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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
THOMAS SAFRAN & ASSOCIATES 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1992

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
THOMAS SAFRAN & ASSOCIATES , INC.

11812 SAN VICENTE BLVD. SUITE 600
LOS ANGELES, CA 90049

2b Employer Identification Number (EIN)
95-3443236

2c Sponsor's telephone number
310-820-4888

2d Business code (see instructions)
531390

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	Filed with authorized/valid electronic signature.	07/29/2010	RICHARD SIEBERT
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
THOMAS SAFRAN & ASSOCIATES , INC.

11812 SAN VICENTE BLVD. SUITE 600
LOS ANGELES, CA 90049

3b Administrator's EIN
95-3443236

3c Administrator's telephone number
310-820-4888

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

5	Total number of participants at the beginning of the plan year	**5**	133
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**	118
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	20
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	138
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	138
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	79
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D

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)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

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)	X	**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)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**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

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

A Name of plan
THOMAS SAFRAN & ASSOCIATES 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
THOMAS SAFRAN & ASSOCIATES , INC.

D Employer Identification Number (EIN)
95-3443236

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.

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA 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
39-0989781	86231	996769-000	79	01/01/2009	12/31/2009

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
2720	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

LADD W TANNER
200 BRUSH RUN RD, STE A
GREENSBURG, PA 15601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2720			3

(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	

(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	1114396

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	239339
c	Additions: (1) Contributions deposited during the year	7c(1)	36163		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	7350		
	(4) Transferred from separate account	7c(4)	18945		
	(5) Other (specify below) ▶ LOAN REPAYMENT	7c(5)	1449		
	(6) Total additions			7c(6)	63907
d	Total of balance and additions (add **b** and **c(6)**)			7d	303246
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	15152		
	(2) Administration charge made by carrier	7e(2)	3793		
	(3) Transferred to separate account	7e(3)	35640		
	(4) Other (specify below) ▶ LOAN REPAYMENT MISCELLANEOUS	7e(4)	89		
	(5) Total deductions			7e(5)	54674
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	248572

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. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2009** **This Form is Open to Public Inspection.**

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

A Name of plan
THOMAS SAFRAN & ASSOCIATES 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THOMAS SAFRAN & ASSOCIATES , INC.

D Employer Identification Number (EIN)
95-3443236

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).. . . . . [X] 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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

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

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

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)

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(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?
15 37 52 62 64 67	RECORDKEEPER	7901	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

2009

This Form is Open to Public Inspection.

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

A Name of plan
THOMAS SAFRAN & ASSOCIATES 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THOMAS SAFRAN & ASSOCIATES , INC.

D Employer Identification Number (EIN)
95-3443236

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: TRANSAMERICA EQUITY

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

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)
39-0989781-101	P	27431

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA BALANCED

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

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)
39-0989781-119	P	73018

a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON FOREIGN

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

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)
39-0989781-143	P	3025

a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS MID-CAP OPP

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

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)
39-0989781-147	P	3338

a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS GROWTH

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

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)
39-0989781-148	P	9

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY GLOBAL GROWTH

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

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)
39-0989781-149	P	26540

a Name of MTIA, CCT, PSA, or 103-12 IE: ARTISAN SMALL-CAP GROWTH

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

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)
39-0989781-151	P	315

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN GOVERNMENT SECURITIES

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

c EIN-PN 39-0989781-158	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3076

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL

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

c EIN-PN 39-0989781-216	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 160

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA AGGRESSIVE GROWTH

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

c EIN-PN 39-0989781-166	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 894

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA CORE EQUITY

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

c EIN-PN 39-0989781-168	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40694

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR EQUITY INCOME

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

c EIN-PN 39-0989781-185	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4193

a Name of MTIA, CCT, PSA, or 103-12 IE: AIM INTERNATIONAL GROWTH

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

c EIN-PN 39-0989781-195	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65595

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL-MID CAP GROWTH

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

c EIN-PN 39-0989781-197	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9

a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS CAPITAL APPRECIATION

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

c EIN-PN 39-0989781-199	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2399

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS INT EQ

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

c EIN-PN 39-0989781-389	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7259

a Name of MTIA, CCT, PSA, or 103-12 IE: AIM SMALL CAP GROWTH

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

c EIN-PN 39-0989781-390	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2769

