Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110

1210-0089

2009

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2009 or fiscal plan year beginning and ending 12/31/2009 single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report **B** This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number LIBERTY TITLE & ESCROW CO. 401(K) PROFIT SHARING PLAN AND TRUST 001 (PN) ▶ 1c Effective date of plan 01/01/1999 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number LIBERTY TITLE & ESCROW CO., INC. 06-1486668 (EIN) 2c Plan sponsor's telephone number 401-751-8090 1575 SOUTH COUNTY TRAIL EAST GREENWICH, RI 02818 2d Business code (see instructions) 531390 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN LIBERTY TITLE & ESCROW CO., INC. 1575 SOUTH COUNTY TRAIL 06-1486668 EAST GREENWICH, RI 02818 **3c** Administrator's telephone number 401-751-8090 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a 69 **b** Total number of participants at the end of the plan year..... 5b 66 C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 420132 530550 a Total plan assets..... 7a **b** Total plan liabilities..... 7b 530550 Net plan assets (subtract line 7b from line 7a)..... 7с 420132 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (1) Employers 76355 8a(2) (2) Participants (3) Others (including rollovers)..... 8a(3) 44651 Other income (loss)..... 8b Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с 121006 Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)...... 8f Other expenses..... 8g 10588 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 110418 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

Part IV	Plan	Charac	teristics

HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2J 3D

b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Cod	des in t	the instru	ctions:		
art	V Compliance Questions							
0	During the plan year:		Yes	No		Amo	ount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					. [Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of	ERISA?		Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver							
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		-		ı			
b	Enter the minimum required contribution for this plan year			12b				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d				1
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	10	N/A
art	VII Plan Terminations and Transfers of Assets							
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>				Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify twhich assets or liabilities were transferred. (See instructions.)	he pla	n(s) to					
1	13c(1) Name of plan(s):			c(2) El	N(s)		13c(3)	PN(s)
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.			
Inde B o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retressible Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return.	urn/rep	oort, in	cluding	g, if applic			
elle	i, it is true, correct, and complete.	1000'						
SIG	Filed with authorized/valid electronic signature. 06/23/2010 GARY D. MARIN	IUSCI						

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). 2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

For	art I Annual Report Identification Information						
	calendar plan year 2009 or fiscal plan year beginning	01/01/2	009 and ending		12/31/2009		
Α	This return/report is for:	multiple-	employer plan (not multiemployer)		one-participant plan		
В	This return/report is for: first return/report	final retu	n/report				
	an amended return/report	short pla	n year return/report (less than 12 mo	nths)			
С	Check box if filing under: Form 5558	automati	extension		☐ DFVC program		
_	special extension (enter descript	ion)					
P	art II Basic Plan Information—enter all requested inform				The state of the s		
	Name of plan		<u> </u>	1b	Three-digit		
	LIBERTY TITLE & ESCROW CO.				plan number		
	401(K) PROFIT SHARING PLAN AND TRUST		4.	(PN) 001			
				16	Effective date of plan 01/01/1999		
2a	Plan sponsor's name and address (employer, if for single-employe LIBERTY TITLE & ESCROW CO., INC.	r plan)		2b	Employer Identification Number		
	LIBERTY TITLE & ESCROW CO., INC.	, ,			(EIN) 06-1486668		
				2c	Plan sponsor's telephone number (401) 751–8090		
	1575 SOUTH COUNTY TRAIL			2d	Business code (see instructions)		
	EAST GREENWICH		RI 02818		531390		
3a	Plan administrator's name and address (if same as Plan sponsor, $\varepsilon_{\text{SAME}}$	enter "Sam	e ")	3b	Administrator's EIN		
				30	Administrator's telephone number		
					/ tallimorator o telephone frameer		
	f the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN		
	name, EIN, and the plan number from the last return/report. Spons	or's name		40	PN		
5a	Total number of participants at the beginning of the plan year			5a	69		
b	Total number of participants at the end of the plan year			5b	6		
С	Total number of participants with account balances as of the end of			-05			
	complete this item)			5c	57		
		6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)					
	h Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)						
b			ndent qualified public accountant (IC	PA)			
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	and condit	ndent qualified public accountant (IQ ons.)	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ndent qualified public accountant (IQ ons.)	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	and condit	ndent qualified public accountant (IQ ons.)	PA)			
Pa 7	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F ort III Financial Information	and condition 5500-	ndent qualified public accountant (IQ ons.)SF and must instead use Form 55	00.	∑ Yes ☐ No		
Pa 7 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F IT III Financial Information Plan Assets and Liabilities	and condition 5500-	ndent qualified public accountant (IG ons.)SF and must instead use Form 55 (a) Beginning of Year	00.	∑ Yes ☐ No (b) End of Year		
Pa 7 a b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F IT III Financial Information Plan Assets and Liabilities Total plan assets	and condition 5500 7a 7b	ndent qualified public accountant (IG ons.)SF and must instead use Form 55 (a) Beginning of Year	00.	∑ Yes ☐ No (b) End of Year		
Pa 7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets	and condition 5500 7a 7b	ndent qualified public accountant (IGons.)	00.	(b) End of Year 530,550		
Pa 7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets	7a . 7b . 7c	(a) Beginning of Year 420, 13	00.	(b) End of Year 530, 550		
Pa 7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7a 7b 7c 8a(1)	(a) Beginning of Year 420, 13 (a) Amount	00. 2	(b) End of Year 530, 550		
Pa 7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F IT III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants	7a . 7b . 7c . 8a(1) . 8a(2)	(a) Beginning of Year 420, 13	00. 2	(b) End of Year 530, 550		
Pa 7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3)	(a) Beginning of Year 420, 13 (a) Amount	PA) 00. 2	(b) End of Year 530, 550		
Pa 7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	and condition 5500- . 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b	(a) Beginning of Year 420, 13 (a) Amount	PA) 00. 2	(b) End of Year 530, 550		
Pa 7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities Total plan assets	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(a) Beginning of Year 420, 13 (a) Amount	2 2 1	(b) End of Year 530, 550 (b) Total		
Pa 7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities Total plan assets Net plan assets (subtract line 7b from line 7a)	and condition 5500- 7a	(a) Beginning of Year 420, 13 (a) Amount	2 2 1	(b) End of Year 530, 550 (b) Total		
Pa 7 a b c 8 a b c d	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan liabilities Net plan assets (subtract line 7b from line 7a)	and condition 5500- 7a	(a) Beginning of Year 420, 13 (a) Amount	2 2 1	(b) End of Year 530, 550 (b) Total		
Pa 7 a b c 8 a b c d e f	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	and condition 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(a) Beginning of Year 420, 13 (a) Amount	2 2 1	(b) End of Year 530, 550 (b) Total		
Pa 7 a b c 8 a b c d e f g	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities Total plan assets	and condition 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(a) Beginning of Year 420, 13 (a) Amount	2 2 1	(b) End of Year 530, 550 (b) Total		
Pa 7 a b c 8 a b c d e f	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities Total plan assets	and condition 5500- 7a	(a) Beginning of Year 420, 13 (a) Amount	2 2 1	(b) End of Year 530, 550 (b) Total		
Pa 7 a b c 8 a b c d e f g	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities Total plan assets	and condition 5500- 7a	(a) Beginning of Year 420, 13 (a) Amount	2 2 1	(b) End of Year 530, 550 (b) Total		

