

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
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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	
	☐ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☒ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan CPE HR MULTIPLE EMPLOYER 401(K) PLAN 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) CPE HR, INC. 9000 SUNSET BLVD, STE 900 WEST HOLLYWOOD, CA 90069	1b Three-digit plan number (PN) ►	002	
	1c Effective date of plan	01/01/2002	
	2b Employer Identification Number (EIN)	95-4091491	
	2c Sponsor's telephone number	310-270-9839	
	2d Business code (see instructions)	561300	

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.	08/23/2010	GRACE DRULIAS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") CPE HR, INC. 9000 SUNSET BLVD, STE 900 WEST HOLLYWOOD, CA 90069	3b Administrator's EIN 95-4091491 3c Administrator's telephone number 310-270-9839
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	8508
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	5797
b Retired or separated participants receiving benefits.....	6b	3
c Other retired or separated participants entitled to future benefits.....	6c	408
d Subtotal. Add lines 6a , 6b , and 6c	6d	6208
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	6208
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	1410
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	71

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2A 2E 2G 2J 2K 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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan CPE HR MULTIPLE EMPLOYER 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500. CPE HR, INC.	D Employer Identification Number (EIN) 95-4091491	

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

(a) Name of insurance carrier TRANSAMERICA LIFE INSURANCE & ANNUITY
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(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	930040		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.
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(a) Total amount of commissions paid	(b) Total amount of fees paid
0	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
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(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
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(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
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(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
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(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	14059296

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 ▶ STABLE VALUE OPTION

b Balance at the end of the previous year	7b	3883259
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c Additions: (1) Contributions deposited during the year	7c(1)	1209513	
(2) Dividends and credits	7c(2)	0	
(3) Interest credited during the year	7c(3)	138952	
(4) Transferred from separate account	7c(4)	512116	
(5) Other (specify below)..... ▶ LOAN REPAYMENT MISC DEPOSIT	7c(5)	69506	

(6) Total additions	7c(6)	1930087
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d Total of balance and additions (add b and c(6)).	7d	5813346
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	454161	
(2) Administration charge made by carrier	7e(2)	49848	
(3) Transferred to separate account	7e(3)	451093	
(4) Other (specify below)..... ▶ EXCESS CONTRIB REF LOAN REQUEST MISC	7e(4)	172296	

(5) Total deductions	7e(5)	1127398
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f Balance at the end of the current year (subtract e(5) from d)	7f	4685948
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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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 CPE HR MULTIPLE EMPLOYER 401(K) PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 CPE HR, INC.		D Employer Identification Number (EIN) 95-4091491

Part I	Service Provider Information (see instructions)
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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
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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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	157626	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

BRUCKER AND MORRA

10880 WILSHIRE BLVD, SUITE2210
LOS ANGELES, CA 90024

(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?
29	LEGAL	6223	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>CPE HR MULTIPLE EMPLOYER 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CPE HR, INC.</u>	D Employer Identification Number (EIN) <u>95-4091491</u>
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY

c EIN-PN <u>39-0989781-101</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>329068</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: DIVERSIFIED SHORT HORIZON

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY

c EIN-PN <u>39-0989781-429</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>166047</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: BALANCED

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY

c EIN-PN <u>39-0989781-119</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1743771</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: BOND

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY

c EIN-PN <u>39-0989781-100</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>308183</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: JP MORGAN GOVT SEC

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY

c EIN-PN <u>39-0989781-158</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>323664</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA GROWTH OPFR

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY

c EIN-PN <u>39-0989781-167</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>395242</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA CORE EQUITY

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY

c EIN-PN <u>39-0989781-168</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>310693</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA PARTNERS INT EQ](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS. COMPANY](#)

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) 332785
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a Name of MTIA, CCT, PSA, or 103-12 IE: [NEUBERGER BERMAN FOCUS](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS. COMPANY](#)

c EIN-PN 39-0989781-396	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 246614
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a Name of MTIA, CCT, PSA, or 103-12 IE: [COLUMBIA MID CAP VALUE](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS. COMPANY](#)

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) 369636
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a Name of MTIA, CCT, PSA, or 103-12 IE: [DIVERSIFIED INV SHT/INT](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS. COMPANY](#)

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) 172968
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a Name of MTIA, CCT, PSA, or 103-12 IE: [DIVERSIFIED INV INTERMEDIATE](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS. COMPANY](#)

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) 269445
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a Name of MTIA, CCT, PSA, or 103-12 IE: [DIVERSIFIED INV INTER/LNG](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS. COMPANY](#)

c EIN-PN 39-0989781-432	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 288622
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a Name of MTIA, CCT, PSA, or 103-12 IE: [DIVERSIFIED INV LONG](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS. COMPANY](#)

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) 450845
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TRANSAMERICA PARTNERS HG YD BD](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS. COMPANY](#)

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) 571649
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a Name of MTIA, CCT, PSA, or 103-12 IE: [FRANKLIN BALANCE SHEET INV.](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS. COMPANY](#)

c EIN-PN 39-0989781-444	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 508064
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a Name of MTIA, CCT, PSA, or 103-12 IE: [DREYFUS INTERNATIONAL VALUE](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INS. COMPANY](#)

