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
FCCI SERVICES, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1986

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

6300 UNIVERSITY PARKWAY
SARASOTA, FL 34240

2b Employer Identification Number (EIN)
59-1968027

2c Sponsor's telephone number
941-907-7695

2d Business code (see instructions)
524290

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.	08/06/2010	DEBRA DOUGLAS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/10/2010	CRAIG JOHNSON
	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")

FCCI SERVICES, INC.

6300 UNIVERSITY PARKWAY
SARASOTA, FL 34240

3b Administrator's EIN: 59-1968027

3c Administrator's telephone number: 941-907-7695

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**	816
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**	671
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	173
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	844
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	845
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	805
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
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 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [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)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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
FCCI SERVICES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FCCI SERVICES, INC.

D Employer Identification Number (EIN)
59-1968027

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

THE VANGUARD GROUP

23-1945930

(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	NONE	4587	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
FCCI SERVICES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FCCI SERVICES, INC.

D Employer Identification Number (EIN)
59-1968027

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: VANGUARD RETIREMENT SAVINGS TRUST

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

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)
23-2186884-022	C	1996894

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)

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)

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)

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)

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)

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)

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)

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)

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)

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

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

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

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

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

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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)

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)

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)

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)

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

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

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
FCCI SERVICES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FCCI SERVICES, INC.

D Employer Identification Number (EIN)
59-1968027

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)	2656347	2970268
(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)		
(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)	1167452	1508646
(9) Value of interest in common/collective trusts	1c(9)	1355496	1996894
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	46142452	60868253
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	51321747	67344061
	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	51321747	67344061

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)	4448479	
	(B) Participants	2a(1)(B)	3964914	
	(C) Others (including rollovers)	2a(1)(C)	329218	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		8742611
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)	86464	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		86464
	(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)	1351458	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1351458
	(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)		116275
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
	(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)		8859133
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		19155941
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4592131	
	(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)		4592131
f	Corrective distributions (see instructions)	2f		688
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Interest expense	2h		
i	Administrative expenses: (1) Professional fees	2i(1)		
	(2) Contract administrator fees	2i(2)		
	(3) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)	2114	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2114
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4594933
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		14561008
l	Transfers of assets:			
	(1) To this plan	2l(1)		1461306
	(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: BDO USA LLP **(2)** EIN: 13-5381590

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		5000000
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		X	

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
FCCI SERVICES, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FCCI SERVICES, INC.

D Employer Identification Number (EIN)
59-1968027

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**

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): 23-2186884

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):

BDO

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Atlanta, GA 30309-4516

Independent Auditors' Report

To the Plan Trustee and Participants
FCCI Services, Inc. 401(k) Profit Sharing Plan
Sarasota, Florida

We were engaged to audit the accompanying statements of net assets available for benefits of FCCI Services, Inc. 401(k) Profit Sharing Plan (the "Plan") as of December 31, 2009 and 2008, and the statements of changes in net assets available for benefits for the years then ended, and the supplemental (1) Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2009. These financial statements and supplemental 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 us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, on which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information, that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BDO USA, LLP

Atlanta, Georgia
July 29, 2010

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FCCI Services, Inc. 401(k) Profit Sharing Plan

Schedule H, Line 4i Schedule of Assets (Held at End of Year)
December 31, 2009
EIN/PN: 59-1968027/001/Form 5500