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS HG YD BD			
b Name of sponsor of entity listed in (a): TLIC			
c EIN-PN 39-0989781-434	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17937
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA MID CAP VALUE			
b Name of sponsor of entity listed in (a): TLIC			
c EIN-PN 39-0989781-397	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	953
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS MID GRW			
b Name of sponsor of entity listed in (a): TLIC			
c EIN-PN 39-0989781-425	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2565
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS LG CORE			
b Name of sponsor of entity listed in (a): TLIC			
c EIN-PN 39-0989781-426	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3869
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS MID VAL			
b Name of sponsor of entity listed in (a): TLIC			
c EIN-PN 39-0989781-427	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	35940
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS LG VAL			
b Name of sponsor of entity listed in (a): TLIC			
c EIN-PN 39-0989781-428	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7568
a Name of MTIA, CCT, PSA, or 103-12 IE: DIVERSIFIED INV SHORT			
b Name of sponsor of entity listed in (a): TLIC			
c EIN-PN 39-0989781-429	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5282
a Name of MTIA, CCT, PSA, or 103-12 IE: DIVERSIFIED INV SHORT/INT			
b Name of sponsor of entity listed in (a): TLIC			
c EIN-PN 39-0989781-430	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE: DIVERSIFIED INV INTERMEDIATE			
b Name of sponsor of entity listed in (a): TLIC			
c EIN-PN 39-0989781-431	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE: DIVERSIFIED INV LONG			
b Name of sponsor of entity listed in (a): TLIC			
c EIN-PN 39-0989781-433	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	827

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS CORE BOND		
b Name of sponsor of entity listed in (a): TLIC		
c EIN-PN 39-0989781-435	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22282
a Name of MTIA, CCT, PSA, or 103-12 IE: CALVERT SOCIAL INVESTMENT		
b Name of sponsor of entity listed in (a): TLIC		
c EIN-PN 39-0989781-439	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1800
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN BIOTECHNOLOGY DISC		
b Name of sponsor of entity listed in (a): TLIC		
c EIN-PN 39-0989781-440	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7516
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN REAL ESTATE SEC		
b Name of sponsor of entity listed in (a): TLIC		
c EIN-PN 39-0989781-441	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6764
a Name of MTIA, CCT, PSA, or 103-12 IE: AIM LEISURE FUND		
b Name of sponsor of entity listed in (a): TLIC		
c EIN-PN 39-0989781-443	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1663
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR SMALL CAP		
b Name of sponsor of entity listed in (a): TLIC		
c EIN-PN 39-0989781-445	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23183
a Name of MTIA, CCT, PSA, or 103-12 IE: DREYFUS INTERNATIONAL VALUE		
b Name of sponsor of entity listed in (a): TLIC		
c EIN-PN 39-0989781-446	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1674
a Name of MTIA, CCT, PSA, or 103-12 IE: AIM BASIC VALUE		
b Name of sponsor of entity listed in (a): TLIC		
c EIN-PN 39-0989781-448	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER CHAMPION INCOME		
b Name of sponsor of entity listed in (a): TLIC		
c EIN-PN 39-0989781-449	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1254
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS SMALL CAP VALUE RET OPT		
b Name of sponsor of entity listed in (a): TLIC		
c EIN-PN 39-0989781-535	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11269

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS STK IDX			
b Name of sponsor of entity listed in (a): TLIC			
c EIN-PN 39-0989781-003	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1088
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS WASH MUT INV			
b Name of sponsor of entity listed in (a): TLIC			
c EIN-PN 39-0989781-008	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	153895
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS FUNDAMENTL INV			
b Name of sponsor of entity listed in (a): TLIC			
c EIN-PN 39-0989781-009	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	24915
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER MAIN STREET			
b Name of sponsor of entity listed in (a): TLIC			
c EIN-PN 39-0989781-012	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2646
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER CAPITAL APP			
b Name of sponsor of entity listed in (a): TLIC			
c EIN-PN 39-0989781-013	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	57
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS AMCAP			
b Name of sponsor of entity listed in (a): TLIC			
c EIN-PN 39-0989781-014	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GRTH FUND OF AM			
b Name of sponsor of entity listed in (a): TLIC			
c EIN-PN 39-0989781-015	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	20584
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKILIN FLEX CAP GROWTH			
b Name of sponsor of entity listed in (a): TLIC			
c EIN-PN 39-0989781-020	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	29461
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERS			
b Name of sponsor of entity listed in (a): TLIC			
c EIN-PN 39-0989781-023	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4476
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BALANCED			
b Name of sponsor of entity listed in (a): TLIC			
c EIN-PN 39-0989781-026	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	25279

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS HH QT BD

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

c EIN-PN 39-0989781-027	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55829