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) 322481
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a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON FOREIGN		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
c EIN-PN 39-0989781-143	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 310188
a Name of MTIA, CCT, PSA, or 103-12 IE: AIM SMALL CAP GROWTH		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
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) 354884
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS CORE BOND		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
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) 290545
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS STK IDX		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
c EIN-PN 39-0989781-538	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 495831
a Name of MTIA, CCT, PSA, or 103-12 IE: AIM CAPITAL APPRECIATION		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
c EIN-PN 39-0989781-132	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68834
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMID GRT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
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) 201540
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS CAPITAL APPRECIATION		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
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) 530810
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS WM INVESTORS		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
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) 309157
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR MID CAP		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
c EIN-PN 39-0989781-018	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 228097
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA SMALL CAP INDEX		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
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) 57518

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2035		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
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) 551843

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2045		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
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) 244795

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY SML CP VAL		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
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) 229606

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2005		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
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) 70657

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2015		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
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) 470357

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2025		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
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) 426625

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
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) 491321

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES BOND		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
c EIN-PN 39-0989781-150	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42717

a Name of MTIA, CCT, PSA, or 103-12 IE: AIM LEISURE FUND		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
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) 10340

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS FUNDAMENTAL		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
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) 58404

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GTH OF AM		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
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) 88133
a Name of MTIA, CCT, PSA, or 103-12 IE: MUTAL SHARES		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
c EIN-PN 39-0989781-017	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11779
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN FLEX CAP GROWTH		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
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) 31625
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERS		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
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) 47982
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BALANCED		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
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) 48569
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA MARSICO 21ST CENTURY		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
c EIN-PN 39-0989781-030	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31987
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA MID-CAP INDEX		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
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) 1064
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): TRANSAMERICA LIFE INS. COMPANY		
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) 17109
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY INFL-ADJ BND		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
c EIN-PN 39-0989781-042	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62785
a Name of MTIA, CCT, PSA, or 103-12 IE: DREYFUS PREMIER STRUCTURED MID		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
c EIN-PN 39-0989781-057	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16207

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INV GRADE BOND		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
c EIN-PN 39-0989781-086	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 193822

a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER CULLEN VALUE		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
c EIN-PN 39-0989781-092	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43681

a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS STRU LRG CP VAL		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
c EIN-PN 39-0989781-081	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40350

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL 1000 VALUE INDEX		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
c EIN-PN 39-0989781-120	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43156

a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS MID CAP VALUE		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
c EIN-PN 39-0989781-080	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69332

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADV LEVERAGED CO STLK		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
c EIN-PN 39-0989781-072	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 129185

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL 1000 GROWTH INDEX		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
c EIN-PN 39-0989781-122	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42171

a Name of MTIA, CCT, PSA, or 103-12 IE: THORNBURG CORE GROWTH		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
c EIN-PN 39-0989781-095	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4276

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL-CAP VALUE INDEX		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
c EIN-PN 39-0989781-108	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47670

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER MAIN ST SMALL CAP		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INS. COMPANY		
c EIN-PN 39-0989781-090	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26836

a Name of MTIA, CCT, PSA, or 103-12 IE: [FIRST AMERICAN SMALL CAP SEL](#)
[TRANSAMERICA LIFE INS. COMPANY](#)

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

c EIN-PN 39-0989781-076	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29483
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SSGA DOW JONES SML CP GRTH IND](#)
[TRANSAMERICA LIFE INS. COMPANY](#)

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

c EIN-PN 39-0989781-121	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12701
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JANUS ADVISER INTL GROWTH](#)
[TRANSAMERICA LIFE INS. COMPANY](#)

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

c EIN-PN 39-0989781-083	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 202840
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SSGA INTENATIONAL ALPHA SEL](#)
[TRANSAMERICA LIFE INS. COMPANY](#)

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

c EIN-PN 39-0989781-118	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16985
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD PACIFIC STOCK INDEX](#)
[TRANSAMERICA LIFE INS. COMPANY](#)

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

c EIN-PN 39-0989781-098	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39774
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a Name of MTIA, CCT, PSA, or 103-12 IE: [IVY SCIENCE & TECHNOLOGY](#)
[TRANSAMERICA LIFE INS. COMPANY](#)

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

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) 116179
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a Name of MTIA, CCT, PSA, or 103-12 IE: [THORNBURG VALUE](#)
[TRANSAMERICA LIFE INS. COMPANY](#)

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

c EIN-PN 39-0989781-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7618
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a Name of MTIA, CCT, PSA, or 103-12 IE: [THORNBURG INTERNATIONAL VALUE](#)
[TRANSAMERICA LIFE INS. COMPANY](#)

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

c EIN-PN 39-0989781-131	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 82151
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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 CPE HR MULTIPLE EMPLOYER 401(K) PLAN	B Three-digit plan number (PN)	002
C Plan sponsor's name as shown on line 2a of Form 5500 CPE HR, INC.	D Employer Identification Number (EIN) 95-4091491	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	34938	
(2) Participant contributions	1b(2)	58705	
(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)	403879	653992
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	8697696	14059296
(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)	3883259	4685948
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	13078477	19399236