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(e) Current Value
*	Vanguard	Prime Money Market Fund, 7,000,973 shares	$ 7,000,973
*	Vanguard	500 Index Fund, 80,958 shares	8,311,991
*	Vanguard	Wellesley Income Fund, 235,549 shares	4,798,125
*	Vanguard	Morgan Growth Fund, 333,018 shares	5,085,187
*	Vanguard	GNMA Fund, 296,412 shares	3,153,821
*	Vanguard	Total Bond Market Index Fund, 295,729 shares	3,060,798
*	Vanguard	LifeStrategy Growth Fund, 185,617 shares	3,630,668
*	Vanguard	Small Cap Index Fund, 120,742 shares	3,319,192
*	Vanguard	International Growth Fund, 243,255 shares	4,132,909
*	Vanguard	Mid-Cap Index Fund, 214,196 shares	3,504,243
*	Vanguard	LifeStrategy Moderate Growth Fund, 146,722 shares	2,595,520
*	Vanguard	Long-Term Investment Grade Fund, 204,251 shares	1,821,918
*	Vanguard	Equity Income Fund, 107,350 shares	1,959,139
*	Vanguard	LifeStrategy Conservative Growth Fund, 67,155 shares	1,015,380
*	Vanguard	LifeStrategy Income Fund, 94,114 shares	1,248,890
*	Vanguard	Target Retirement 2020 Fund, 72,662 shares	1,450,338
*	Vanguard	Target Retirement 2010 Fund, 49,027 shares	1,006,039
*	Vanguard	Target Retirement 2015 Fund, 140,699 shares	1,591,303
*	Vanguard	Target Retirement 2005 Fund, 38,431 shares	421,975
*	Vanguard	Target Retirement 2035 Fund, 35,025 shares	406,990
*	Vanguard	Target Retirement 2025 Fund, 45,220 shares	511,885
*	Vanguard	Target Retirement 2030 Fund, 19,295 shares	372,592
*	Vanguard	Target Retirement Income Fund, 21,061 shares	223,035
*	Vanguard	Target Retirement 2040 Fund, 9,670 shares	184,222
*	Vanguard	Target Retirement 2045 Fund, 2,846 shares	34,207
*	Vanguard	Target Retirement 2050 Fund, 1,408 shares	26,913
**	Vanguard	Retirement Savings Trust, 1,953,769 shares	1,996,894
	Participant loans	Interest rates of 4.25% to 9.50%	1,508,646
	Total Investments		$ 64,373,793

The above information has been certified by the Trustee as being complete and accurate.
* Party-in-interest
** Amount shown is at fair value; $1,953,769 is contract value and certified by Trustee.

FCCI SERVICES, INC.
401(k) Profit Sharing Plan

Financial Statements and Supplemental Schedule
As of and for the Years Ended
December 31, 2009 and 2008

The report accompanying these financial statements was issued by BDO USA, LLP, a New York limited liability partnership and the U.S. member of BDO International Limited, a UK company limited by guarantee.

FCCI Services, Inc. 401(k) Profit Sharing Plan

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1100 Peachtree Street NE, Suite 700
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Independent Auditors' Report

To the Plan Trustee and Participants
FCCI Services, Inc. 401(k) Profit Sharing Plan
Sarasota, Florida

We were engaged to audit the accompanying statements of net assets available for benefits of **FCCI Services, Inc. 401(k) Profit Sharing Plan** (the "Plan") as of December 31, 2009 and 2008, and the statements of changes in net assets available for benefits for the years then ended, and the supplemental (1) Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2009. These financial statements and supplemental 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 us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, on which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information, that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BDO USA, LLP

Atlanta, Georgia
July 29, 2010

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FCCI Services, Inc. 401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	2009	2008
Assets		
Investments, at fair value:		
Mutual funds	$ 60,868,253	$ 46,142,452
Collective trust	1,996,894	1,355,496
Participant loans	1,508,646	1,167,452
Total investments	64,373,793	48,665,400
Receivable:		
Employer contributions	2,970,268	2,656,347
Total assets	67,344,061	51,321,747
Net assets available for benefits at fair value	67,344,061	51,321,747
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(43,125)	17,772
Net Assets Available for Benefits	$ 67,300,936	$ 51,339,519

See accompanying independent auditors' report and notes to financial statements.

FCCI Services, Inc. 401(k) Profit Sharing Plan

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2009 and 2008

	2009	2008
Additions:		
Contributions:		
Employer	$ 4,448,479	$ 4,057,794
Participants	3,964,914	3,897,465
Rollovers	329,218	153,216
Total contributions	8,742,611	8,108,475
Investment income (loss):		
Interest and dividends	1,406,836	1,825,302
Interest on participant loans	86,464	97,986
Net appreciation (depreciation) in fair value of investments	8,859,133	(17,291,867)
Total investment income (loss)	10,352,433	(15,368,579)
Other additions:		
Other	-	69
Transfer of Assets from another Plan	1,461,306	-
Total additions	20,556,350	(7,260,035)
Deductions:		
Payment of benefits and distributions	4,592,819	6,408,724
Other deductions	2,114	4,040
Total deductions	4,594,933	6,412,764
Net increase (decrease)	15,961,417	(13,672,799)
Net Assets Available for Benefits, beginning of year	51,339,519	65,012,318
Net Assets Available for Benefits, end of year	$ 67,300,936	$ 51,339,519

See accompanying independent auditors' report and notes to financial statements.