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA SMALL-CAP INDEX

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

c EIN-PN 39-0989781-033	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA INTERNATIONAL STOCK IND

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

c EIN-PN 39-0989781-035	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA MID-CAP INDEX

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

c EIN-PN 39-0989781-036	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7144

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2035

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

c EIN-PN 39-0989781-050	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68858

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2045

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

c EIN-PN 39-0989781-051	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 99230

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY LARGE CO VAL

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

c EIN-PN 39-0989781-038	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7583

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY ULTRA

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

c EIN-PN 39-0989781-039	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY VISTA

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

c EIN-PN 39-0989781-040	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2676

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY SML CAP VAL

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

c EIN-PN 39-0989781-401	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9344

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA BOND INDEX

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

c EIN-PN 39-0989781-037	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3747

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA DOW JONES SML CP VAL IND

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

c EIN-PN 39-0989781-046	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10878

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN UTILITES

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

c EIN-PN 39-0989781-045	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6377

a Name of MTIA, CCT, PSA, or 103-12 IE: AIM MID CAP CORE EQUITY

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

c EIN-PN 39-0989781-043	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5753

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2005

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

c EIN-PN 39-0989781-047	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19922

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2015

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

c EIN-PN 39-0989781-048	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31096

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2025

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

c EIN-PN 39-0989781-049	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100904

a Name of MTIA, CCT, PSA, or 103-12 IE: IVY SCIENCE & TECHNOLOGY

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

c EIN-PN 39-0989781-082	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7487

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK GLOBAL FIN SRVC

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

c EIN-PN 39-0989781-087	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1998

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)

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

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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 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 01/01/2009 and ending 12/31/2009

A Name of plan
THOMAS SAFRAN & ASSOCIATES 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THOMAS SAFRAN & ASSOCIATES , INC.

D Employer Identification Number (EIN)
95-3443236

Part I Asset and Liability Statement

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		5964
(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)	8571	14252
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	707264	1114396
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	239339	248572
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	955174	1383184
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	955174	1383184

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) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	49271	
	(B) Participants	2a(1)(B)	197130	
	(C) Others (including rollovers)	2a(1)(C)	7948	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		254349
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(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)	579	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		579
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		212758
(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)		
c Other income	2c		7350
d Total income. Add all **income** amounts in column (b) and enter total	2d		475036
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	36586	
(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)		36586
f Corrective distributions (see instructions)	2f		95
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	2594	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	7751	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		10345
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		47026
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		428010
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) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: RICHARD WEGLARZ, CPA (2) EIN: 95-4635567

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.)	4a		X	
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.)	4b		X	
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.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **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)

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 01/01/2009 and ending 12/31/2009

A Name of plan
THOMAS SAFRAN & ASSOCIATES 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THOMAS SAFRAN & ASSOCIATES , INC.

D Employer Identification Number (EIN)
95-3443236

Part I Distributions

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** 0

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): 42-6362604

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 of 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

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**

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):

---

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):

Financial Statements and Supplemental Information
With Report of Independent Auditor

THOMAS SAFRAN & ASSOCIATES
401(k) PLAN

December 31, 2009 and 2008

RICHARD WEGLARZ
CERTIFIED PUBLIC ACCOUNTANT

THOMAS SAFRAN & ASSOCIATES
401(k) PLAN

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AICPA Employee Benefit Plan Audit Quality Center

CPA America Counts on CPAs®

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INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Thomas Safran & Associates
401(k) Plan

I was engaged to audit the financial statements and supplemental schedule of the Thomas Safran & Associates 401(k) Plan as of December 31, 2009 and 2008, and for the year ended December 31, 2009, as listed in the accompanying table of contents. These financial statements and schedule 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 me not to perform, and I did not perform any auditing procedures with respect to the information summarized in Note 5, which was certified by Transamerica Life Insurance Company, the custodian, except for comparing the information with the related information included in the financial statements and supplemental schedule. I have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that I did not audit, I am unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the custodian, has been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my opinion, is 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.

Richard Weglarz, CPA

July 12, 2010

THOMAS SAFRAN & ASSOCIATES
401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS		
Investments, at fair value:		
Units in pooled-separate accounts of Transamerica Life Insurance Company	**$ 1,114,396**	$ 707,264
Transamerica Life Insurance Company stable value option	**248,572**	239,339
Participant loans	**14,252**	8,571
Cash	**5,964**	-
Total investments	**1,383,184**	955,174
TOTAL ASSETS	**1,383,184**	955,174
LIABILITIES	**-**	-
NET ASSETS AVAILABLE FOR BENEFITS	**$ 1,383,184**	$ 955,174

See accompanying notes to financial statements.

