds and other investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements of the Plan are prepared using the accrual method of accounting.

ESTIMATES

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

INVESTMENT VALUATION AND INCOME RECOGNITION

Plan's investments are stated at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

PAYMENT OF BENEFITS

Benefits are recorded when paid.

OPERATING EXPENSES

The Plan sponsor pays legal and audit fees related to the Plan. Certain other investment related administrative expenses are paid by the Plan.

DRIVESOL WORLDWIDE, INC.
UNION 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2006 and 2005

3. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The information included in the accompanying financial statements and supplemental schedule, except December 31, 2006 participant loan balances, was obtained from data that has been prepared by Alerus and Transamerica and certified to be as complete and accurate by in accordance with Section 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 (ERISA).

Investments representing 5% or more of the Plan's net assets available for benefits are as follows at December 31st:

	<u>2 0 0 6</u>	<u>2 0 0 5</u>
VANGUARD		
RETIREMENT SAVINGS TRUST FUND	\$ N/A	\$ 200,668
VANGUARD MORGAN GROWTH FUND	\$ N/A	\$ 21,566
VANGUARD WINDSOR FUND	\$ N/A	\$ 16,445
TRANSAMERICA STABLE VALUE FUND	\$ 225,957	\$ N/A
AMERICAN FUNDS		
FUNDAMENTAL FUND	\$ 27,975	\$ N/A
AMERICAN FUNDS GTH OF AM FUND	\$ 27,169	\$ N/A

4. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has benefit-responsive investment contracts with Transamerica and Alerus. Transamerica maintains the contributions in a general account. Alerus maintains the contributions in a common/collective trust arrangement.

Because the investment contracts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the investment contract.

(continued on next page)

DRIVESOL WORLDWIDE, INC.
UNION 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2006 and 2005

**4. INVESTMENT CONTRACT WITH INSURANCE
COMPANY (continued)**

Contract value, as reported to the Plan by Transamerica and Alerus, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuers or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on a monthly basis for resetting.

Certain events limit the Plan's ability to transact at contract value with Transamerica and Alerus. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with Plan participants, is probable.

The investment contracts have no stated maturity date.

The Plan's stable value contracts are estimated to approximate fair value as of December 31, 2006 and 2005. As such, no adjustment from contract value to fair value has been recorded.

DRIVESOL WORLDWIDE, INC.
UNION 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2006 and 2005

5. **PLAN TERMINATION**

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts (see Note 10).

6. **PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments are managed by Transamerica and Alerus. Transamerica and Alerus are the investment custodians as defined by the Plan and, therefore, these transactions qualify as party-in-interest.

7. **TAX STATUS**

The Company has adopted a standardized prototype plan that relies on the opinion letter of the prototype plan document. The Plan sponsor and administrator believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

DRIVESOL WORLDWIDE, INC.
UNION 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2006 and 2005

**8. RECONCILIATION OF FINANCIAL STATEMENTS TO
SCHEDULE H OF FORM 5500**

The following is a reconciliation of the accrual basis net assets available for benefits per the financial statements at December 31, 2006 to the cash basis Schedule H of the Form 5500:

NET ASSETS AVAILABLE FOR	
BENEFITS PER THE FINANCIAL STATEMENTS	\$ 410,235
CONTRIBUTIONS RECEIVABLE	<u>(20,695)</u>
NET ASSETS AVAILABLE FOR	
BENEFITS PER SCHEDULE H OF FORM 5500	<u>\$ 389,540</u>

The following is a reconciliation of the accrual basis net increase per the financial statements to the cash basis net income of Schedule H of the Form 5500:

NET INCREASE IN NET ASSETS	
AVAILABLE PER THE FINANCIAL STATEMENTS	\$ 92,755
LESS: CONTRIBUTIONS RECEIVABLE	<u>(20,695)</u>
NET INCOME PER SCHEDULE H OF FORM 5500	<u>\$ 72,060</u>

DRIVESOL WORLDWIDE, INC.
UNION 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2006 and 2005

9. PLAN AMENDMENT

Effective October 1, 2006, the Plan was amended and restated and a new custodian of the Plan was appointed. Plan assets were transferred to the new custodian on November 14, 2006.

10. SUBSEQUENT EVENT

Effective September 30, 2009, the Company announced the termination of the Plan pursuant to the process of liquidating of the Company. Upon the full termination of the Plan, all amounts credited to a participant account will become or continue to be 100% vested. Participants will have a choice of options regarding distributions of their account balance including lump-sum payment, IRA rollover, and direct transfer to another qualified plan.

SUPPLEMENTARY INFORMATION

FORM: SCHEDULE H - PART IV LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