FCCI Services, Inc. 401(k) Profit Sharing Plan

Notes to Financial Statements

1. Description of the Plan

The following description of the FCCI Services, Inc. 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan with an Internal Revenue Code 401 (k) provision covering employees of FCCI Services, Inc.'s operating and administrative subsidiaries, and their divisions and affiliates (collectively, the Company or Employer). The Plan is administered by the Company and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

All employees of the Employer shall be eligible to become participants in the Plan with respect to elective contributions and matching contributions upon the completion of one hour of service regardless of age. All employees of the Employer shall be eligible to become participants in the Plan with respect to non-elective contributions upon completing one year of service regardless of age. Participants must be employed by the Employer on the last day of the Plan year in order to receive non-elective contributions. In connection with the Company's acquisition of Mississippi Insurance Managers, Inc. in 2008, the Mississippi Insurance Managers, Inc. Profit Sharing Plan was merged into the Plan on May 31, 2009. The value of assets transferred totaled $1,461,306.

Administration of Plan Assets

Employer and participant contributions are held and managed by the trustee, which invests cash received, interest and dividend income, and makes distributions to participants. Certain administrative functions are performed by officers and employees of the Company. No such officer or employee receives compensation from the Plan.

Contributions

The Plan permits voluntary participant contributions through salary reductions. Participants' maximum elective deferrals for the years ended December 31, 2009 and 2008 were $16,500 and $15,500 respectively. Other IRS limits exist for certain highly compensated employees participating in the Plan. Participants are fully vested in their voluntary contributions and related investment income. The Plan permits participants to make rollover contributions from other qualified retirement plans. Effective May 1, 2009 the Plan was amended to allow Roth elective contributions.

The Plan also allows for participants age 50 and older to contribute additional tax-deferred contributions. The catch-up contributions are subject to IRS limits of $5,500 and $5,000 in 2009 and 2008 respectively.

The Plan permits the Company to make both discretionary matching contributions and discretionary profit sharing contributions. The discretionary matching contribution during the years ended December 31, 2009 and 2008 equaled 50% of the participant's voluntary contribution, up to the first 4% of the participant's compensation, as defined. All contributions made by the Company are determined annually by the Board of Directors.

Discretionary profit sharing contributions, discretionary matching contributions, and investment earnings or losses are allocated proportionately among participants based upon compensation, voluntary participant contributions, and individual account balances, respectively.

Participant Accounts

Each participant's account is credited with the participant's contribution (including rollover contributions) and allocations of (a) the Company's contribution, (b) Plan earnings, and (c) interest income on the participant's outstanding loan balance, if any. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Participant Loans

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of the lesser of $50,000 or 50% of their vested balance. The loans are secured by the balance in the participants' account and bear interest of rates that range from 4.25% to 9.50%. Loans must be repaid within five years, except principal residence loans which may not exceed fifteen years, to the participant's account with interest. Repayments are made through bi-weekly payroll deductions. Upon termination of employment, the unpaid principal and accrued interest on a participant loan is due within 60 days of termination.

Payment of Benefits

Benefit payments are made based upon a participant's vested account balance. Benefit payments are payable upon reaching 59½ years of age, termination, retirement, death, disability, or serious financial hardship. Retirement is defined as reaching the later of age 65 or 5 years of service (normal retirement) or the later of age 55 or 10 years of service (early retirement). Benefit payments are made in the form of a lump-sum payment. The Plan also permits participants receiving distributions to make direct rollover contributions to another qualified retirement plan. Vested account balances of $1,000 or less at the time of termination will automatically be paid out as a lump sum.

Forfeitures and Vesting

Participants do not vest in the Company's contributions and earnings thereon until completing three years of service with the Company. After three years of service, participants become fully vested. Amounts forfeited by participants whose employment terminates prior to full vesting are utilized to reduce the Company's contributions for the Plan year. During the 2009 and 2008 Plan years, forfeitures of $83,404 and $99,967, respectively, were used to reduce Company contributions to the Plan. Forfeiture balances available to offset Company contributions were $45,422 and $83,404 at December 31, 2009 and 2008, respectively.