THOMAS SAFRAN & ASSOCIATES
401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2009

ADDITIONS TO NET ASSETS	
Investment income:	
Interest	$ 7,929
Net appreciation in fair value of investments	212,758
	220,687
Contributions:	
Employer	49,271
Participant deferral	197,130
Participant rollover	7,948
	254,349
Total additions to net assets	475,036
DEDUCTIONS FROM NET ASSETS	
Benefits paid to participants	36,586
Corrective distributions	95
Administrative expense	10,345
Total deductions from net assets	47,026
NET INCREASE	428,010
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	955,174
End of year	$ 1,383,184

See accompanying notes to financial statements.

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Thomas Safran & Associates 401(k) Plan (the Plan) is provided for general information purposes only. 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 established on January 1, 1992 covering employees of Thomas Safran & Associates, Inc. (the Company) who are at least 21 years of age and have completed 1 month of service. The Plan excludes any and all employees who are non-resident aliens from participation in the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute a maximum dollar amount as determined by the Federal Government. For 2009 and 2008, the maximum dollar amount was $16,500 and $15,500, respectively. Participants who have attained age 50 prior to the close of a Plan year are also eligible to make a catch-up contribution. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. Currently, the Plan offers a number of investment options within pooled-separate accounts and an investment contract managed by Transamerica Life Insurance Company. The Company, on a discretionary basis, contributes a matching amount as a percentage of the amount a participant contributes to the Plan. The matching Company contribution is invested in the investments as directed by the participants for their pre-tax deferrals. Additional amounts may 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 Company contributions and Plan earnings or losses. Allocations are based on participant earnings or account balances, as defined. The benefits to which a participant is entitled to, is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is generally 100% vested after six years of credited service.

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 Note Fund. Loan terms range from one to five years or up to a reasonable period of time for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at prime plus one percent. Principal and interest are paid ratably through regular payroll deductions.

Payment of Benefits

If a participant's employment ceases as a result of normal retirement, death or disability, the participant or the participant's beneficiaries, are entitled to receive the entire contents of the account. If a participant terminates for any other reason, the participant is entitled to receive only the vested percentage of the account. Participants will receive benefits in a single lump sum or in installments.

Forfeited Accounts

At December 31, 2009 and 2008, forfeited nonvested accounts totaled $252 and $1,799, respectively. These accounts will be used to pay administrative expenses of the Plan or reduce Company contributions.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting and accordingly reflect all significant receivables, payables and other liabilities.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements and methodologies.

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. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts which approximates contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The costs of administering the Plan are paid for by the Company with the exception of fees charged by Transamerica Life Insurance Company, which are paid for by the Plan.

Subsequent Events

The Plan has evaluated subsequent events through July 13, 2010, the date the financial statements were available to be issued.

NOTE 3 - INVESTMENTS

The following presents investments that represent 5 percent or more of the Plan's net assets at December 31:

	2009	2008
American Funds Washington Mutual Investors Fund	**$ 153,895**	$ 124,762
Transamerica Balanced Fund	**73,018**	57,699
Transamerica Stable Value Option	**248,572**	239,339
Transamerica Partners High Quality Bond Fund	**-**	49,040
Vanguard Target Retirement 2025 Fund	**100,905**	50,218
Vanguard Target Retirement 2045 Fund	**99,231**	54,703

During 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $212,758.

NOTE 4 - FUNDS HELD IN INSURANCE COMPANY GENERAL ACCOUNT

The Plan has a group annuity contract with Transamerica (the "Stable Value Option"). The Transamerica Stable Value Option is fully benefit-responsive. Transamerica maintains the contributions in a general account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at fair value which approximates contract value. Contract value 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. The contract has certain restrictions that impact the ability to collect the full contract value. Plan management believes that the occurrence of events that would cause the Plan to transact at less than contract value is not probable. Transamerica may not terminate the contract at any amount less than contract value. Transamerica is contractually obligated to pay the principal and specified interest rate that is guaranteed to the Plan. 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. The average annual return for the Stable Value Option was 3.16% and 3.53% for 2009 and 2008, respectively. There are no valuation reserves against contract value for the credit risk of the contract issuer or otherwise.

NOTE 5 - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

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

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

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Pooled-Separate Accounts:

These investments are made by the Plan in a group annuity contract which is invested in units of separate pooled accounts consisting of shares in mutual funds and funds of funds. The unit value is based on the value of the underlying assets owned by the account, minus its liabilities, and then divided by the number of units outstanding. The unit value is classified within level 2 of the valuation hierarchy because the unit price is quoted on a private market that is not active; however, the unit price is based on underlying investments which are traded on an active market.