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Signature of employer/plan sponsor

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Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension for X $2A$ $2E$ $2J$ $3D$						
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes from the	List of Plan Chara	cteristic	Codes i	n the instructi	ons:
Part	V Compliance Questions						
10	During the plan year:			١	es No		Amount
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a	Х		
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not include trans	sactions reported	10b	Х		
С	Was the plan covered by a fidelity bond?			10c	Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's fir or dishonesty?			10d	X		
е					Х		
f	Has the plan failed to provide any benefit when due under the plan'	?		10f	X		
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)		10g	X		
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)			10h	X		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required notice or o	ne of the	10i		4.22 9.4 4.25 9.4	
Part	VI Pension Funding Compliance					and the second s	den menter i socio de con con con del con con de con
11	Is this a defined benefit plan subject to minimum funding requirement 5500))						☐ Yes ☒ No
12	Is this a defined contribution plan subject to the minimum funding re						Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applical If a waiver of the minimum funding standard for a prior year is being granting the waiver	amortized in this pla	Mont			the date of th	
b	Enter the minimum required contribution for this plan year				12b		
С	Enter the amount contributed by the employer to the plan for this pla	n year			12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	•	•		12d		
е	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?				Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted during the plan	year or any prior yea	ar?				Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the em				40.		- Name -
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	n this plan to another	plan(s), identify th	ne plan(s	s) to		
13c(1) Name of plan(s):				13c(2) EIN(s) 13c(3)			
					• • •		
Cauti	on: A penalty for the late or incomplete filing of this return/repo	rt will be assessed	unless reasonabl	e cause	is esta	hlished.	
Under SB or	penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well it is true, correct, and complete.	I declare that I have	examined this retu	ırn/repoi	t, includ	ng, if applicat	
SIGN	GIGN GARY D. MARINOSCI						
HERE	Signature of plan administrator	Date	Enter name of in	dividual	signing	as plan admir	istrator
SIGN	.]	Date	Enter name of in	- divides:	olaniss	ae ampleyer s	or plan enoncer
	Signature of employer/plan sponsor	Date	Enter name of in	uividüäl	signing	as employer d	n pian sponsor

Date

Enter name of individual signing as employer or plan sponsor