Administrative Expenses

The majority of the administrative expenses of the Plan are paid by the Company. Administrative expenses recorded in the Plan pertain to distribution and loan fees paid directly by the participant.

2. Summary of Accounting Policies

Basis of Presentation

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

Accounting Standard Codification

In June 2009, the Financial Accounting Standards Board ("FASB") issued Statement of Financial Accounting Standards ("SFAS") No. 168, The FASB Accounting Standard Codification™ ("Codification") and the Hierarchy of Generally Accepted Accounting Principles, effective for interim and annual reporting periods ending after September 15, 2009. This statement replaces SFAS No. 162, The Hierarchy of Generally Accepted Accounting Principles and establishes the Codification ("ASC") as the source of authoritative U.S. accounting principles used in the preparation of financial statements in conformity with GAAP. All guidance contained in the Codification carries an equal level of authority. The Codification does not replace or affect guidance issued by the SEC or its staff. The FASB will not issue new standards in the form of Statements, FASB Staff Positions or Emerging Issues Task Force Abstracts. Instead, it will issue Accounting Standards Updates ("ASUs"). The FASB will not consider ASUs as authoritative in their own right; rather, ASUs will serve only to update the Codification, provide background information about the guidance and provide the basis for conclusions on the change(s) in the Codification. This statement became effective for the year ended December 31, 2009, and references made to FASB guidance throughout this document have been updated for the Codification.

ASC 820 (Formerly SFAS No. 157, "Fair Value Measurements")

In September 2006, the FASB issued ASC 820. ASC 820 introduces a framework for measuring fair value and expands required disclosure about fair value measurements of assets and liabilities. ASC 820 for financial assets and liabilities is effective for fiscal years beginning after November 15, 2007. The Plan adopted ASC 820 as of January 1, 2008. There was no material impact to the Plan financial statements upon adoption.

In 2009, FASB Staff Position 157-4, Disclosures Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly (FSP), was issued and later codified into ASC 820, which expanded disclosures and required that major category for debt and equity securities in the fair value hierarchy table be determined on the basis of the nature and risks of the investments. This guidance was adopted by the Plan for the years ended December 31, 2009 and 2008.

In September 2009, the FASB issued ASU 2009-12, Fair Value Measurements and Disclosures (Topic 820)—Investment in Certain Entities that Calculate Net Asset value per Share (or Its Equivalent). The ASU 2009-12 permits the use of net asset value per share, without further adjustment, to estimate the fair value of investments in investment companies that do not have readily determinable fair values. This guidance also required additional disclosure of the investments within the scope of the ASU. This guidance is effective for periods ended after December 15, 2009. The adoption did not have a material impact on the Plan's financial statements.

ASC 855 (formerly SFAS No. 165, "Subsequent Events")

In May 2009, the FASB issued ASC 855, which establishes general standards of accounting for and disclosure of events that occur after the statement of net assets available for benefits date but before the financial statements are issued or are available to be issued. It requires the disclosure of the date through which an entity has evaluated subsequent events and the basis for that date. ASC 855 sets forth the period after the statement of net assets available for benefits date during which management of a reporting entity should evaluate events or transactions that may occur for potential recognition or disclosure in the financial statements, the circumstances under which an entity should recognize events or transactions occurring after the statement of net assets available for benefits date in its financial statements and the disclosures that an entity should make about events or transactions that occurred after the statement of net assets available for benefits date. ASC 855 became effective for the Plan for the year ended December 31, 2009 and is to be applied prospectively. The impact of adoption was not significant.

ASU No. 2010-06, Fair Value Measurements and Disclosures

In January 2010, the FASB issued ASU No. 2010-06, *Fair Value Measurements and Disclosures* (ASU No. 2010-06), which amends ASC 820 (originally issued as FASB Statement No. 157, *Fair Value Measurements*), adding new disclosure requirements for Levels 1 and 2, separate disclosures of purchases, sales, issuances, and settlements relating to Level 3 measurements and clarification of existing fair value disclosures. ASU No. 2010-06 is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which will be effective for fiscal years beginning after December 15, 2010. The application of this guidance will only affect disclosures and therefore will not impact the Plan's financial statements.