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	13078477	19399236
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	812029	
(B) Participants	2a(1)(B)	3377537	
(C) Others (including rollovers)	2a(1)(C)	131812	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4321378

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)	29794	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		29794

(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)		2860977
(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		138952
d Total income. Add all income amounts in column (b) and enter total.....	2d		7351101

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1209991	
(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)		1209991
f Corrective distributions (see instructions)	2f		32379
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	7222	
(2) Contract administrator fees	2i(2)	161563	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		168785
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1411155

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5939946
l Transfers of assets:			
(1) To this plan.....	2l(1)		380813
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: KELLOGG & ANDELSON ACCOUNTANCY CORP

(2) EIN: 95-2793306

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	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?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.		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)

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 <u>CPE HR MULTIPLE EMPLOYER 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CPE HR, INC.</u>	D Employer Identification Number (EIN) <u>95-4091491</u>

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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-6362604</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

Part III	Amendments
-----------------	-------------------

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CPE HR MULTIPLE EMPLOYER 401(k) PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

CONTENTS

	<u>Page</u>
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Plan Benefits	2
Statement of Changes in Net Assets Available for Plan Benefits	3
NOTES TO FINANCIAL STATEMENTS	4-13
SUPPLEMENTAL SCHEDULE:	
Schedule H, line 4i - Schedule of Assets (Held at End of Year)	14-15

To the Plan Administrator
and Participants of the
CPE HR Multiple Employer 401(k) Plan



Independent Auditors' Report

We were engaged to audit the accompanying statements of net assets available for plan benefits of CPE HR Multiple Employer 401(k) Plan (formerly CPE Multiple Employer 401(k) Plan, the "Plan") as of December 31, 2009 and 2008, the related statement of changes in net assets available for plan benefits for the year ended December 31, 2009, and the supplemental 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, which was certified by Transamerica Life Insurance Company (Transamerica), the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We 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 December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the plan administrator by the custodian 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 custodian, 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.

Kellogg + Andelson

July 27, 2010

21700 OXNARD STREET, SUITE 900
WOODLAND HILLS, CALIFORNIA 91367

12400 WILSHIRE BOULEVARD, SUITE 1100
LOS ANGELES, CALIFORNIA 90025

CPE HR MULTIPLE EMPLOYER 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
ASSETS:		
Investments, participant-directed, at fair value	\$ 18,745,244	\$ 12,580,955
Contributions receivable:		
Employers	-	34,938
Participants	<u>-</u>	<u>58,705</u>
Total contributions receivable	-	93,643
Loans to participants	<u>653,992</u>	<u>403,879</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u>\$ 19,399,236</u>	<u>\$ 13,078,477</u>

The accompanying notes are an integral part
of the financial statements.

CPE HR MULTIPLE EMPLOYER 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2009

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:

Net change in fair value of investments	\$ 2,860,977
Interest – loans to participants	29,794
Other	<u>138,952</u>

Total investment income 3,029,723

Contributions:

Employers	812,029
Participants	3,377,537
Other	<u>131,812</u>

Total contributions 4,321,378

Total additions 7,351,101

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	\$ 1,209,991
Corrective distributions	32,379
Administrative expenses	<u>168,785</u>

Total deductions 1,411,155

TRANSFERS OF ASSETS:

Transfers to the plan 380,813

Total transfers of assets 380,813

Increase in net assets 6,320,759

NET ASSETS AVAILABLE FOR PLAN BENEFITS:

Beginning of year 13,078,477

End of year \$ 19,399,236

The accompanying notes are an integral part
of the financial statements.

CPE HR MULTIPLE EMPLOYER 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN

The following description of the CPE HR Multiple Employer 401(k) Plan (formerly CPE Multiple Employer 401(k) Plan) provides only general information. For a more complete description of the Plan's provision, refer to the agreement governing the Plan (the "Plan Agreement") and the individual employer adoption and acceptance agreements (the "Adoption Agreements").

General

The Plan is a multiple employer defined contribution plan administered by CPE HR, Inc. for the benefit of the employees of the participating employers (the "Participating Employers") that are covered by the agreements between the Participating Employers and CPE HR, Inc., as defined by the Plan Agreement. Each employer participating in the Plan signs an individual Adoption Agreement.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, and the Internal Revenue Code (IRC).

The Plan was amended at various dates through December 31, 2009 to comply with applicable laws and regulations.

Contributions

Employees who are 21 years old are eligible to participate upon completion of 3 months of service. Participants may elect to defer their compensation as employee savings contribution, subject to respective Adoption Agreements and the IRC limitations. Plan participants over age 50 may defer catch-up contributions, subject to the IRC limitations. Participants may also contribute rollovers representing distributions from other qualified plans into the Plan.

Participants direct the investment of their contributions and their share of their employer's contribution into various investment options offered by the Plan. The Plan currently offers pooled separate accounts and a stable value fund as investment options for participants.

Participating Employers may make contributions to the Plan on behalf of eligible participants in accordance with the individual Adoption Agreements. Net Participating Employers' contributions to the Plan for the year ended December 31, 2009 amounted to \$812,029.

Vesting

Participants are immediately vested in their salary deferral contributions plus actual earnings thereon. Employer contributions allocated to participants' accounts vest based upon years of continuous service as defined by the Plan Agreement and the respective Adoption Agreements.