Stable Value Option:

These investments are made by the Plan in a group annuity contract which is invested in the general assets of Transamerica Life Insurance Company who guarantees a monthly fixed interest rate. Due to the frequency of interest rate changes, fair value is assumed to be contract value.

Participant Loans:

Participant loans are valued at amortized cost, which approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2009 and 2008:

	December 31, 2009			
	Prices in active markets (Level 1)	Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Pooled separate accounts	$ -	$ 1,114,396	$ -	$ 1,114,396
Stable value option	-	-	248,572	248,572
Participant loans	-	-	14,252	14,252
Total assets at fair value	$ -	$ 1,114,396	$ 262,824	$ 1,377,220

	December 31, 2008			
	Prices in active markets (Level 1)	Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Pooled separate accounts	$ -	$ 707,264	$ -	$ 707,264
Stable value option	-	-	239,339	239,339
Participant loans	-	-	8,571	8,571
Total assets at fair value	$ -	$ 707,264	$ 247,910	$ 955,174

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2009:

	Stable Value Option	Participant Loans	Total
Balance, beginning of year	$ 239,339	$ 8,571	$ 247,910
Purchases, sales, issuances and settlements	9,233	5,681	14,914
Balance, end of year	$ 248,572	$ 14,252	$ 262,824

NOTE 6 - INFORMATION CERTIFIED BY TRANSAMERICA (UNAUDITED)

The following is a summary of the unaudited information regarding the Plan, included in the Plan's financial statements and supplemental schedule that was prepared by Transamerica Life Insurance Company and furnished to the plan administrator. The plan administrator has obtained certifications from Transamerica Life Insurance Company that such information is complete and accurate:

The value of investments as indicated in the statements of net assets available for benefits and notes to financial statements.

All information indicated in the statement of changes in net assets available for benefits, with the exception of contributions, benefits paid to participants, corrective distributions and administrative expense.

All information indicated in the supplemental schedule.

NOTE 7 - EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Parties in interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others.

The Plan's investments are managed by Transamerica. Transamerica is the recordkeeper and custodian as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions.

NOTE 8 - PLAN TERMINATION

Although it has not expressed any intent to do so, 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.

NOTE 9 - TAX STATUS

The Plan is qualified under the provisions of the Internal Revenue Code (IRC) and is not subject to Federal and state income taxes. Participating employees are not subject to Federal and state income taxes on employee and employer contributions, or on income accruing to their accounts, until they receive distributions from the Plan.

The Plan was amended and restated effective January 1, 2008 and is relying on an opinion letter issued on May 30, 2008 in which the Internal Revenue Service stated that the Volume Submitter Profit Sharing Plan with CODA, as then designed was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the opinion letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE 10 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

