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

	, , , , , , , , , , , , , , , , , , , ,				Inis Form is Open to Pi Inspection	ublic			
Part I	Annual Report Iden	tification Information		'					
For caler	For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009								
A This r	eturn/report is for:	a multiemployer plan;	a multipl	e-employer plan; or					
		X a single-employer plan;	a DFE (s	specify)					
		_	_						
B This r	eturn/report is:	the first return/report;	the final	return/report;					
		an amended return/report;	a short p	olan year return/report (less th	han 12 months).				
C If the	plan is a collectively-bargaine	ed plan, check here							
D Chec	k box if filing under:	Form 5558;	automati	c extension;	the DFVC program;				
2 000	. v oxg uuo	special extension (enter des	ш						
Part I	II Rasic Plan Inform	nation—enter all requested informa	· ·						
	ne of plan	indirection and requested informe	20011		1b Three-digit plan				
SHUQUA	ALAK LUMBER CO., INC. CA	AFETERIA PLAN			number (PN) ▶	501			
					1c Effective date of pl 01/01/1988	an			
2a Plan	enoneor's name and address	s (employer, if for a single-employer,	nlan)		2b Employer Identifica	ation			
	ress should include room or s		piairi		Number (EIN)	20011			
SHUQU	ALAK LUMBER CO., INC				64-0431285				
					2c Sponsor's telephor number	ne			
					601-793-4586				
P. O. BO SHUQUA	X 25 ALAK, MS 39361-0025		P. O. BOX 25 SHUQUALAK, MS 39361-0025			е			
			, , , , , , , , , , , , , , , , , , , ,						
					321110				
		complete filing of this return/repor							
	, , ,	penalties set forth in the instructions, I as the electronic version of this return			0 , , 0	,			
SIGN HERE	Filed with authorized/valid ele	ectronic signature.	09/01/2010	LISA HUNTER					
HEKE	Signature of plan adminis	trator	Date	Enter name of individual signing as plan administrator					
SIGN HERE									
HEIKE	Signature of employer/pla	n sponsor	Date	Enter name of individual s	igning as employer or plan sp	onsor			
SIGN HERE									
ILIKE	Signature of DFE		Date	Enter name of individual s	igning as DFE				

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

Form 5500 (2009) v.092307.1

	Form 5500 (2009) Page 2	_	
SH P. 0	Plan administrator's name and address (if same as plan sponsor, enter "Same") HUQUALAK LUMBER CO., INC O. BOX 25 HUQUALAK, MS 39361-0025	3c Ad	Iministrator's EIN 0431285 Iministrator's telephone Imber 1-793-4586
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 the plan number from the last return/report:	e, EIN and	4b EIN
а	Sponsor's name		4c PN
5	Total number of participants at the beginning of the plan year	5	76
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
а	Active participants	6a	61
b	Retired or separated participants receiving benefits	6b	
С	Other retired or separated participants entitled to future benefits	6c	
	Subtotal. Add lines 6a , 6b , and 6c		61
	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		0.4
T	Total. Add lines 6d and 6e	6f	61
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h	Number of participants that terminated employment during the plan year with accrued benefits that were		
7	less than 100% vested Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item		
<u> </u>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic		I instructions:
	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Co		
9a	Plan funding arrangement (check all that apply) (1)	(e)(3) insurand	
10		e number attac	ched. (See instructions)
а	(2) MB (Multiemployer Defined Benefit Plan and Certain Money (2) I (Financial	Information) Information – e Information)	Small Plan)

(3) (4)

(5)

(6)

(3)

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

C (Service Provider Information)

D (DFE/Participating Plan Information)

G (Financial Transaction Schedules)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

Pension Benefit Guaranty Con	re required to provide the info RISA section 103(a)(2).	rmation		m is Open to Public Inspection		
For calendar plan year 200	9 or fiscal plan	year beginning 01/01/2009	ar	nd ending 12	2/31/2009	
A Name of plan SHUQUALAK LUMBER C	O., INC. CAFE	TERIA PLAN		Γhree-digit plan number (P	N) •	501
C Plan sponsor's name as SHUQUALAK LUMBER C		e 2a of Form 5500.		mployer Identific -0431285	cation Number (EIN)
		ing Insurance Contract C Individual contracts grouped as a				
1 Coverage Information:						
(a) Name of insurance car RELIASTAR LIFE INSUR.		(d) Contract or	(e) Approximate number		Policy or co	ontract year
(b) EIN	code	identification number	persons covered at end of policy or contract year	f (f)	From	(g) To
41-0451140	67105	64055-7	23	01/01/20	009	12/31/2009
2 Insurance fee and commodescending order of the		ation. Enter the total fees and tota	l commissions paid. List in ite	em 3 the agents	s, brokers, and o	other persons in
(a) Total a	mount of comr		(I) Total amount	of fees paid	
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	as needed to report all person	s).		0
		nd address of the agent, broker, of			s were paid	
BENEFIT CONCEPTS PA		PO BO	DX 2505 MBUS, MS 39704-2505			
(b) Amount of sales an	d base	Fees	s and other commissions paid			
commissions pai	d	(c) Amount	(d) Pui	pose		(e) Organization code
	4122					3
	(a) Name a	nd address of the agent, broker,	or other person to whom com	missions or fees	s were paid	
	(a) Haine a	na address of the agont, protect, t	s. outer person to whom com		s word para	
(b) Amount of sales an	d hase	Fees	s and other commissions paid			
commissions pai		(c) Amount	(d) Purpose			(e) Organization code

Schedule A (Form 5500)	2009	Page 2- 1			
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d		
		Fees and other commissions paid			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d		
	I				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were pai			
(4)	and address of the agont, or	oner, et euret person le miem commissione et lece were per	-		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		

Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	ch carrier may be treated as a unit for t	ourposes of	
_		this report.			1
		ent value of plan's interest under this contract in the general account at year			
_	Curre	ent value of plan's interest under this contract in separate accounts at year e	nd	5	
6 (Cont	racts With Allocated Funds:			
	a	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount		00	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan check here	▶ □	
7 (racts With Unallocated Funds (Do not include portions of these contracts ma		CCOUNTS)	
			ite participation guara		
	u			neo -	
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	
	С	Additions: (1) Contributions deposited during the year	. 7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		•			
		(6)Total additions		7c(6)	C
	d ·	Total of balance and additions (add b and c(6))			
	e I	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	- (0)		
		(4) Other (specify below)	. 7e(4)		
)			
		,			
		(5) Total deductions		. ,	C
	f	Balance at the end of the current year (subtract e(5) from d)		7f	

Schedule A (Form 5500) 2009		Page 4	
Welfare Benefit Contract Information If more than one contract covers the same guinformation may be combined for reporting put the entire group of such individual contracts of the same group of such individual contracts of such individual contracts of such ind	roup of employees of the same urposes if such contracts are e	experience-rated as a unit. Where contra	
and contract type (check all applicable boxes)			
lealth (other than dental or vision)	b Dental	C Vision	d X Life insurance
emporary disability (accident and sickness)	f Long-term disability	g Supplemental unemployment	h Prescription drug
Stop loss (large deductible)	j HMO contract	k ☐ PPO contract	I Indemnity contract
Other (specify) CANCER	_	_	_ ,
nce-rated contracts:			