CPE HR MULTIPLE EMPLOYER 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN - CONTINUED

Plan Administration

The Plan's assets are held by Transamerica, the custodian of the Plan, which invests cash received, interest, and dividend income and makes distributions to participants. Transamerica also administers the payment of interest and principal on the loans, which are reimbursed to Transamerica through payroll deductions, as determined by the Plan Agreement and respective Adoption Agreements.

Participant Accounts

Separate accounts are maintained for each participant and are adjusted to reflect the participant's contributions and related employer matching contributions, as well as the participant's share of the Plan's income and any related administrative expenses.

Payment of Benefits

Upon termination of service due to death, disability or retirement, the participant or beneficiary will receive a lump-sum payment if the vested account balance is \$5,000 or less. If the vested account balance exceeds \$5,000, the participants may elect to receive equal installment payments. The Plan's normal retirement age is defined by the Plan Agreement and the Adoption Agreements.

Forfeitures

Forfeitures of the unvested balance of terminated participants' accounts are used to pay Plan expenses and/or reduce contributions by the Participating Employers. During the year ended December 31, 2009, forfeitures in the amount of \$5,283 were used to reduce Participating Employers' contributions. As of the years ended December 31, 2009 and 2008, unallocated forfeitures amounted to \$58,436 and \$35,584, respectively.

Administrative Expenses

All reasonable expenses related to Plan administration are paid from the Plan assets, except to the extent the expenses are paid by CPE HR, Inc.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis in conformity with accounting principles generally accepted in the United States of America.

CPE HR MULTIPLE EMPLOYER 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Accounting Standards Codification

In June 2009, the Financial Accounting Standards Board (FASB) issued Accounting Standards Codification (ASC) 105, *Generally Accepted Accounting Principles*, which became the single official source of authoritative, nongovernmental U.S. generally accepted accounting principles (GAAP), other than guidance issued by the Securities and Exchange Commission (SEC). FASB ASC 105 was adopted by the Plan as of December 31, 2009. As the ASC did not create any new GAAP standards but incorporated existing accounting and reporting standards into a new topical structure, the adoption of FASB ASC 105 only changed referencing convention of GAAP in the notes to the financial statements.

Fully Benefit-Responsive Investment Contracts

The Plan follows the provisions of FASB ASC 946-210-45, *Other Presentation Matters*, which requires the statements of net assets available for plan benefits present the fair value of the Plan's investments as well as the adjustment from fair value to contract value for the fully benefit-responsive investment contracts, and the statement of changes in net assets available for plan benefits to be prepared on a contract value basis for the fully benefit-responsive investment contracts. Fully benefit-responsive contracts are the contracts that guarantee that (1) the crediting rate provided under the contract will not fall below zero and (2) participant-initiated withdrawals from the fund (i.e., withdrawals as the result of death, disability, retirement, termination of employment, hardship withdrawal, loan and transfers to a non-competing fund) will be covered at contract value.

Valuation of Investments

The pooled separate accounts with Transamerica are stated at fair value as reported to the plan by Transamerica, based on the quoted market prices of the underlying funds. The unit value of the pooled separate account is calculated by dividing the total value of the assets of the separate account by the number of units in the separate account. For separate accounts that invest exclusively in mutual funds, the total value of the assets of the separate account is based on the net asset value (NAV), or price per share, of the underlying mutual fund. The mutual fund calculates its NAV by dividing the mutual fund's net assets by the mutual fund's outstanding number of shares. Those separate accounts investing in mutual funds or equity securities are measured using quoted prices in active markets for identical assets (Level 1 input – Note 6).

CPE HR MULTIPLE EMPLOYER 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Valuation of Investments - Continued

Those separate accounts directly investing in fixed maturity securities are measured based on the pricing data provided by outside valuation service providers who in turn generally use the mean of bid and ask prices but may also use alternative observable pricing inputs for certain securities (Level 2 input – Note 6).

The funds held in the insurance company general account are invested in the Transamerica Stable Value Fund, which is considered a fully benefit-responsive contract and is carried at fair value, as required by the FSP. Contract value of this contract approximates fair value due to the monthly resetting of interest rates and no stated maturity dates. Also, the amount payable on demand is the contract value. Contract value, as reported to the Plan by Transamerica, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

Loans to participants are stated at their current face value, which approximates fair value.

Investment Contract

The Plan has an investment contract with Transamerica through the Stable Value Fund. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their account balances at contract value. Thus, the investment contract is considered fully benefit-responsive, as defined in the FSP.

Transamerica maintains the contributions and invests them in Transamerica's general account. This investment seeks to protect against any loss of principal while providing returns in excess of money market funds and one-year U.S. Treasury bills. The investment has a portfolio investment rate design in which all deposits are credited with the same interest rate, credited on a daily basis, and with no set maturity. The effective credited interest rate is set monthly and effective on the first day of the month. Contract charges may reduce this return. There are no reserves against contract value for credit risk of Transamerica or otherwise.