ASC 962 (Formerly FSP AAG INV-1 and SOP 94-4-1)

As described in FASB Staff Position, ASC 962, Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies subject to the AICPA Investment Company Audit Guide and Defined Contribution Health and Welfare and Pension Plans, investment contracts held by a defined contribution plan are required to be reported at fair value. This applies even when the contracts are not held directly by the Plan but are underlying assets in Common Collective Trust ("CCT") investments held by the Plan. 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 Plan invests in investment contracts through a CCT. As required by ASC 962, the Statement of Net Assets Available for Benefits presents the fair value of the investment in the CCT as well as the adjustment of the investment in the CCT from fair value to contract value relating to the fully benefit responsive investment contracts. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis. There is no restriction in place with respect to the daily redemption of the CCTs.

Investment Valuation and Income Recognition

The Plan's investments include mutual funds, which invest in various types of investment securities and in various companies within various markets. The Plan's investments in mutual funds are stated at fair value and are valued daily at quoted market prices which represent the net asset value of shares held by the Plan at year end. Participant loans are stated at cost (which approximates fair value) based on the original principal balance, less principal repayments.

The Vanguard Retirement Savings Trust stable value fund (collective trust) invests primarily in guaranteed investment contracts and synthetic investment contracts with insurance companies which are fully benefit-responsive. As described in Financial Accounting Standards Board Staff Position, FSP AAG INV-1, *Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies subject to the AICPA Investment Company Audit Guide and Defined Contribution Health and Welfare and Pension Plans* (the "FSP"), investment contracts held by a defined contribution plan are required to be reported at fair value. This applies even when the contracts are not held

directly by the Plan but are underlying assets in common/collective Trust ("CCT") investments held by the Plan. 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 Plan invests in investment contracts through a CCT. As required by the FSP, the Statement of Net Assets Available for benefits presents the fair value of the investment in the CCT as well as the adjustment of the investment in the CCT from fair value to contract value relating to the investment contracts. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Investment purchases and sales are accounted for on the date securities are purchased or sold. Gains and losses on investments sold are recorded at the difference between proceeds received and average cost of the investment on the trade date.

The Plan presents, in the statements of changes in net assets available for benefits, the net appreciation or depreciation in fair value of investments, which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments.

Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Expenses

Substantially all administrative costs related to the Plan are incurred and paid by the Company and are not reflected in the operations of the Plan. Investment advisory fees for portfolio management are deducted from fund earnings. Purchase and redemption fees, if applicable, are paid by the participants investing in those funds that are subject to such fees. Participant requested services such as loan origination and distribution fees are paid by the participants.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The plan has evaluated subsequent events through July 29, 2010, the date the financial statements were available to be issued. During the period there were no material recognizable subsequent events.

FCCI Services, Inc. 401(k) Profit Sharing Plan

Notes to Financial Statements

3. Investments

All of the Plan's investments are participant directed. Participant and Company contributions are invested in mutual funds and a collective trust based upon each individual participant's direction. At December 31, 2009 and 2008, the Plan's investments at fair values were as follows:

	2009		2008	
	Shares	Amount	Shares	Amount
* Vanguard Prime Money Market Fund	7,000,973	$ 7,000,973	8,375,014	$ 8,375,014
* Vanguard 500 Index Fund	80,958	8,311,991	79,267	6,586,275
* Vanguard Wellesley Income Fund	235,549	4,798,125	228,859	4,211,008
* Vanguard Morgan Growth Fund	333,018	5,085,187	324,302	3,664,610
** Vanguard GNMA Fund	296,412	3,153,821	268,433	2,840,023
Vanguard Total Bond Market Index Fund	295,729	3,060,798	226,379	2,304,538
*** Vanguard LifeStrategy Growth Fund	185,617	3,630,668	138,779	2,220,461
Vanguard Small Cap Index Fund	120,742	3,319,192	108,405	2,211,459
*** Vanguard International Growth Fund	243,255	4,132,909	177,974	2,171,277
Vanguard Mid-Cap Index Fund	214,196	3,504,243	182,884	2,158,029
Vanguard LifeStrategy Moderate Growth Fund	146,722	2,595,520	118,286	1,783,750
Vanguard Long-Term Investment Grade Fund	204,251	1,821,918	170,015	1,482,529
Vanguard Equity Income Fund	107,350	1,959,139	88,039	1,420,953
Vanguard LifeStrategy Conservative Growth Fund	67,155	1,015,380	70,833	942,082
Vanguard LifeStrategy Income Fund	94,114	1,248,890	75,101	918,482
Vanguard Asset Allocation Fund	-	-	44,182	821,778
Vanguard Target Retirement 2020 Fund	72,662	1,450,338	31,750	526,103
Vanguard Target Retirement 2010 Fund	49,027	1,006,039	28,547	502,707
Vanguard Target Retirement 2015 Fund	140,699	1,591,303	42,088	401,943
Vanguard Target Retirement 2005 Fund	38,431	421,975	23,604	228,718
Vanguard Target Retirement 2035 Fund	35,025	406,990	11,659	107,842
Vanguard Target Retirement 2025 Fund	45,220	511,885	9,906	91,833
Vanguard Target Retirement 2030 Fund	19,295	372,592	4,707	73,147
Vanguard Target Retirement Income Fund	21,061	223,035	3,735	35,553
Vanguard Target Retirement 2040 Fund	9,670	184,222	2,319	35,090
Vanguard Target Retirement 2045 Fund	2,846	34,207	2,185	20,912
Vanguard Target Retirement 2050 Fund	1408	26,913	417	6,336
Vanguard Retirement Savings Trust	1,953,769	1,996,894	1,373,268	1,355,496
Participant loans, bearing interest rates ranging from 4.25% to 9.50%		1,508,646		1,167,452
		$64,373,793		$ 48,665,400

* Represents 5% or more of net assets available for benefits at December 31, 2009 and 2008.

** Represents 5% or more of net assets available for benefits at December 31, 2008.

*** Represents 5% or more of net assets available for benefits at December 31, 2009.

During the year ended December 31, 2009, the Plan's investments in mutual funds (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $8,859,133. During the year ended December 31, 2008, investments in mutual funds depreciated by $17,291,867.

4. Fair Value Measurements

Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures* establishes a 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 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.

FCCI Services, Inc. 401(k) Profit Sharing Plan

Notes to Financial Statements

The following table sets forth by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Index funds	$ 15,135,426	-	-	$ 15,135,426
Fixed income funds	15,037,510	-	-	15,037,510
Balanced funds	13,288,583	-	-	13,288,583
Target date funds	6,229,499	-	-	6,229,499
Growth funds	5,085,187	-	-	5,085,187
International funds	4,132,909	-	-	4,132,909
Value funds	1,959,139	-	-	1,959,139
Total mutual funds	60,868,253	-	-	60,868,253
Common trusts	-	$ 1,996,894	-	1,996,894
Participant loans	-	1,508,646	-	1,508,646
Total	$ 60,868,253	$ 3,505,540	-	$ 64,373,793

The following table sets forth by level within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2008:

Prior Year

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Fixed income funds	$ 15,002,104	-	-	$ 15,002,104
Index funds	10,955,763	-	-	10,955,763
Balanced funds	10,897,561	-	-	10,897,561
Growth funds	3,664,610	-	-	3,664,610
International funds	2,171,277	-	-	2,171,277
Target date funds	2,030,184	-	-	2,030,184
Value funds	1,420,953	-	-	1,420,953
Total mutual funds	46,142,452	-	-	46,142,452
Common trusts		$ 1,355,496	-	1,355,496
Participant loans		1,167,452	-	1,167,452
Total	$ 46,142,452	$ 2,522,948	-	$ 48,665,400

5. **Information Certified by the Plan's Trustee**

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosures under ERISA. Accordingly, as permitted under such election, the plan administrator has obtained certifications from the trustee of the Plan as of and for the years ended December 31, 2009 and 2008, that all investment information provided by it is complete and accurate. Information included in the accompanying financial statements and Note 3 as to investments held in the trust fund managed by the trustee, investment income and all investment information in the supplemental schedule is presented in reliance solely upon those certifications. The fair value of the Vanguard Retirement Savings Trust has not been certified by the trustee as the custodian is only able to certify the contract value.

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

6. **Transactions with Parties-In-Interest**

Certain plan investments are shares of mutual funds and a collective trust fund managed by Vanguard Fiduciary Trust Company ("Vanguard"). Vanguard is the trustee as defined by the plan and therefore, these transactions qualify as party-in-interest transactions.