	е	Temporary disability (accident and sickness)	f∏	Long-term d	sability	g	Suppler	nental unen	nployment	h Pres	cription drug
	i	Stop loss (large deductible)	iΠ	HMO contrac	ct	k	PPO co	ntract		I nder	nnity contract
	m	OANIOED	, _			_	J			- Ц	,
		other (specify)									
9	Ехр	erience-rated contracts:									
	а	Premiums: (1) Amount received			9a	n(1)					
		(2) Increase (decrease) in amount due but unpai	b		9a	(2)					
		(3) Increase (decrease) in unearned premium res	serve		9a	(3)					
		(4) Earned ((1) + (2) - (3))							9a(4)		
	b	Benefit charges (1) Claims paid			9t	(1)					
		(2) Increase (decrease) in claim reserves			9k	(2)					
		(3) Incurred claims (add (1) and (2))							9b(3)		
		(4) Claims charged							9b(4)		
	C	Remainder of premium: (1) Retention charges (n an a	ccrual 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.									
		(G) Other retention charges			9c(1)(G)					
		(H) Total retention							9c(1)(H)	
		(2) Dividends or retroactive rate refunds. (These	amou	ints were p	aid in cash	, or 🔲 (credited.)		9c(2)		
	d	Status of policyholder reserves at end of year: (1) Amo	unt held to pr	ovide benef	its after	retireme	nt	9d(1)		
		(2) Claim reserves							9d(2)		
		(3) Other reserves							9d(3)		
	е	Dividends or retroactive rate refunds due. (Do n	ot inclu	ude amount e	ntered in c(2) .)			9е		
10	No	onexperience-rated contracts:									
	а	Total premiums or subscription charges paid to o	arrier.						10a		29169
	b	If the carrier, service, or other organization incur	red any	y specific cos	ts in connec	tion wit	h the acq	uisition or			
		retention of the contract or policy, other than rep	orted ir	n Part I, item	2 above, re	oort am	ount		10b		
	Sp	pecify nature of costs									

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

8 Benefit and contract type (check all applicable boxes) **a** Health (other than dental or vision)

Part III

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

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

- Pension Benefit Guaranty Oc	rporation	Insurance companies ar pursuant to EF	This Fo	This Form is Open to Public Inspection						
For calendar plan year 20	09 or fiscal plan	year beginning 01/01/2009	and er	nding 12/31/2009						
A Name of plan SHUQUALAK LUMBER (CO., INC. CAFE	TERIA PLAN		e-digit number (PN)	501					
C Plan sponsor's name a SHUQUALAK LUMBER (CO., INC		64-043		. ,					
on a separat	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.									
1 Coverage Information:										
(a) Name of insurance ca	rrier									
(L) FIN	(c) NAIC	(d) Contract or	(e) Approximate number of	Policy or o	contract year					
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	(g) To					
42-0868851	62928	CD0764	1	01/01/2009	12/31/2009					
2 Insurance fee and com descending order of the		tion. Enter the total fees and total	commissions paid. List in item 3	the agents, brokers, and	other persons in					
(a) Total	amount of comn	nissions paid	(b) To	tal amount of fees paid						
		241			0					
3 Persons receiving com	missions and fe	es. (Complete as many entries a	s needed to report all persons).							
		nd address of the agent, broker, o		ions or fees were paid						
BENEFIT CONCEPTS PA	A		ND AVE NORTH MBUS, MS 39701							
(b) Amount of sales a	nd hase	Fees	and other commissions paid							
commissions pa		(c) Amount	(d) Purpose	(e) Organization code						
	21				3					
	(a) Name a	nd address of the agent, broker, o	or other person to whom commiss	ions or fees were paid						
BETTY L FINCH		4115 L	OWMAN RD VILLE, MO 64089							
(b) Amount of sales a	nd base	Fees	and other commissions paid							
commissions pa		(c) Amount	(d) Purpose	9	(e) Organization code					
	44				3					

Schedule A	(Form	5500	2000
Scriedule A	(FOIIII	5500) 2009

Page 2- 1	
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(a)	Name and address of the agent, broke	, or other	person to whom	commissions of	fees were p	oaid
	DO DO	21/ 0000				

FIRST PROTECTIVE INC GRP

PO BOX 2606 BIRMINGHAM, AL 35202

(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
176			3
(a) Name	and address of the agent, b	proker, or other person to whom commissions or fees were pai	d
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Name	and address of the agent, b	oroker, or other person to whom commissions or fees were pai	d
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Name	and address of the agent, b	proker, or other person to whom commissions or fees were pai	d
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Name	and address of the agent, b	oroker, or other person to whom commissions or fees were pai	l
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

Pa	rt II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	idual contracts with ea	ch carrier may be treated as a unit for t	ourposes of
_		this report.			1
		ent value of plan's interest under this contract in the general account at year			
_	Curre	ent value of plan's interest under this contract in separate accounts at year e	nd	5	
6 (Cont	racts With Allocated Funds:			
	a	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount		00	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan check here	▶ □	
7 (racts With Unallocated Funds (Do not include portions of these contracts ma		CCOUNTS)	
			ite participation guara		
	u			neo -	
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	
	С	Additions: (1) Contributions deposited during the year	. 7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		•			
		(6)Total additions		7c(6)	C
	d ·	Total of balance and additions (add b and c(6))			
	e I	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	- (0)		
		(4) Other (specify below)	. 7e(4)		
)			
		,			
		(5) Total deductions		. ,	C
	f	Balance at the end of the current year (subtract e(5) from d)		7f	

Page 4	
nployer(s) or members of the same er erience-rated as a unit. Where contra as a unit for purposes of this report.	
c ☐ Vision g ☐ Supplemental unemployment k ☐ PPO contract	d Life insurar h Prescription I Indemnity of

Pa	art III	Welfare Benefit Contract Informat	ion				
		If more than one contract covers the same gr information may be combined for reporting put the entire group of such individual contracts v	irposes if such contracts	are experience	ce-rated as a unit. Wh	ere contrac	
8	Ponoi	fit and contract type (check all applicable boxes)	will each carrier may be	irealeu as a u	inition purposes of this	тероп.	
O		**	h □ Dantal	٦] Vision		d 🗆 1:4a inaumana
	а	Health (other than dental or vision)	b Dental	c	Vision		d Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disabili	ity g	Supplemental unemp	oloyment	h Prescription drug
	i 🛚	Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract
	mX	Other (specify) CANCER					
9	Exper	ience-rated contracts:					
		remiums: (1) Amount received		9a(1)			
	(2) Increase (decrease) in amount due but unpaid	I				
		3) Increase (decrease) in unearned premium res					
	,	4) Earned ((1) + (2) - (3))				9a(4)	
		Benefit charges (1) Claims paid					
	(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 (o	n 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					
		(E) Taxes					
		(F) Charges for risks or other contingencies					
		(G) Other retention charges		9c(1)(G)		1	
		(H) Total retention				9c(1)(H))
	((2) Dividends or retroactive rate refunds. (These	amounts were paid in	n cash, or	credited.)	9c(2)	
	d s	Status of policyholder reserves at end of year: (1) Amount held to provide	benefits after	r retirement	9d(1)	
	((2) Claim reserves				9d(2)	
	((3) Other reserves				9d(3)	
	e i	Dividends or retroactive rate refunds due. (Do no	ot include amount entere	d in c(2) .)		. 9e	
10	Non	experience-rated contracts:					
	а	Total premiums or subscription charges paid to c	arrier			10a	1527
		of the carrier, service, or other organization incurr retention of the contract or policy, other than repo	, ,			10b	
	Spe	cify nature of costs					