SUPPLEMENTAL SCHEDULES PROVIDED PURSUANT TO

DEPARTMENT OF LABOR RULES AND REGULATIONS

THOMAS SAFRAN & ASSOCIATES
401(k) PLAN

EIN: 95-3443236
PLAN NO. 001

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Transamerica Life Insurance Company	AIM Basic Value Fund	N/A	$ 36
*	Transamerica Life Insurance Company	AIM International Growth Fund	N/A	65,595
*	Transamerica Life Insurance Company	AIM Leisure Fund	N/A	1,664
*	Transamerica Life Insurance Company	AIM Mid Cap Core Equity Fund	N/A	5,753
*	Transamerica Life Insurance Company	AIM Small Capital Growth Fund	N/A	2,769
*	Transamerica Life Insurance Company	American Century Global Growth Fund	N/A	26,540
*	Transamerica Life Insurance Company	American Century Large Company Value Fund	N/A	7,583
*	Transamerica Life Insurance Company	American Century Small Cap Value Fund	N/A	9,344
*	Transamerica Life Insurance Company	American Century Ultra Fund	N/A	18
*	Transamerica Life Insurance Company	American Century Vista Fund	N/A	2,676
*	Transamerica Life Insurance Company	American Funds AMCAP Fund	N/A	9
*	Transamerica Life Insurance Company	American Funds Balanced Fund	N/A	25,279
*	Transamerica Life Insurance Company	American Funds Fundamental Investors Fund	N/A	24,915
*	Transamerica Life Insurance Company	American Funds Growth Fund of America	N/A	20,584
*	Transamerica Life Insurance Company	American Funds New Perspective Fund	N/A	4,476
*	Transamerica Life Insurance Company	American Funds Washington Mutual Investors Fund	N/A	153,895
*	Transamerica Life Insurance Company	Artisan Small-Cap Growth Fund	N/A	315
*	Transamerica Life Insurance Company	BlackRock Global Financial Services Fund	N/A	1,998
*	Transamerica Life Insurance Company	Calvert Social Investment Fund	N/A	1,800
*	Transamerica Life Insurance Company	Columbia Mid-Cap Fund	N/A	953
*	Transamerica Life Insurance Company	Diversified Investors Long Horizon Fund	N/A	827
*	Transamerica Life Insurance Company	Diversified Investors Short Horizon Fund	N/A	5,282
*	Transamerica Life Insurance Company	Dreyfus International Value Fund	N/A	1,674
*	Transamerica Life Insurance Company	Fidelity Advisor Equity Income Fund	N/A	4,193
*	Transamerica Life Insurance Company	Fidelity Advisor Small Cap Fund	N/A	23,183
*	Transamerica Life Insurance Company	Franklin Biotechnology Disc Fund	N/A	7,516
*	Transamerica Life Insurance Company	Franklin Flex Capital Growth Fund	N/A	29,461
*	Transamerica Life Insurance Company	Franklin Real Estate Securities Fund	N/A	6,764
*	Transamerica Life Insurance Company	Franklin Small-Mid Cap Value Fund	N/A	9
*	Transamerica Life Insurance Company	Franklin Utilities Fund	N/A	6,377
*	Transamerica Life Insurance Company	Goldman Sachs Mid-Cap Opportunities Fund	N/A	3,338
*	Transamerica Life Insurance Company	Ivy Science & Technology Fund	N/A	7,487
*	Transamerica Life Insurance Company	Janus Capital Appreciation Fund	N/A	2,399
*	Transamerica Life Insurance Company	Janus Growth Fund	N/A	9
*	Transamerica Life Insurance Company	Janus Small Cap Value Retirement Option	N/A	11,268
*	Transamerica Life Insurance Company	JPMorgan Government Securities Fund	N/A	3,076
*	Transamerica Life Insurance Company	Oppenheimer Capital Appreciation Fund	N/A	57
*	Transamerica Life Insurance Company	Oppenheimer Champion Income Fund	N/A	1,255
*	Transamerica Life Insurance Company	Oppenheimer Global Fund	N/A	159
*	Transamerica Life Insurance Company	Oppenheimer Main Street Fund	N/A	2,646
*	Transamerica Life Insurance Company	SSgA Bond Index Fund	N/A	3,747
*	Transamerica Life Insurance Company	SSgA International Stock Index Fund	N/A	18
*	Transamerica Life Insurance Company	SSgA Mid-Cap Index Fund	N/A	7,144
*	Transamerica Life Insurance Company	SSgA Small-Cap Index Fund	N/A	18
*	Transamerica Life Insurance Company	SSgA Small-Cap Value Index Fund	N/A	10,878
*	Transamerica Life Insurance Company	Templeton Foreign Fund	N/A	3,025
*	Transamerica Life Insurance Company	Transamerica Aggressive Growth Fund	N/A	894
*	Transamerica Life Insurance Company	Transamerica Balanced Fund	N/A	73,018
*	Transamerica Life Insurance Company	Transamerica Core Equity Fund	N/A	40,694
*	Transamerica Life Insurance Company	Transamerica Equity Fund	N/A	27,430
*	Transamerica Life Insurance Company	Transamerica Partners Core Bond Fund	N/A	22,282
*	Transamerica Life Insurance Company	Transamerica Partners High Quality Bond Fund	N/A	55,829
*	Transamerica Life Insurance Company	Transamerica Partners High Yield Bond Fund	N/A	17,937
*	Transamerica Life Insurance Company	Transamerica Partners International Equity Fund	N/A	7,259
*	Transamerica Life Insurance Company	Transamerica Partners Large Core Fund	N/A	3,869
*	Transamerica Life Insurance Company	Transamerica Partners Large Value Fund	N/A	7,568
*	Transamerica Life Insurance Company	Transamerica Partners Mid Growth Fund	N/A	2,564
*	Transamerica Life Insurance Company	Transamerica Partners Mid Value Fund	N/A	35,940
*	Transamerica Life Insurance Company	Transamerica Partners Stock Index Fund	N/A	1,088
*	Transamerica Life Insurance Company	Transamerica Stable Value Fund	N/A	248,572
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2005 Fund	N/A	19,922
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2015 Fund	N/A	31,096
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2025 Fund	N/A	100,905
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2035 Fund	N/A	68,858
*	Transamerica Life Insurance Company	Vanguard Target Retirement 2045 Fund	N/A	99,231
*	Transamerica Life Insurance Company	Cash	5,964	5,964
*	Participant Loans	Interest rates from 4.25% to 6.25%	-	14,252