7. **Tax Status**

The Plan obtained its latest determination letter on November 28, 2008, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan qualifies under Section 401 (a) and the Plan is tax exempt as of December 31, 2009 and 2008. Therefore, no provision for income taxes has been included in the Plan's financial statements. Although the plan has been amended since receiving the determination letter, the plan administrator believes the plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

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 would become 100 percent vested in their employer contributions and earnings thereon.

9. Risks and Securities 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 statement of net assets available for benefits.

10. Reconciliation of Financial Statements to Form 5500

As of December 31, 2009, the collective trust fund is shown at contract value in the Form 5500, thus the net assets in the Form 5500 agrees to the net assets available for benefits at contract value per the statements of net assets available for benefits. As of December 31, 2008, the collective trust fund is shown at fair value in the Form 5500, thus the net assets in the Form 5500 agrees to the net assets available for benefits at fair value per the statements of net assets available for benefits.

The following is a reconciliation of changes in net assets available for benefits per the financial statements to Form 5500 for the year ended December 31, 2009 and 2008:

December 31,	2009	2008
Net increase (decrease) in net assets available for benefits, per financial statements	$ 15,961,417	$ (13,672,799)
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	17,772	(19,029)
Net income (loss) per Form 5500	$ 15,979,189	$ (13,691,828)

Supplemental Schedule

FCCI Services, Inc. 401(k) Profit Sharing Plan

Schedule H, Line 4i Schedule of Assets (Held at End of Year)
December 31, 2009
EIN/PN: 59-1968027/001/Form 5500

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(e) Current Value
*	Vanguard	Prime Money Market Fund, 7,000,973 shares	$ 7,000,973
*	Vanguard	500 Index Fund, 80,958 shares	8,311,991
*	Vanguard	Wellesley Income Fund, 235,549 shares	4,798,125
*	Vanguard	Morgan Growth Fund, 333,018 shares	5,085,187
*	Vanguard	GNMA Fund, 296,412 shares	3,153,821
*	Vanguard	Total Bond Market Index Fund, 295,729 shares	3,060,798
*	Vanguard	LifeStrategy Growth Fund, 185,617 shares	3,630,668
*	Vanguard	Small Cap Index Fund, 120,742 shares	3,319,192
*	Vanguard	International Growth Fund, 243,255 shares	4,132,909
*	Vanguard	Mid-Cap Index Fund, 214,196 shares	3,504,243
*	Vanguard	LifeStrategy Moderate Growth Fund, 146,722 shares	2,595,520
*	Vanguard	Long-Term Investment Grade Fund, 204,251 shares	1,821,918
*	Vanguard	Equity Income Fund, 107,350 shares	1,959,139
*	Vanguard	LifeStrategy Conservative Growth Fund, 67,155 shares	1,015,380
*	Vanguard	LifeStrategy Income Fund, 94,114 shares	1,248,890
*	Vanguard	Target Retirement 2020 Fund, 72,662 shares	1,450,338
*	Vanguard	Target Retirement 2010 Fund, 49,027 shares	1,006,039
*	Vanguard	Target Retirement 2015 Fund, 140,699 shares	1,591,303
*	Vanguard	Target Retirement 2005 Fund, 38,431 shares	421,975
*	Vanguard	Target Retirement 2035 Fund, 35,025 shares	406,990
*	Vanguard	Target Retirement 2025 Fund, 45,220 shares	511,885
*	Vanguard	Target Retirement 2030 Fund, 19,295 shares	372,592
*	Vanguard	Target Retirement Income Fund, 21,061 shares	223,035
*	Vanguard	Target Retirement 2040 Fund, 9,670 shares	184,222
*	Vanguard	Target Retirement 2045 Fund, 2,846 shares	34,207
*	Vanguard	Target Retirement 2050 Fund, 1,408 shares	26,913
**	Vanguard	Retirement Savings Trust, 1,953,769 shares	1,996,894
	Participant loans	Interest rates of 4.25% to 9.50%	1,508,646
	Total Investments		$ 64,373,793

The above information has been certified by the Trustee as being complete and accurate.
* Party-in-interest
** Amount shown is at fair value; $1,953,769 is contract value and certified by Trustee.