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

Schedule A (Form 5500) 2009

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

		pursuant to E	RISA section 103(a)(2).		Inspection	•
For calendar plan year 200	09 or fiscal plan	year beginning 01/01/2009	and e	nding 12/31/2	2009	
A Name of plan SHUQUALAK LUMBER CO., INC. CAFETERIA PLAN				e-digit number (PN)	501	
	C Plan sponsor's name as shown on line 2a of Form 5500. SHUQUALAK LUMBER CO., INC D Employer Identification Number (EIN) 64-0431285					
			Coverage, Fees, and Com			act
1 Coverage Information:						
(a) Name of insurance ca	rrier					
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate number of persons covered at end of		Policy or contract year	
	code	identification number	policy or contract year	(f) From	m (g) To	
58-0663085	60380	LU417	79	01/01/2009	12/31/2009	
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.						
(a) Total a	amount of comm		(b) To	otal amount of fe	es paid	470
		14707				179
3 Persons receiving com	missions and fe	es. (Complete as many entries a	as needed to report all persons).			
DIV DEEL/EQ INO	(a) Name a		or other person to whom commiss OX 1383	ions or fees were	e paid	
DK REEVES INC			MBUS, MS 39703			
(b) Amount of sales ar	nd base	Fees	s and other commissions paid			
commissions pai	d	(c) Amount	(d) Purpos	9	(e) Organization of	ode
	5905	25 SE	RVICE FEE		3	
	(a) Name a	nd address of the agent, broker,	or other person to whom commiss	ions or fees were	e paid	
CHARLES WELDON		84 BL/	ASINGAME DR MBUS, MS 39702			
(b) Amount of sales ar	nd base	Fees	s and other commissions paid			
commissions pai		(c) Amount	(d) Purpos	е	(e) Organization of	code
	2386				3	
For Denominant Bodinatio	n Aat Natics s	nd OMB Control Numbers and	the instructions for Form FEOO		Cabadula A /Farm FEO) 2000

Schedule A (Form 5500) 2009		Page 2- 1	
(a) Nan	ne and address of the agent, broke	r, or other person to whom commissions or fees were pa	iid
BOYCE FRYE		OLD ABERDEEN RD IMBUS, MS 39705	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
1721			3
(a) Nan	ne and address of the agent, broke	er, or other person to whom commissions or fees were pa	uid
GREGORY J WEEKS & CO INC		REEKVIEW LANE IMBUS, MS 39702	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
1563	25	SERVICE FEE	3
(a) Non	as and address of the agent broke	r, or other person to whom commissions or fees were pa	.:
CAROL KIRK REEVES	PO B	OX 1383 IMBUS, MS 39703	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
1465	75	SERVICE FEE	3
	ne and address of the agent, broke	er, or other person to whom commissions or fees were pa	uid
D AND V BUTLER INC	601 C	RESENT BLVD NO 102 ELAND, MS 39157	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
1059	25	SERVICE FEE	3
(a) Nan	and address of the agent, broke	r, or other person to whom commissions or fees were pa	uid.
WILLIAM BAZZELL		5TH ST N #100	IIU
	COLU	JMBUS, MS 39705	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
506	29	SERVICE FEE	3
		1	1

Schedule A (Form 5500) 2	2009	Page 2- 2	
(a) Na	me and address of the agent, bro	ker, or other person to whom commissions or fees were pa	id
BENEFITS CONCEPTS PA		9 2ND AVE NORTH LUMBUS, MS 39701	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 44	(c) Amount	(d) Purpose	code 3
(a) Na	me and address of the agent, bro	ker, or other person to whom commissions or fees were pa	id
GREGORY HUNT		THORNTON DR LUMBUS, MS 39702	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code 3
(a) No.			:
RUBY FERGUSON	PO	ker, or other person to whom commissions or fees were pa BOX 223 RTHAGE, MS 39051	iu.
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
14			3
(a) Na	me and address of the agent, bro	ker, or other person to whom commissions or fees were pa	id
SAMUEL BELL	309	3 HWY 19S SCIUSKO, MS 39090	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
13			3
(a) Na	me and address of the agent. bro	ker, or other person to whom commissions or fees were pa	id
THOMAS SHEFFIELD	373	8 S 149TH ST STE 107 AHA, NE 68144	

Fees and other commissions paid

(d) Purpose

(c) Amount

(e) Organization code

3

(b) Amount of sales and base commissions paid

Cobodulo A	/Earm	EEOO'	2000
Schedule A	(FOIIII	5500	1 2009

FREDERICK ADAMS

Page **2-**3

(a) Na	ime and address of the agent, broke	r, or other person to whom commissions or fees were paid	
FREDERICK ADAMS		/OODWARD ST	
	AMORY, MS 38821		
		The second of the second of the second of	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
6			3
(a) Na		r, or other person to whom commissions or fees were paid	
LEONARD STEVENSON	101 S SUITE	LAFAYETTE ST	
		MBUS, MS 39759	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
2			3
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
	Γ		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broker	r, or other person to whom commissions or fees were paid	
(b) Amount of sales and base	ļ .	Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
		·	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

Pa	rt II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	idual contracts with ea	ch carrier may be treated as a unit for t	ourposes of
_		this report.			1
		ent value of plan's interest under this contract in the general account at year			
_	Curre	ent value of plan's interest under this contract in separate accounts at year e	nd	5	
6 (Cont	racts With Allocated Funds:			
	a	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount		00	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan check here	▶ □	
7 (racts With Unallocated Funds (Do not include portions of these contracts ma		CCOUNTS)	
			ite participation guara		
	u			neo -	
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	
	С	Additions: (1) Contributions deposited during the year	. 7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		•			
		(6)Total additions		7c(6)	C
	d ·	Total of balance and additions (add b and c(6))			
	e I	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	- (0)		
		(4) Other (specify below)	. 7e(4)		
)			
		,			
		(5) Total deductions		. ,	C
	f	Balance at the end of the current year (subtract e(5) from d)		7f	

Page 4	
employer(s) or members of the same er sperience-rated as a unit. Where contra- d as a unit for purposes of this report.	
c ☐ Vision g ☐ Supplemental unemployment k ☐ PPO contract	d ☐ Life insurance h ☐ Prescription drug l ☐ Indemnity contract
n(1)	
n(2)	