* Party in interest
N/A Not applicable, participant directed

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name THOMAS SAFRAN & ASSOCIATES 401K PLAN **EIN:** 95-3443236
Plan Sponsor's Name THOMAS SAFRAN & ASSOCIATES , INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	TRANSAMERICA LIFE INS CO	IVY SCIENCE & TECHNOLOGY PSA	0	7,487
*	TRANSAMERICA LIFE INS CO	BLACKROCK GLOBAL FIN SRVC PSA	0	1,998
*	TRANSAMERICA LIFE INS CO	AMERICAN FUNDS WASH MUT INV PSA	0	153,895
*	TRANSAMERICA LIFE INS CO	TRANSAMERICA STABLE VALUE GENERAL ACCOUNT	0	248,572
*	PARTICIPANT PLAN LOANS	1-5 YRS INTEREST RANGE 4.25 TO 9.25	0	14,252
*	TRANSAMERICA LIFE INS CO	NON INTEREST BEARING CASH	0	5,964

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name THOMAS SAFRAN & ASSOCIATES 401K PLAN **EIN:** 95-3443236
Plan Sponsor's Name THOMAS SAFRAN & ASSOCIATES , INC. **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	TRANSAMERICA LIFE INS CO	JPMORGAN GOVERNMENT SECURITIES PSA	0	3,076
*	TRANSAMERICA LIFE INS CO	OPPENHEIMER GLOBAL PSA	0	160
*	TRANSAMERICA LIFE INS CO	TRANSAMERICA AGGRESSIVE GROWTH PSA	0	894
*	TRANSAMERICA LIFE INS CO	TRANSAMERICA CORE EQUITY PSA	0	40,694
*	TRANSAMERICA LIFE INS CO	FIDELITY ADVISOR EQUITY INCOME PSA	0	4,193
*	TRANSAMERICA LIFE INS CO	AIM INTERNATIONAL GROWTH PSA	0	65,595
*	TRANSAMERICA LIFE INS CO	FRANKLIN SMALL-MID CAP GROWTH PSA	0	9

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	TRANSAMERICA LIFE INS CO	JANUS CAPITAL APPRECIATION PSA	0	2,399
*	TRANSAMERICA LIFE INS CO	TRANSAMERICA PARTNERS INT EQ PSA	0	7,259
*	TRANSAMERICA LIFE INS CO	AIM SMALL CAP GROWTH PSA	0	2,769
*	TRANSAMERICA LIFE INS CO	TRANSAMERICA PARTNERS HG YD BD PSA	0	17,937
*	TRANSAMERICA LIFE INS CO	COLUMBIA MID CAP VALUE PSA	0	953
*	TRANSAMERICA LIFE INS CO	TRANSAMERICA PARTNERS MID GRW PSA	0	2,565
*	TRANSAMERICA LIFE INS CO	TRANSAMERICA PARTNERS LG CORE PSA	0	3,869

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name THOMAS SAFRAN & ASSOCIATES 401K PLAN **EIN:** 95-3443236
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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	TRANSAMERICA LIFE INS CO	TRANSAMERICA PARTNERS MID VAL PSA	0	35,940
*	TRANSAMERICA LIFE INS CO	TRANSAMERICA PARTNERS LG VAL PSA	0	7,568
*	TRANSAMERICA LIFE INS CO	DIVERSIFIED INV SHORT PSA	0	5,282
*	TRANSAMERICA LIFE INS CO	DIVERSIFIED INV SHORT/INT PSA	0	0
*	TRANSAMERICA LIFE INS CO	DIVERSIFIED INV INTERMEDIATE PSA	0	0
*	TRANSAMERICA LIFE INS CO	DIVERSIFIED INV LONG	0	827
*	TRANSAMERICA LIFE INS CO	TRANSAMERICA PARTNERS CORE BOND PSA	0	22,282