During the years ended December 31, 2009 and 2008, crediting interest rates for the Stable Value Fund were as follows:

	<u>2009</u>	<u>2008</u>
Minimum Rate	2.75%	3.50%
Average Rate	3.16%	3.53%
Closing Rate	2.75%	3.50%

CPE HR MULTIPLE EMPLOYER 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Investment Contract - Continued

Certain events limit the ability of the Plan to transact at contract value with Transamerica. Such events include the following: (1) the Plan is changed so as to significantly affect Transamerica's obligations to the contract, (2) the contract can no longer be treated as a pension plan contract, (3) the Plan is terminated, (4) failure to comply with the contract requirements, (5) failure to provide information, (6) the sum of the contract account values at any time equals \$20,000 or less, or (7) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events, which would limit the Plan's ability to transact at contract value with participants, are probable of occurring.

Payment of Benefits

Benefit payments to participants are recorded when paid. No amounts were allocated to accounts of participants who have terminated from participation in the earnings and operations of the Plan as a component of net assets available for plan benefits as of December 31, 2009. The amounts allocated to accounts of participants who have terminated from participation in the earnings and operations of the Plan as a component of net assets available for plan benefits as of December 31, 2008, amounted to \$2,230.

Recognition of Income

Sales and purchases are accounted for on a trade date basis, and interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Net Change in Fair Value of Investments

Net change in fair value of investments includes realized and unrealized gains and losses on investments sold or held during the year.

Risks and Uncertainties

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statement of net assets available for plan benefits.

CPE HR MULTIPLE EMPLOYER 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Subsequent Events

During the year ended December 31, 2009, the Plan adopted FASB ASC 855, *Subsequent Events*, which establishes general standards of accounting for and disclosures of events that occur after the financial statement date but before the financial statements are issued or are available to be issued. FASB ASC 855 sets forth the period after financial statement date during which management of the Plan should evaluate events or transactions that may occur for potential recognition or disclosure in the financial statements, the circumstances under which the Plan should recognize events occurring after the financial statement date in its financial statements, and the disclosures that the Plan should make about events or transactions that occurred after the financial statement date.

In preparing the accompanying financial statements, the Plan evaluated events occurring between December 31, 2009 and July 27, 2010 (the date the financial statements are available to be issued) and did not identify any significant subsequent events that required recognition in these financial statements.

New Accounting Pronouncements

In January 2010, the FASB issued Auditing Standards Update (ASU) 2010-06, *Improving Disclosures about Fair Value Measurements*, to amend the disclosure requirements related to recurring and nonrecurring fair value measurements. The guidance requires new disclosures on the transfers of assets and liabilities between Level 1 (quoted prices in active market for identical assets or liabilities) and Level 2 (significant other observable inputs) of the fair value measurement hierarchy, including the reasons and the timing of the transfers. Additionally, the guidance requires a roll forward of activities on purchases, sales, issuance, and settlements of the assets and liabilities measured using significant unobservable inputs (Level 3 fair value measurements). The guidance will become effective for fiscal years beginning after December 15, 2009, except for the disclosure on the roll forward activities for Level 3 fair value measurements, which will become effective for fiscal years beginning after December 15, 2010. The adoption of this new guidance is not expected to have a material impact on the Plan's financial statements.

CPE HR MULTIPLE EMPLOYER 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 3 - LOANS TO PARTICIPANTS

Participants are permitted to obtain loans as defined by the Adoption Agreements, subject to certain limitations. Generally, loans are to be repaid on an installment basis through payroll deductions over a period not to exceed 5 years, except in the case used to acquire a principal residence. All loans are adequately secured by the participant's account balance and bear interest as defined by the Adoption Agreements.

NOTE 4 - PLAN TERMINATION

Although it has not expressed any intent to do so, CPE HR, Inc. has the right under the Plan to amend or terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested for any portion of their accounts not fully vested previously.

NOTE 5 - INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the custodian of the Plan has certified to the completeness and accuracy of all investments reflected in the accompanying statements of net assets available for plan benefits as of December 31, 2009 and 2008, and the supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2009, and the related investment activity reflected in the accompanying statement of changes in net assets available for plan benefits for the year ended December 31, 2009.

NOTE 6 - FAIR VALUE MEASUREMENTS

Authoritative accounting literature establishes a fair value hierarchy that prioritizes the inputs used to measure fair value based on observable and unobservable data. The hierarchy categorizes the inputs into three levels, with the highest priority given to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority given to unobservable inputs (Level 3). The levels of the hierarchy are as follows:

- Level 1 - Unadjusted quoted prices in active markets for identical assets or liabilities. An active market for the asset is defined as a market in which transactions for the asset or liability occur with sufficient frequency and volume to provide pricing information on an ongoing basis.

CPE HR MULTIPLE EMPLOYER 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 6 - FAIR VALUE MEASUREMENTS - CONTINUED

- Level 2 - Inputs other than quoted prices included in Level 1 that are either directly or indirectly observable for the asset as of the reporting date. These inputs are derived principally from, or corroborated by, observable market data.
- Level 3 - Unobservable inputs that are supported by little, if any, market activity and are significant to the fair value of the assets as of the measurement date.