		Schedule A (Form 5500) 2009		Р	age 4		
Ра	rt II	Welfare Benefit Contract Informa If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts	roup of employees of the surposes if such contracts a	are experienc	ce-rated as a unit. Wh	ere contract	
	Bene a [e [i [m [efit and contract type (check all applicable boxes) Health (other than dental or vision) Temporary disability (accident and sickness) Stop loss (large deductible) Other (specify) CANCER	b Dental f Long-term disabilit j HMO contract	<u> </u>	Vision Supplemental unem PPO contract	ployment	d Life insurance h Prescription drug l Indemnity contract
	a i	erience-rated contracts: Premiums: (1) Amount received	dserve	9b(1) 9b(2)		9a(4)	
	С	(3) Incurred claims (add (1) and (2))	on an accrual basis)			9b(3) 9b(4)	
		(D) Other expenses		9c(1)(D) 9c(1)(E) 9c(1)(F) 9c(1)(G)		9c(1)(H)	
		(2) Dividends or retroactive rate refunds. (These Status of policyholder reserves at end of year: (**) Claim reserves	I) Amount held to provide t	penefits after	retirement	9d(1) 9d(2) 9d(3)	
10	No	Dividends or retroactive rate refunds due. (Do nonexperience-rated contracts:		in c(2) .)		9e	50166

	Bividends of Tetroactive rate Tetrings due. (Bo not include amount effected in e(2) .)	30	
0	Nonexperience-rated contracts:		
i	Total premiums or subscription charges paid to carrier	10a	5016
	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 th	e insurance company fail to provide any information necessary to complete Schedule A?	☐ Yes	X No	

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

Pension Benefit Guaranty Co	rporation	► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). This					Form is Open to Public Inspection	
For calendar plan year 20	9	and en	ding 12	/31/2009				
A Name of plan SHUQUALAK LUMBER (CO., INC. CAF	ETERIA PLAN		B Three plan	e-digit number (PI	N) •	501	
C Plan sponsor's name a SHUQUALAK LUMBER (ne 2a of Form 5500.		D Emplo		ation Number (EIN)	
		ning Insurance Contrac . Individual contracts grouped a						
1 Coverage Information:								
(a) Name of insurance ca		(d) Contract or	(e) Approximate nu			Policy or co	ontract year	
(b) EIN	code	identification number		persons covered at end of policy or contract year		From	(g) To	
94-2761537	81396	25-01551		23		09	12/31/2009	
2 Insurance fee and composition descending order of the		nation. Enter the total fees and t	otal commissions paid. Li	st in item 3	the agents	brokers, and o	ther persons in	
(a) Total a	amount of con	nmissions paid		(b) To	tal amount	of fees paid		
3 Persons receiving com	missions and	fees. (Complete as many entrie		nersons)			0	
• I crostic receiving com		and address of the agent, broke			ons or fees	were naid		
MORGAN WHITE LTD	(2)	PO	BOX 14067 CKSON, MS 39236-4067		<u> </u>			
(b) Amount of sales ar	nd base	F	ees and other commission	ıs paid				
commissions pa		(c) Amount	(d) Purpose				(e) Organization code	
	1465							
	(a) Name	and address of the agent, broke	er, or other person to whom	n commissi	ons or fees	were paid		
(4)								
(b) Amount of sales and base Fees at		ees and other commission						
commissions pa	id	(c) Amount		(d) Purpose)		(e) Organization code	

Schedule A (Form 5500)	2009	Page 2- 1			
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d		
		Fees and other commissions paid			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d		
	I				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were pai			
(4)	and address of the agont, or	oner, et euret person le miem commissione et lece were per	-		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		

Pa	rt II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	idual contracts with ea	ch carrier may be treated as a unit for t	ourposes of
_		this report.			1
		ent value of plan's interest under this contract in the general account at year			
_	Curre	ent value of plan's interest under this contract in separate accounts at year e	nd	5	
6 (Cont	racts With Allocated Funds:			
	a	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount		00	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan check here	▶ □	
7 (racts With Unallocated Funds (Do not include portions of these contracts ma		CCOUNTS)	
			ite participation guara		
	u			neo -	
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	
	С	Additions: (1) Contributions deposited during the year	. 7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		•			
		(6)Total additions		7c(6)	C
	d ·	Total of balance and additions (add b and c(6))			
	e I	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	- (0)		
		(4) Other (specify below)	. 7e(4)		
)			
		,			
		(5) Total deductions		. ,	C
	f	Balance at the end of the current year (subtract e(5) from d)		7f	

Page 4	
loyer(s) or members of the same emence-rated as a unit. Where contract	

9e

10a

10b

8878

		Schedule A (Form 5500) 2009		Р	age 4			
Pa	art II	Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting p the entire group of such individual contracts of	roup of employees of the surposes if such contracts a	are experienc	ce-rated as a unit. Wh	ere contract		
8	Ben	efit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	b X Dental	С	Vision		d Life insurance	
	е	Temporary disability (accident and sickness)	f Long-term disabilit	y g	Supplemental unem	ployment	h Prescription drug	
	i Ī	Stop loss (large deductible)	j HMO contract	k -	PPO contract		I Indemnity contract	
	m	Other (specify)	<i>,</i> –	_	J		_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	L	_ cuie. (epos.ij)						
9	Ехре	erience-rated contracts:						Ī
	a I	Premiums: (1) Amount received		9a(1)				
		(2) Increase (decrease) in amount due but unpaid	b	9a(2)				
		(3) Increase (decrease) in unearned premium res	serve	9a(3)				
		(4) Earned ((1) + (2) - (3))				9a(4)		
	b	Benefit charges (1) Claims paid		9b(1)				Ī
		(2) Increase (decrease) in claim reserves		9b(2)				
		(3) Incurred claims (add (1) and (2))				9b(3)		_
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (c	n 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.)			
	d	Status of policyholder reserves at end of year: (1						-
		(2) Claim reserves	•			9d(2)		_
		(3) Other reserves				9d(3)		_

retention of the contract or policy,	other than reported in Part I,	item 2 above, report amount	
Specify nature of costs			

10 Nonexperience-rated contracts:

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

a Total premiums or subscription charges paid to carrier

If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

Pension Benefit Guaranty Corporation		pursuant to ERISA section 103(a)(2).				m is Open to Public Inspection		
For calendar plan year 200	09 or fiscal pla	in year beginning 01/01/2009	9	and er	nding 12	/31/2009		
A Name of plan SHUQUALAK LUMBER O	CO., INC. CAF	ETERIA PLAN		B Three plan	e-digit number (PI	N) •	501	
C Plan sponsor's name a SHUQUALAK LUMBER (ne 2a of Form 5500.		D Emplo	-	ation Number (EIN)	
		ning Insurance Contrac Individual contracts grouped a						
1 Coverage Information:								
(a) Name of insurance ca ZURICH AMERICAN INS								
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate no persons covered a				ontract year	
(5) 2.11	code	identification number	-	policy or contract year		From	(g) To	
36-4233459	16535	3756822	61		01/01/20	009	04/30/2009	
2 Insurance fee and comp descending order of the		nation. Enter the total fees and t	otal commissions paid. L	ist in item 3	the agents	, brokers, and o	ther persons in	
(a) Total a	amount of com	missions paid		(b) To	otal amount	of fees paid		
3 Porcons receiving com	missions and	fees. (Complete as many entrie		porconc)			0	
J Fersons receiving com		and address of the agent, broke			ione or food	wore paid		
FOX EVERETTE INC	(a) Name	PO	BOX 6012 GELAND, MS 39158-601		ions of rees	were paid		
(b) Amount of sales ar	nd base	F	ees and other commissio	ns paid				
commissions pai		(c) Amount		(d) Purpose			(e) Organization code	
	269						3	
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees	were paid		
	(4)		., c. c percent to			more pane		
(b) Amount of sales ar	nd base	F	ees and other commissio	ns paid				
commissions pai		(c) Amount		(d) Purpose			(e) Organization code	