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name THOMAS SAFRAN & ASSOCIATES 401K PLAN **EIN:** 95-3443236
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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	TRANSAMERICA LIFE INS CO	CALVERT SOCIAL INVESTMENT PSA	0	1,800
*	TRANSAMERICA LIFE INS CO	FRANKLIN BIOTECHNOLOGY DISC PSA	0	7,516
*	TRANSAMERICA LIFE INS CO	FRANKLIN REAL ESTATE SEC PSA	0	6,764
*	TRANSAMERICA LIFE INS CO	AIM LEISURE FUND PSA	0	1,663
*	TRANSAMERICA LIFE INS CO	FIDELITY ADVISOR SMALL CAP PSA	0	23,183
*	TRANSAMERICA LIFE INS CO	DREYFUS INTERNATIONAL VALUE PSA	0	1,674
*	TRANSAMERICA LIFE INS CO	AIM BASIC VALUE PSA	0	36

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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	TRANSAMERICA LIFE INS CO	OPPENHEIMER CHAMPION INCOME PSA	0	1,254
*	TRANSAMERICA LIFE INS CO	JANUS SMALL CAP VALUE RET OPT PSA	0	11,269
*	TRANSAMERICA LIFE INS CO	TRANSAMERICA PARTNERS STK IDX PSA	0	1,088
*	TRANSAMERICA LIFE INS CO	AMERICAN FUNDS FUNDAMENTL PSA	0	24,915
*	TRANSAMERICA LIFE INS CO	OPPENHEIMER MAIN STREET PSA	0	2,646
*	TRANSAMERICA LIFE INS CO	OPPENHEIMER CAPITAL APP PSA	0	57
*	TRANSAMERICA LIFE INS CO	AMERICAN FUNDS AMCAP PSA	0	9

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	TRANSAMERICA LIFE INS CO	AMERICAN FUNDS GRTH FUND OF AM PSA	0	20,584
*	TRANSAMERICA LIFE INS CO	FRANKLIN FLEX CAP GROWTH PSA	0	29,461
*	TRANSAMERICA LIFE INS CO	AMERICAN FUNDS NEW PERS PSA	0	4,476
*	TRANSAMERICA LIFE INS CO	AMERICAN FUNDS BALANCED PSA	0	25,279
*	TRANSAMERICA LIFE INS CO	TRANSAMERICA PARTNERS HH QT BD PSA	0	55,829
*	TRANSAMERICA LIFE INS CO	SSGA SMALL-CAP INDEX PSA	0	18
*	TRANSAMERICA LIFE INS CO	SSGA INTERNATIONAL STOCK IND PSA	0	18

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*	TRANSAMERICA LIFE INS CO	SSGA MID-CAP INDEX PSA	0	7,144
*	TRANSAMERICA LIFE INS CO	VANGUARD TARGET RET 2035 PSA	0	68,858
*	TRANSAMERICA LIFE INS CO	VANGUARD TARGET RET 2045 PSA	0	99,230
*	TRANSAMERICA LIFE INS CO	AMERICAN CENTURY LARGE CO VAL PSA	0	7,583
*	TRANSAMERICA LIFE INS CO	AMERICAN CENTURY ULTRA PSA	0	18
*	TRANSAMERICA LIFE INS CO	AMERICAN CENTURY VISTA PSA	0	2,676
*	TRANSAMERICA LIFE INS CO	AMERICAN CENTURY SML CAP VAL PSA	0	9,344

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

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*	TRANSAMERICA LIFE INS CO	SSGA BOND INDEX PSA	0	3,747
*	TRANSAMERICA LIFE INS CO	SSGA DOW JONES SML CP VAL IND PSA	0	10,878
*	TRANSAMERICA LIFE INS CO	FRANKLIN UTILITIES PSA	0	6,377
*	TRANSAMERICA LIFE INS CO	AIM MID CAP CORE EQUITY PSA	0	5,753
*	TRANSAMERICA LIFE INS CO	VANGUARD TARGET RET 2005 PSA	0	19,922
*	TRANSAMERICA LIFE INS CO	VANGUARD TARGET RET 2015 PSA	0	31,096
*	TRANSAMERICA LIFE INS CO	VANGUARD TARGET RET 2025 PSA	0	100,904

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*	TRANSAMERICA LIFE INS CO	BLACKROCK GLOBAL FIN SRVC PSA	0	1,998
*	TRANSAMERICA LIFE INS CO	AMERICAN FUNDS WASH MUT INV PSA	0	153,895
*	TRANSAMERICA LIFE INS CO	TRANSAMERICA STABLE VALUE GENERAL ACCOUNT	0	248,572
*	PARTICIPANT PLAN LOANS	1-5 YRS INTEREST RANGE 4.25 TO 9.25	0	14,252
*	TRANSAMERICA LIFE INS CO	NON INTEREST BEARING CASH	0	5,964