The asset'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. While 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 tables set forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis as of December 31, 2009 and 2008:

Fair Value Measurement at December 31, 2009				
	<u>Using Input Type</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts	\$ 11,592,391	\$ 2,466,905	\$ -	\$ 14,059,296
Stable value fund	-	4,685,948	-	4,685,948
Loans to participants	-	-	653,992	653,992
Total investments	\$ <u>11,592,391</u>	\$ <u>7,152,853</u>	\$ <u>653,992</u>	\$ <u>19,399,236</u>

Fair Value Measurement at December 31, 2008				
	<u>Using Input Type</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts	\$ 7,237,261	\$ 1,460,435	\$ -	\$ 8,697,696
Stable value fund	-	3,883,259	-	3,883,259
Loans to participants	-	-	403,879	403,879
Total investments	\$ <u>7,237,261</u>	\$ <u>5,343,694</u>	\$ <u>403,879</u>	\$ <u>12,984,834</u>

CPE HR MULTIPLE EMPLOYER 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 6 - FAIR VALUE MEASUREMENTS - CONTINUED

For loans to participants measured at fair value on a recurring basis using significant unobservable inputs (Level 3) during 2009, the reconciliation of beginning and ending balances is as follows:

Fair value at January 01, 2009	\$ 403,879
Purchases, sales, issuances, and settlements, net	<u>250,113</u>
Fair value at December 31, 2009	\$ <u>653,992</u>

NOTE 7 - INVESTMENTS

The following table presents the values of investments representing 5% or more of the Plan's net assets:

	<u>2009</u>	<u>2008</u>
Stable Value Fund	\$ 4,685,948	\$ 3,883,267
TA Balanced Fund	1,743,771	904,884

During 2009, the Plan's investments (including interest, dividends, and gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$2,999,929.

NOTE 8 - PARTY-IN-INTEREST

Certain Plan investments are managed by Transamerica, the custodian, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. However, these transactions are exempt pursuant to ERISA regulations.

NOTE 9 - INCOME TAX STATUS

The CPE HR Inc. has adopted a Volume Submitter Multiple Employer Plan with cash or deferral arrangement that received its latest favorable opinion letter from the Internal Revenue Service dated November 14, 2005, stating that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan is required to operate in accordance with the IRC to maintain its tax-exempt qualification. The plan administrator believes that during 2009, the Plan was designed and operated in accordance with applicable provisions of the IRC.

CPE HR MULTIPLE EMPLOYER 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 10 - TRANSFER OF ASSETS

During the year ended December 31, 2009, as a result of changes in Participating Employers' base, net assets amounting to \$380,813 were transferred to the Plan. The transferred net assets have been recognized at the balances as carried in the accounts of their respective previous plans.

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest Collateral, Par and Maturity Value	(d) Cost	(e) Current Value
*	Transamerica	Stable Value Fund – 270,854 units	**	\$ 4,685,948
*	Transamerica	<i>Pooled Separate Accounts:</i>		
		TA Balanced Fund – 39,552 units	**	1,743,771
		TA Bond Fund – 12,747 units	**	308,183
		TA Ptnr Core Bond – 8,558 units	**	290,545
		TA Core Equity – 19,653 units	**	310,693
		TA Equity Fund – 5,002 units	**	329,068
		Franklin Sm-Md – 16,523 units	**	201,539
		TA Growth Opportunities – 15,515 units	**	395,241
		TA Ptnr HY Bnd – 23,544 units	**	571,649
		DV Int/Lng Horizon – 15,810 units	**	288,622
		DV Interm. Horizon – 14,680 units	**	269,445
		TA Ptnr Intl Equity – 18,147 units	**	332,785
		DV Long Horizon – 39,589 units	**	450,844
		DV Short Horizon – 9,187 units	**	172,968
		DV Sht/Int Horizon – 10,972 units	**	166,047
		TA Templeton Foreign – 8,087 units	**	310,188
		DV Inv Stk Index – 16,159 units	**	495,831
		Vanguard Target Retirement 2005 – 5,572 units	**	70,657
		Vanguard Target Retirement 2015 – 37,075 units	**	470,357
		Vanguard Target Retirement 2025 – 34,131 units	**	426,625
		Vanguard Target Retirement 2035 – 43,646 units	**	551,842
		Vanguard Target Retirement 2045 – 18,792 units	**	244,794
		TI Janus Cap App – 62,908 units	**	530,811
		TI Aims Small Cap Growth – 10,646 units	**	354,883
		TI Am Fd WM Investors – 8,062 units	**	309,157
		TI Am Century Small Cap Value – 7,041 units	**	229,606
		TI Columbia Mid Cap Value – 2,325 units	**	369,635
		TI Dreyfus International Value – 13,479 units	**	322,481
		TI Fidelity Advisor Mid Cap – 6,806 units	**	228,097
		TI Franklin Balance Sheet – 7,170 units	**	508,062
		TI Neuberger Berman Focus – 4,946 units	**	246,613
		AIM Capital Appreciation – 1,812 units	**	68,834
		TA JPM Gov. Sec. – 10,419 units	**	323,664
		Oppenheimer Global – 37,554 units	**	491,331
		SSGA Small Cap Index – 2,997 units	**	57,518
		Loomis SIs Bond – 948 units	**	42,717
		AIM Leisure Fund – 158 units	**	10,340
		AM Fundamental Inv – 1,232 units	**	58,404
		AM Growth Fund of Am – 1,784 units	**	88,133
		Mutual Shares – 270 units	**	11,779
		Franklin Flex Cap Growth – 534 units	**	31,625
		AM Funds New Prsp – 908 units	**	47,982
		Columbia Marsico 21 st Century – 2,606 units	**	31,987