Schedule A (Form 5500)	2009	Page 2- 1			
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d		
		Fees and other commissions paid			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d		
	I				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were pai			
(4)	and address of the agont, or	oner, et euret person le miem commissione et lece were per	-		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		

Pa	rt II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	idual contracts with ea	ch carrier may be treated as a unit for t	ourposes of
_		this report.			1
		ent value of plan's interest under this contract in the general account at year			
_	Curre	ent value of plan's interest under this contract in separate accounts at year e	nd	5	
6 (Cont	racts With Allocated Funds:			
	a	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount		00	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan check here	▶ □	
7 (racts With Unallocated Funds (Do not include portions of these contracts ma		CCOUNTS)	
			ite participation guara		
	u			neo -	
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	
	С	Additions: (1) Contributions deposited during the year	. 7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		•			
		(6)Total additions		7c(6)	C
	d ·	Total of balance and additions (add b and c(6))			
	e I	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	- (0)		
		(4) Other (specify below)	. 7e(4)		
)			
		,			
		(5) Total deductions		. ,	C
	f	Balance at the end of the current year (subtract e(5) from d)		7f	

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Part III	Welfare Benefit Contract Information
	Schedule A (Form 5500) 2009

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.

	the entire group of such individual contracts w	ith each carrier may be treat	ted as a un	it for purposes of this	report.		
3	Benefit and contract type (check all applicable boxes)						
	a Health (other than dental or vision)	b Dental	С	Vision	d	Life insurance	
	e Temporary disability (accident and sickness)	f Long-term disability	g	Supplemental unemp	loyment h	Prescription drug	
	i Stop loss (large deductible)	j HMO contract	k∏	PPO contract	ı	Indemnity contract	
	m X Other (specify) ▶ ORGAN AND TISSUE TRAN	ISPLANT POLICY				<u> </u>	
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 rese	erve	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))			<u>-</u>	9b(3)		
	(4) Claims charged				9b(4)		
	C Remainder of premium: (1) Retention charges (on		*****				
	(A) Commissions		c(1)(A)				
	(B) Administrative service or other fees		c(1)(B)				
	(C) Other specific acquisition costs		c(1)(C)				
	(D) Other expenses		c(1)(D) c(1)(E)				
	(E) Taxes(F) Charges for risks or other contingencies	_	c(1)(F)				
	(G) Other retention charges		c(1)(G)				
	(H) Total retention	<u></u>			9c(1)(H)		
	(2) Dividends or retroactive rate refunds. (These			H-	9c(2)		
	d Status of policyholder reserves at end of year: (1)	<u>—</u>		F	9d(1)		
	(2) Claim reserves	·		F	9d(1) 9d(2)		
	(3) Other reserves			F	9d(3)		
	e Dividends or retroactive rate refunds due. (Do no			F	9e		
10			- (-)-,				
	a Total premiums or subscription charges paid to ca	arrier			10a	1	795
	b If the carrier, service, or other organization incurre			-			
	retention of the contract or policy, other than repo	rted in Part I, item 2 above, r	report amo	unt	10b		
	Specify nature of costs •						

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

- Tension Benefit Guaranty O	orporation	Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).			This Form is Open to Public Inspection	
For calendar plan year 20	009 or fiscal plar	year beginning 01/01/2009	and e	nding 12/31/2009		
A Name of plan SHUQUALAK LUMBER CO., INC. CAFETERIA PLAN				e-digit number (PN)	501	
C Plan sponsor's name as shown on line 2a of Form 5500. SHUQUALAK LUMBER CO., INC D Employer Identification Number (EIN) 64-0431285					er (EIN)	
on a separa	te Schedule A.	ing Insurance Contract C Individual contracts grouped as a				
1 Coverage Information:						
(a) Name of insurance ca QBE EXCESS RISK REI						
# N = W .	(c) NAIC	(d) Contract or	(e) Approximate number of	Policy or	contract year	
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	(g) To	
22-2311816	39217	ERR9960504101	61	01/01/2009	04/30/2009	
2 Insurance fee and com descending order of the		ation. Enter the total fees and tota	commissions paid. List in item 3	3 the agents, brokers, and	d other persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid						
		5590	` ,		2757	
3 Persons receiving com	nmissions and fe	ees. (Complete as many entries a	s needed to report all persons).			
	(a) Name a	nd address of the agent, broker, o		sions or fees were paid		
FOX EVERETT INC			0X 6012 ELAND, MS 39158-6012			
(b) Amount of sales a	nd base	Fees	and other commissions paid			
commissions pa		(c) Amount	(d) Purpos	(e) Organization code		
	5590		DICAL ADMINISTRATION FEES		3	
	(a) Name a	nd address of the agent, broker, o	or other person to whom commiss	sions or fees were paid	_	
	(a) Name a	nd address of the agent, broker, c	or other person to whom commiss	sions of rees were paid		
(b) Amount of sales and base Fees and other commissions paid						
commissions pa		(c) Amount	(d) Purpose		(e) Organization code	
					. '	

Schedule A (Form 5500)	2009	Page 2- 1					
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d				
		Fees and other commissions paid					
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code				
(a) Na	(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid						
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization				
commissions paid	(c) Amount	(d) Purpose	code				
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d				
	I						
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization				
commissions paid	(c) Amount	(d) Purpose	code				
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were pai					
(4)	and address of the agont, or	oner, et euret person le miem commissione et lece were per	-				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization				
commissions paid	(c) Amount	(d) Purpose	code				
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization				
commissions paid	(c) Amount	(d) Purpose	code				

Pa	rt II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	idual contracts with ea	ch carrier may be treated as a unit for t	ourposes of
_		this report.			1
		ent value of plan's interest under this contract in the general account at year			
_	Curre	ent value of plan's interest under this contract in separate accounts at year e	nd	5	
6 (Cont	racts With Allocated Funds:			
	a	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount		00	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan check here	▶ □	
7 (racts With Unallocated Funds (Do not include portions of these contracts ma		CCOUNTS)	
			ite participation guara		
	u			neo -	
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	
	С	Additions: (1) Contributions deposited during the year	. 7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		•			
		(6)Total additions		7c(6)	C
	d ·	Total of balance and additions (add b and c(6))			
	e I	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	- (0)		
		(4) Other (specify below)	. 7e(4)		
)			
		,			
		(5) Total deductions		. ,	C
	f	Balance at the end of the current year (subtract e(5) from d)		7f	