EMPLOYER
DRIVESOL WORLDWIDE, INC.EIN
20-3087848PLAN NAME
DRIVESOL WORLDWIDE, INC. UNION 401(K) PLANPLAN #
002

(a) Identity of issuer, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value			(c) Cost	(d) Current value
* TRANSAMERICA LIFE INSURANCE COMPANY	STABLE VALUE FUND	PART, DIRECT INTEREST RANGE		NOT AVAILABLE	225,956.51
			UNITS	UNIT VALUE	
* TRANSAMERICA LIFE INSURANCE COMPANY	TR TRANSAMERICA GROWTH OPP.	PART, DIRECT PSA	62.2371	26.126355	1,626.03
* TRANSAMERICA LIFE INSURANCE COMPANY	TR FIDELITY ADVISOR SMALL CAP	PART, DIRECT PSA	57.1823	29.814967	1,704.89
* TRANSAMERICA LIFE INSURANCE COMPANY	TR STOCK INDEX FUND	PART, DIRECT PSA	133.2222	37.142022	4,948.14
* TRANSAMERICA LIFE INSURANCE COMPANY	TR AMERICAN FUNDS FUNDAMENTAL	PART, DIRECT PSA	533.6858	52.418904	27,975.22
* TRANSAMERICA LIFE INSURANCE COMPANY	TR AMERICAN FUNDS QTH FD CF AM	PART, DIRECT PSA	495.6914	54.811043	27,169.36
* TRANSAMERICA LIFE INSURANCE COMPANY	TR TRANSAMERICA SSGA BOND IND	PART, DIRECT PSA	510.0897	15.933110	8,127.32
* TRANSAMERICA LIFE INSURANCE COMPANY	TR AMERICAN CENTURY LG CO VAL	PART, DIRECT PSA	929.0745	17.302125	16,074.96
* TRANSAMERICA LIFE INSURANCE COMPANY	TR AMERICAN CENTURY SML CP VAL	PART, DIRECT PSA	106.5051	33.591884	3,577.71
* TRANSAMERICA LIFE INSURANCE COMPANY	TR TRANSAMERICA OPPENHEIMER GL	PART, DIRECT PSA	652.7423	13.487902	8,804.12
* TRANSAMERICA LIFE INSURANCE COMPANY	TR TRANSAMERICA IDEX AA - CONS	PART, DIRECT PSA	829.9251	13.564766	11,257.76
* TRANSAMERICA LIFE INSURANCE COMPANY	TR TRANSAMERICA IDEX AA - MOD	PART, DIRECT PSA	5.9936	13.791620	82.66
* TRANSAMERICA LIFE INSURANCE COMPANY	TR TRANSAMERICA IDEX AA - MOD GR	PART, DIRECT PSA	76.0787	14.007731	1,065.69
* TRANSAMERICA LIFE INSURANCE COMPANY	TR TRANSAMERICA IDEX AA - GRWT	PART, DIRECT PSA	49.5574	14.248750	708.13
* TRANSAMERICA LIFE INSURANCE COMPANY	TR BLACKROCK GLOBAL ALLOCATION	PART, DIRECT PSA	7.3520	33.342925	245.14
				TOTAL =	339,321.64
* PARTICIPANT PLAN LOANS	YEARS	1	TO	5	50,218.26
	INTEREST RANGE	7.00%	TO	9.50%	

(a) An asterisk in this column identifies an entity known to be a party-in-interest

SEE ACCOMPANYING NOTES

DRIVESOL WORLDWIDE, INC.
UNION 401(K) PLAN

EIN #20-3087848 PN#002
SCHEDULE OF REPORTABLE TRANSACTIONS
(Schedule H, line 4 (j))
December 31, 2006

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Vanguard	Retirement Savings							
	Trust Fund	\$ 228,048	\$ 228,048	\$ -	\$ -	\$ 228,048	\$ 228,048	\$ -
Vanguard	Morgan Growth Fund	24,006	26,955	-	-	24,006	26,955	(2,949)
Vanguard	Windsor Fund	24,966	27,317	-	-	24,966	27,317	(2,351)
Vanguard	Wellington Fund	14,497	15,702	-	-	14,497	15,702	(1,205)
Total Single Transactions Exceeding 5%		\$ 291,517	\$ 298,022	\$ -	\$ -	\$ 291,517	\$ 298,022	\$ (6,505)

DRIVESOL WORLDWIDE, INC.
UNION 401(K) PLAN

EIN #20-3087848 PN#002
SCHEDULE OF DELINQUENT
PARTICIPANT CONTRIBUTIONS
(Schedule H, Line 4 (a))
Year Ended December 31, 2006

Participant Contributions Transferred Late to Plan	Total that Constitutes Non-exempt Prohibited Transactions
\$ 12,385	\$ 12,385
<u>6,098</u>	<u>6,098</u>
<u>\$ 18,483</u>	<u>\$ 18,483</u>

DRIVESOL WORLDWIDE, INC.
UNION 401(K) PLAN

EIN #20-3087848 PN#002
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
(Schedule H, Line 4 (i))
December 31, 2005

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value		Current value
	Vanguard	Retirement Savings Trust Fund	*	\$ 200,668
	Vanguard	Wellington Fund	*	11,659
	Vanguard	Target Retirement Income Fund	*	20
	Vanguard	Target Retirement 2005 Fund	*	201
	Vanguard	Target Retirement 2015 Fund	*	6,645
	Vanguard	Target Retirement 2025 Fund	*	97
	Vanguard	Target Retirement 2045 Fund	*	505
	Vanguard	Total Bond Market Index Fund	*	5,236
	Royce Funds	Total Return Fund	*	5,468
	Vanguard	Explorer Fund	*	2,440
	Vanguard	Morgan Growth Fund	*	21,566
	Vanguard	Windsor Fund	*	16,445
	Vanguard	Strategic Equity Fund	*	2,476
	Vanguard	Global Equity Portfolio Fund	*	6,972
	Vanguard	Index Trust 500 Portfolio Fund	*	3,699
*	Participant loans	Maturing through 2011, interest rates ranging from 7% to 9.5% collateral - participant account balances.	*	<u>24,781</u>
				<u>\$ 308,878</u>

(a) An asterisk in this column identifies an entity known to be a party-in-interest

(d) An asterisk in this column indicates cost omitted for participant directed investments

SEE ACCOMPANYING NOTES