CPE HR MULTIPLE EMPLOYER 401(K) PLAN
SUPPLEMENTAL SCHEDULE
SCHEDULE H, LINE 4i -
SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED
AS OF DECEMBER 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest Collateral, Par and Maturity Value	(d) Cost	(e) Current Value
		SSGA Mid Cap Index – 44 units	**	1,064
		SSGA DJ Sml Cap Val Idx – 420 units	**	17,109
		AM Century Inf Bond – 3,060 units	**	62,785
		AM Fd Balanced – 1,329 units	**	48,569
		Dreyfus Premier Structured Mid – 1,151 units	**	16,207
		Loomis Sls Inv Grade Bond – 7,221 units	**	193,821
		Pioneer Cullen Value – 2,368 units	**	43,681
		Goldman Sachs Str Lg Cap Val – 3,512 units	**	40,350
		SSGA Rsl 1000 Value Idx – 3,397 units	**	43,156
		Goldman Sachs Mid Cap Value – 2,844 units	**	69,332
		Fidelity Adv Leveraged Co – 4,344 units	**	129,185
		SSGA Rsl 1000 Growth Idx – 5,805 units	**	42,171
		Thnrbg Core Growth – 354 units	**	4,276
		Vanguard Sm Cap Value Idx – 2,728 units	**	47,670
		Oppenheimer Main St Sm Cap – 1,097 units	**	26,836
		First American Small Cap – 1,078 units	**	29,483
		SSGA DOW Sm Cap Growth – 294 units	**	12,701
		Janus Adviser Inti Growth – 3,474 units	**	202,840
		SSGA International Alpha Sel – 1,304 units	**	16,985
		Vanguard Pacific Stock Idx – 3,631 units	**	39,774
		Ivy Science & Technology – 3,031 units	**	116,179
		Thnrbg Value – 199 units	**	7,618
		Thnrbg International Value – 2,942 units	**	82,151
				18,745,244
*	Loans to participants	Interest rates ranging from 4.25% to 9.25%, maturing through September 2021.	-	653,992
				\$ <u>19,399,236</u>

* Party-in-interest as defined by ERISA

** Cost information is omitted for participant-directed investments

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

Plan Name: CPE
Contract #: 930040
EIN: 95-4470859
Plan ID: 7989
Plan #: 002
Period: 01/01/2009 - 12/31/2009

(a)	(b) Identity of issue, borrower, lessor, or similar a party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica Equity Fund	\$329,068	\$329,068
*	TRANSAMERICA LIFE INSURANCE COMPANY	Diversified inv Short Horizon	\$166,047	\$166,047
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica Balanced Fund	\$1,743,771	\$1,743,771
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica Bond Fund	\$308,183	\$308,183
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica Templeton Foreign	\$310,188	\$310,188
*	TRANSAMERICA LIFE INSURANCE COMPANY	TransamericaJP Morgan Govt Sec	\$323,664	\$323,664
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica Growth Oppor.	\$395,242	\$395,242
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica Core Equity	\$310,693	\$310,693
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica Partners Int Equity	\$332,785	\$332,785
*	TRANSAMERICA LIFE INSURANCE COMPANY	Aims Small Cap Growth	\$354,884	\$354,884
*	TRANSAMERICA LIFE INSURANCE COMPANY	Janus Capital Appr	\$530,810	\$530,810
*	TRANSAMERICA LIFE INSURANCE COMPANY	Neuberger Berman Focus	\$246,614	\$246,614
*	TRANSAMERICA LIFE INSURANCE COMPANY	Columbia Mid Cap Value Fund	\$369,636	\$369,636
*	TRANSAMERICA LIFE INSURANCE COMPANY	Diversified Inv Short/int Horizon	\$172,968	\$172,968
*	TRANSAMERICA LIFE INSURANCE COMPANY	Diversified Inv Intermed Horizon	\$269,445	\$269,445
*	TRANSAMERICA LIFE INSURANCE COMPANY	Diversified Inv Inter/Lng Horizon	\$288,622	\$288,622
*	TRANSAMERICA LIFE INSURANCE COMPANY	Diversified Inv Long Horizon	\$450,846	\$450,846
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica Partners Hg Yd Bd	\$571,649	\$571,649
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica Partners Core Bond	\$290,545	\$290,545
*	TRANSAMERICA LIFE INSURANCE COMPANY	Franklin Balance Sheet	\$508,064	\$508,064
*	TRANSAMERICA LIFE INSURANCE COMPANY	Dreyfus International Value	\$322,481	\$322,481
*	TRANSAMERICA LIFE INSURANCE COMPANY	Stable Value	\$4,685,948	\$4,685,948
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica Partners Stock Index	\$495,831	\$495,831
*	TRANSAMERICA LIFE INSURANCE COMPANY	Aim Capital Appreciation	\$68,834	\$68,834
*	TRANSAMERICA LIFE INSURANCE COMPANY	Franklin SMID GRT	\$201,540	\$201,540
*	TRANSAMERICA LIFE INSURANCE COMPANY	American Funds WM Investors	\$309,157	\$309,157
*	TRANSAMERICA LIFE INSURANCE COMPANY	Fidelity Advisor Mid Cap	\$228,097	\$228,097
*	TRANSAMERICA LIFE INSURANCE COMPANY	SSGA Small CAP Index	\$57,517	\$57,517
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Ret 2035	\$551,842	\$551,842
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Ret 2045	\$244,795	\$244,795
*	TRANSAMERICA LIFE INSURANCE COMPANY	American Century SML CP Val	\$229,606	\$229,606
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Ret 2005	\$70,657	\$70,657
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Ret 2015	\$470,357	\$470,357
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Ret 2025	\$426,625	\$426,625
*	TRANSAMERICA LIFE INSURANCE COMPANY	Oppenheimer Global	\$491,321	\$491,321
*	TRANSAMERICA LIFE INSURANCE COMPANY	Loomis Sayles Bond	\$42,717	\$42,717
*	TRANSAMERICA LIFE INSURANCE COMPANY	Aim Leisure Fund	\$10,340	\$10,340
*	TRANSAMERICA LIFE INSURANCE COMPANY	American Funds Fundamentl Inv	\$58,404	\$58,404
*	TRANSAMERICA LIFE INSURANCE COMPANY	American Funds Grth Fund of Am	\$88,133	\$88,133
*	TRANSAMERICA LIFE INSURANCE COMPANY	Mutual Shares	\$11,779	\$11,779