Page 4		

37265

10a

10b

Schedule A (Form 5500) 2009		F	Page 4		
Part III Welfare Benefit Contract Information from the contract covers the same of information may be combined for reporting the entire group of such individual contracts.	group of employees of the sourposes if such contracts	are experien	ce-rated as a unit. Whe	ere contracts	loyee organization(s), the s cover individual employees,
8 Benefit and contract type (check all applicable boxes	3)				
a Health (other than dental or vision)	b Dental	С	Vision	(d Life insurance
e Temporary disability (accident and sickness)	f Long-term disability	ty g	Supplemental unemp	oloyment	h Prescription drug
i X Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract
m ☐ Other (specify) ▶	, _—	L	_		
Canon (openiny)					
9 Experience-rated contracts:					
a Premiums: (1) Amount received		9a(1)			
(2) Increase (decrease) in amount due but unpa	id	9a(2)			
(3) Increase (decrease) in unearned premium re	eserve	9a(3)			
(4) Earned ((1) + (2) - (3))				9a(4)	
b Benefit charges (1) Claims paid					
(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)		1		
(A) Commissions		9c(1)(A)			
(B) Administrative service or other fees		9c(1)(B)			
(C) Other specific acquisition costs					
(D) Other expenses					
(E) Taxes					
(F) Charges for risks or other contingencies					
(G) Other retention charges		9c(1)(G)			
(H) Total retention				9c(1)(H)	
(2) Dividends or retroactive rate refunds. (Thes	e amounts were 🔲 paid in	cash, or	credited.)	9c(2)	
d Status of policyholder reserves at end of year:	1) Amount held to provide	benefits afte	r 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	d in c(2) .)		9e	

Part IV	Provision of Information			
11 Did th	ne insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

a Total premiums or subscription charges paid to carrier 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.....

10 Nonexperience-rated contracts:

Specify nature of costs >

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

Pension Benefit Guaranty Corporation Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).				m is Open to Public Inspection			
For calendar plan year 200	09 or fiscal pla	an year beginning 01/01/2009	9	and er	nding 12	/31/2009	
A Name of plan SHUQUALAK LUMBER C	CO., INC. CAF	ETERIA PLAN		B Three plan	e-digit number (PI	N) •	501
C Plan sponsor's name a SHUQUALAK LUMBER C		ne 2a of Form 5500.		D Employer Identification Number (EIN) 64-0431285			
		ning Insurance Contract Individual contracts grouped a					
1 Coverage Information:							
(a) Name of insurance car UNUM LIFE INSURANCE		RICA					
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate no persons covered a			Policy or co	ntract year
(b) LIN	code	identification number	policy or contrac		(f)	From	(g) To
01-0278678	62235	126584		29	01/01/20	09	12/31/2009
2 Insurance fee and communication descending order of the		nation. Enter the total fees and to	otal commissions paid. L	ist in item 3	the agents	, brokers, and o	ther persons in
(a) Total a	(a) Total amount of commissions paid (b) Total amount of fees paid						
3 Persons receiving com	missions and	fees. (Complete as many entrie	as as needed to report all	nersons)			0
J reisons receiving com		and address of the agent, broke			ions or foos	wore paid	
CAROL K REEVES	(a) Name	PO	BOX 1383 LUMBUS, MS 39703	III COIIIIIIISS	ions of fees	were paid	
(b) Amount of sales ar	nd hase	F	ees and other commissio	ns paid			
commissions pai		(c) Amount	(d) Purpose			(e) Organization code	
	2171						3
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees	were paid	
	(c)		,				
(b) Amount of sales ar	nd base	F	ees and other commissio	ns paid			
commissions pai		(c) Amount		(d) Purpose	Э		(e) Organization code

Schedule A (Form 5500)	2009	Page 2- 1		
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d	
		Fees and other commissions paid		
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code	
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d	
	I			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were pai		
(4)	and address of the agont, or	oner, et euret person le miem commissione et lece were per	-	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	d	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	

Pa	rt II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	idual contracts with ea	ch carrier may be treated as a unit for t	ourposes of
_		this report.			1
		ent value of plan's interest under this contract in the general account at year			
_	Curre	ent value of plan's interest under this contract in separate accounts at year e	nd	5	
6 (Cont	racts With Allocated Funds:			
	a	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount		00	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan check here	▶ □	
7 (racts With Unallocated Funds (Do not include portions of these contracts ma		CCOUNTS)	
			ite participation guara		
	u			neo -	
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	
	С	Additions: (1) Contributions deposited during the year	. 7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		•			
		(6)Total additions		7c(6)	C
	d ·	Total of balance and additions (add b and c(6))			
	e I	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	- (0)		
		(4) Other (specify below)	. 7e(4)		
)			
		,			
		(5) Total deductions		. ,	C
	f	Balance at the end of the current year (subtract e(5) from d)		7f	

Page 4	

9d(3)

9e

10a

10b

	Schedule A (Form 5500) 2009		P	Page 4		
Part III	Welfare Benefit Contract Informat If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts	roup of employees of the surposes if such contracts a	are experien	ce-rated as a unit. Whe	ere contracts	
8 Bene	fit and contract type (check all applicable boxes)					
а	Health (other than dental or vision)	b Dental	С	Vision	d	Life insurance
e 🗆	Temporary disability (accident and sickness)	f Long-term disabilit	<u></u>	Supplemental unemp	olovment h	Prescription drug
·	Stop loss (large deductible)	j HMO contract		PPO contract		I Indemnity contract
· <u> </u>		I I I I I I I I I I I I I I I I I I I	N_] FFO contract		I I indemnity contract
m 📙	Other (specify)					
0 =						
•	ience-rated contracts:	Г	0-(4)			
	remiums: (1) Amount received		9a(1)			
,	2) Increase (decrease) in amount due but unpai		9a(2)			
,	3) Increase (decrease) in unearned premium res	<u>-</u>	9a(3)		00(4)	
_ `	4) Earned ((1) + (2) - (3))	T T			9a(4)	
	Benefit charges (1) Claims paid		9b(1)			
,	2) Increase (decrease) in claim reserves	-	` '		01- (0)	
`	3) Incurred claims (add (1) and (2))				9b(3)	
`	4) Claims charged				9b(4)	
С	Remainder of premium: (1) Retention charges (·	0-(4)(A)			
	(A) Commissions		9c(1)(A)			
	(B) Administrative service or other fees		9c(1)(B)			
	(C) Other specific acquisition costs	The state of the s	9c(1)(C)			
	(D) Other expenses	ļ ·	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)		0=/4\/11\	
	(H) Total retention		_		9c(1)(H)	
_	2) Dividends or retroactive rate refunds. (These	<u> </u>				
d :	Status of policyholder reserves at end of year: (1	Amount held to provide to	benefits after	r retirement	9d(1)	
(2) Claim reserves				9d(2)	

(3) Other reserves

e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)

a Total premiums or subscription charges paid to carrier 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.....

Specify	nature	٥f	costs	
Opcomy	Hatuic	v	COSIS	,

10 Nonexperience-rated contracts:

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).			This Fo	rm is Open to Public Inspection			
For calendar plan year 20	09 or fiscal plan	year beginning 01/01/2009	and e	ending 12/3	31/2009		
A Name of plan SHUQUALAK LUMBER (CO., INC. CAFE	TERIA PLAN		ee-digit n number (PN)) •	501	
C Plan sponsor's name a SHUQUALAK LUMBER (2a of Form 5500.		oyer Identifica 31285	ition Number	(EIN)	
		ing Insurance Contract C Individual contracts grouped as a					
1 Coverage Information:							
(a) Name of insurance ca							
(1) FIN	(c) NAIC	(d) Contract or	(e) Approximate number of		Policy or o	contract year	
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f)	From	(g) To	
95-2371728	22667	4250333/4250102	100	04/01/200	9	12/31/2009	
2 Insurance fee and com descending order of the		tion. Enter the total fees and total	commissions paid. List in item 3	3 the agents, I	brokers, and	other persons in	
(a) Total	(a) Total amount of commissions paid (b) Total amount of fees paid						
34001 0							
3 Persons receiving com	missions and fe	es. (Complete as many entries a	s needed to report all persons).				
	(a) Name a	nd address of the agent, broker, o		sions or fees v	were paid		
FOX EVERETTE INC			IX 6012 ILAND, MS 39158-6012				
(b) Amount of sales a	nd base	Fees	and other commissions paid				
commissions pa		(c) Amount	(d) Purpose			(e) Organization code	
	13601					3	
	(a) Name a	nd address of the agent, broker, o	or other person to whom commiss	sions or fees v	were paid		
MARTIN HALEDMAN			RESERVE DR SE ITA, GA 30339				
(b) Amount of sales a	nd hase	Fees	and other commissions paid				
commissions pa		(c) Amount	(d) Purpose			(e) Organization code	
	10880					3	
F. B. C. C.	m Act Notice o	nd OMP Control Numbers coo	the instructions for Form 5500		Cal	adula A (Farm FEOO) 2000	

Schedule A (Form 5500) 2009	Page 2- 1
(a) Name and addre	ss of the agent, broker, or other person to whom commissions or fees were paid
AFFINITY GROUP UNDERWRITERS	4510 COX RD #111 GLEN ALLEN, VA 23060
(b) Amount of pales and have	Fees and other commissions paid

(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
9520	1		3
(a) No	nmo and address of the agent broke	r, or other person to whom commissions or fees were paic	1
(a) No	ine and address of the agent, broker	i, or other person to whom commissions or rees were paid	<u>, </u>
		Foot and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
commissions paid	(C) Amount	(u) Fulpose	code
	1		
(a) Na	ame and address of the agent, broke	r, or other person to whom commissions or fees were paid	1
(a) 110	and address of the agont, stoke	1, or other person to whem commissions or rose were pare	<u> </u>
	T		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
	1		
	1		
()) !			
(a) Na	ime and address of the agent, broke	r, or other person to whom commissions or fees were paid	
(b) Amount of sales and base	!	Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
	!		
	!		
(a) Na	ame and address of the agent, broke	r, or other person to whom commissions or fees were paid	t
(h) Amount of sales and he	,	Fees and other commissions paid	(2) 0
(b) Amount of sales and base commissions paid	(c) Amount (d) Purpose		(e) Organization code
	(5)	(4) : 4:5000	

Pa	rt II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	idual contracts with ea	ch carrier may be treated as a unit for t	ourposes of
_		this report.			1
		ent value of plan's interest under this contract in the general account at year			
_	Curre	ent value of plan's interest under this contract in separate accounts at year e	nd	5	
6 (Cont	racts With Allocated Funds:			
	a	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount		00	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan check here	▶ □	
7 (racts With Unallocated Funds (Do not include portions of these contracts ma		CCOUNTS)	
			ite participation guara		
	u			neo -	
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	
	С	Additions: (1) Contributions deposited during the year	. 7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		•			
		(6)Total additions		7c(6)	C
	d ·	Total of balance and additions (add b and c(6))			
	e I	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	- (0)		
		(4) Other (specify below)	. 7e(4)		
)			
		,			
		(5) Total deductions		. ,	C
	f	Balance at the end of the current year (subtract e(5) from d)		7f	

Page 4		

Pa	art I	Welfare Benefit Contract Informat If more than one contract covers the same gr		emnlovees	of the sa	ame emnlo	over	(s) or members of the	same em	nlovee organiza	tion(s) the
		information may be combined for reporting puthe entire group of such individual contracts v	urposes	if such cor	ntracts a	re experie	nce	-rated as a unit. Whe	ere contrac		
8	Ber	efit and contract type (check all applicable boxes)									
	а	Health (other than dental or vision)	b	Dental		С	П	Vision		d Life insur	ance
	е	Temporary disability (accident and sickness)	f∏	Long-term	disability	g	=	Supplemental unemp	loyment	h Prescript	
	i İ	Stop loss (large deductible)		HMO contra	-	k	=	PPO contract	•	I X Indemnity	_
	. I		, _□	i iivio contre	act	K	ш '	i i o contract		I Maeilling	Contract
	m	Other (specify)									
9	Ехр	erience-rated contracts:									
	а	Premiums: (1) Amount received				9a(1)					
		(2) Increase (decrease) in amount due but unpaid	i			9a(2)					
		(3) Increase (decrease) in unearned premium res	erve			9a(3)					
		(4) Earned ((1) + (2) - (3))			<u></u>				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 (o	n an ac	crual basis	s)						
		(A) Commissions				9c(1)(A)					
		(B) Administrative service or other fees				9c(1)(B)					
		(C) Other specific acquisition costs			<u> </u>	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		<u></u> .		<u></u>			9c(1)(H)	
		(2) Dividends or retroactive rate refunds. (These	amour	nts were	paid in	cash, or	cre	edited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1) Amou	int held to p	rovide b	enefits afte	er re	etirement	9d(1)		
		(2) Claim reserves							9d(2)		
		(3) Other reserves							9d(3)		
	е	Dividends or retroactive rate refunds due. (Do no	ot inclu	de amount	entered	in c(2) .)			9e		
10) No	nexperience-rated contracts:						,			
	а	Total premiums or subscription charges paid to c	arrier						10a		136005
	b	If the carrier, service, or other organization incurr	•	•				•	406		
	_	retention of the contract or policy, other than repo	orted in	Part I, item	12 above	e, report ai	mοι	unt	10b		
	S	pecify nature of costs									