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

Plan Name: CPE
Contract #: 930040
EIN: 95-4470859
Plan ID: 7989
Plan #: 002
Period: 01/01/2009 - 12/31/2009

(a)	(b) Identity of issue, borrower, lessor, or similar a party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	TRANSAMERICA LIFE INSURANCE COMPANY	Franklin Flex Cap Growth	\$31,625	\$31,625
*	TRANSAMERICA LIFE INSURANCE COMPANY	American Funds New Pers	\$47,982	\$47,982
*	TRANSAMERICA LIFE INSURANCE COMPANY	American Funds Balanced	\$48,569	\$48,569
*	TRANSAMERICA LIFE INSURANCE COMPANY	Columbia Marsico 21st Century	\$31,987	\$31,987
*	TRANSAMERICA LIFE INSURANCE COMPANY	SSGA Mid-Cap Index	\$1,064	\$1,064
*	TRANSAMERICA LIFE INSURANCE COMPANY	SSGA Dow Jones Sml Cp Val Ind	\$17,109	\$17,109
*	TRANSAMERICA LIFE INSURANCE COMPANY	American Century Infl-Adj Bnd	\$62,785	\$62,785
*	TRANSAMERICA LIFE INSURANCE COMPANY	Dreyfus Premier Structured Mid	\$16,207	\$16,207
*	TRANSAMERICA LIFE INSURANCE COMPANY	Loomis Sayles Inv Grade Bond	\$193,822	\$193,822
*	TRANSAMERICA LIFE INSURANCE COMPANY	Pioneer Cullen Value	\$43,681	\$43,681
*	TRANSAMERICA LIFE INSURANCE COMPANY	Goldman Sachs Stru Lrg Cp Val	\$40,350	\$40,350
*	TRANSAMERICA LIFE INSURANCE COMPANY	SSGA Russell 1000 Value Index	\$43,156	\$43,156
*	TRANSAMERICA LIFE INSURANCE COMPANY	Goldman Sachs Mid Cap Value	\$69,332	\$69,332
*	TRANSAMERICA LIFE INSURANCE COMPANY	Fidelity Adv Leveraged Co Stlk	\$129,185	\$129,185
*	TRANSAMERICA LIFE INSURANCE COMPANY	SSGA Russell 1000 Growth Index	\$42,171	\$42,171
*	TRANSAMERICA LIFE INSURANCE COMPANY	Thornburg Core Growth	\$4,276	\$4,276
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Small-Cap Value Index	\$47,670	\$47,670
*	TRANSAMERICA LIFE INSURANCE COMPANY	Oppenheimer Main St Small Cap	\$26,836	\$26,836
*	TRANSAMERICA LIFE INSURANCE COMPANY	First American Small Cap Sel	\$29,483	\$29,483
*	TRANSAMERICA LIFE INSURANCE COMPANY	SSGA Dow Jones Sml Cp Grth Ind	\$12,701	\$12,701
*	TRANSAMERICA LIFE INSURANCE COMPANY	Janus Adviser Intl Growth	\$202,840	\$202,840
*	TRANSAMERICA LIFE INSURANCE COMPANY	SSGA International Alpha Sel	\$16,985	\$16,985
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Pacific Stock Index	\$39,774	\$39,774
*	TRANSAMERICA LIFE INSURANCE COMPANY	Ivy Science & Technology	\$116,179	\$116,179
*	TRANSAMERICA LIFE INSURANCE COMPANY	Thornburg Value	\$7,618	\$7,618
*	TRANSAMERICA LIFE INSURANCE COMPANY	Thornburg International Value	\$82,151	\$82,151
*	PARTICIPANT LOAN'S	Loan Fund	\$653,992	\$653,992