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

Tension Benefit Guaranty O	orporation		e required to provide the informate RISA section 103(a)(2).	orm 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 SHUQUALAK LUMBER	CO., INC. CAFE	TERIA PLAN		e-digit number (PN)	501			
C Plan sponsor's name a SHUQUALAK LUMBER ((EIN)							
		ing Insurance Contract C Individual contracts grouped as a						
1 Ooverage information.								
(a) Name of insurance ca		.						
	(c) NAIC	(d) Contract or	(e) Approximate number of	Policy or	contract year			
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	(g) To			
43-0949844	71870	PD314-1145	100	04/01/2009	11/30/2009			
2 Insurance fee and com descending order of the		ation. Enter the total fees and total	commissions paid. List in item 3	the agents, brokers, and	other persons in			
	amount of comr	missions paid	(b) To	otal amount of fees paid				
, ,		2210	, ,	·	0			
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	s needed to report all persons).					
	(a) Name a	nd address of the agent, broker, c		ions or fees were paid				
FOX EVERETTE INC			X 6012 ELAND, MS 39158-6012					
(b) Amount of sales a	nd hase	Fees	and other commissions paid					
commissions pa		(c) Amount	(d) Purpos	(e) Organization code				
	884				3			
	(a) Name a	nd address of the agent, broker, o	or other person to whom commiss	ions or fees were paid				
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid MARTIN HALEDMAN 3534 PRESERVE DR SE ATLANTA, GA 30339								
(b) Amount of sales and base Fees and other commissions paid								
commissions pa		(c) Amount	(d) Purpos	е	(e) Organization code			
	707				3			
					1			

Schedule A	(Form	5500)	2009

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

AFFINITY GROUP UNDERWRITERS

4510 COX RD #111 GLEN ALLEN, VA 23060

(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
619			3
(a) Name	and address of the agent, br	roker, or other person to whom commissions or fees were pa	id
433		Fees and other commissions paid	430
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(7)	(3). 3.,	
(a) Name	and address of the agent, br	oker, or other person to whom commissions or fees were pa	id
		Fees and other commissions paid	T
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(b) / u inodin	(4) 1 (1) 5000	
(a) Name	and address of the agent, br	roker, or other person to whom commissions or fees were pa	id
(b) Amount of sales and base		Fees and other commissions paid	(a) Organization
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(e) / unoun	(4)1 (1)5000	
(a) Name	and address of the agent, br	oker, or other person to whom commissions or fees were pa	id
(a) Hamo	and address of the agont, or	one, or other person to whom commissions or root were pa	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
		1	

Pa	rt II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	idual contracts with ea	ch carrier may be treated as a unit for t	ourposes of
_		this report.			1
		ent value of plan's interest under this contract in the general account at year			
_	Curre	ent value of plan's interest under this contract in separate accounts at year e	nd	5	
6 (Cont	racts With Allocated Funds:			
	a	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount		00	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan check here	▶ □	
7 (racts With Unallocated Funds (Do not include portions of these contracts ma		CCOUNTS)	
			ite participation guara		
	u			neo -	
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	
	С	Additions: (1) Contributions deposited during the year	. 7c(1)		
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		•			
		(6)Total additions		7c(6)	C
	d ·	Total of balance and additions (add b and c(6))			
	e I	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	. 7e(2)		
		(3) Transferred to separate account	- (0)		
		(4) Other (specify below)	. 7e(4)		
)			
		,			
		(5) Total deductions		. ,	C
	f	Balance at the end of the current year (subtract e(5) from d)		7f	

Page 4		

Pá	art II	I Welfare Benefit Contract Informat If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts	roup of employees of the surposes if such contracts a	are experienc	ce-rated as a unit. Wh	ere contract	
8	Bene	efit and contract type (check all applicable boxes)					
	а	Health (other than dental or vision)	b Dental	с	Vision		d Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disabilit	у д [Supplemental unem	olovment	h Prescription drug
	ιĖ	Stop loss (large deductible)	j HMO contract	, J_ k□	PPO contract	,	I Indemnity contract
	m	Other (specify)	, Lime contact		j i i o oomaac		I Indemnity contract
9	Expe	rience-rated contracts:					
	а	Premiums: (1) Amount received		9a(1)			
		(2) Increase (decrease) in amount due but unpaid	d	9a(2)			
		(3) Increase (decrease) in unearned premium res	serve	9a(3)			
		(4) Earned ((1) + (2) - (3))	r			9a(4)	
	b	Benefit charges (1) Claims paid		9b(1)			<u> </u>
		(2) Increase (decrease) in claim reserves		9b(2)		1	
		(3) Incurred claims (add (1) and (2))				9b(3)	
		(4) Claims charged				. 9b(4)	
	С	Remainder of premium: (1) Retention charges (c	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)		ı	
		(H) Total retention	<u></u>	<u></u>		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 I	benefits after	retirement	9d(1)	
		(2) Claim reserves				9d(2)	
		(3) Other reserves				9d(3)	
	е	Dividends or retroactive rate refunds due. (Do n	ot include amount entered	l in c(2) .)		9e	
10) No	nexperience-rated contracts:					
	а	Total premiums or subscription charges paid to o	carrier			10a	8838
	b	If the carrier, service, or other organization incur retention of the contract or policy, other than rep				10b	
	Sp	ecify nature of costs					

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Part	I Annual Report Identification Inf	ormation						
For ca	alendar plan year 2009 or fiscal plan year beginning and ending							
A This return/report is for: a multiemployer plan;		a multiple-	a multiple-employer plan; or					
	X a single-employer	plan;	a DFE (spec	cify)				
C H D C Part 1a SHU(the first return/rej an amended return the plan is a collectively-bargained plan, check heck box if filing under: Form 5558; special extension	oort; n/report; ere	the final re	turn/report; n year return/report (less than 12 months).				
				01/01/1988				
Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) SHUQUALAK LUMBER CO., INC P. O. BOX 25 SHUQUALAK MS 39361-0025			2b Employer Identification Number (EIN) 64-0431285 2c Sponsor's telephone number 601-793-4586 2d Business code (see instructions) 321110					
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.								
statem	ents and ettachments, as well as the electronic version	n of this return/report, and to	the best of my knowledge a	nd belief, it is true, correct, and complete.				
SIGN HERE	Just Topenton	his Thunder 8/25/2010 Lisa THunter						
	Signature of plan administrator Date Enter n			ual signing as plan administrator				
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor				
SIGN								
HERE	Signature of DFE	Date	Enter name of individu	eal signing as DEF				

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

Date

Form 5500 (2009) v.092307.1

Enter name of individual signing as DFE

3 a Plan administrator's name and address (If same as plan sponsor, enter "Same") SAME		3b Administra	rator's EIN				
		3c Administra number	ator's	telephone			
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this pla	n, enter the name	e, 4b EIN				
_	EIN and the plan number from the last return/report:						
a	Sponsor's name			4c PN			
5	Total number of participants at the beginning of the plan year		5	76			
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, a	nď 6 ď).		J			
а	Active participants	·	6a	61			
b	Retired or separated participants receiving benefits		6b	0			
С	Other retired or separated participants entitled to future benefits		6c	0			
d	Subtotal. Add lines 6a, 6b, and 6c		6 d	61			
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0				
f	Total. Add lines 6d and 6e	6f	61				
g	Number of participants with account balances as of the end of the plan year (only defined contribution						
	complete this item)	<i></i>	6g	0			
h	Number of participants that terminated employment during the plan year with accrued benefits that	were					
	less than 100% vested		6h	0			
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans co	mplete this item)	7				
8a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan	n Characteristic C	odes i	n the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: $4A4B4D4F4H$						
9 a	Plan funding arrangement (check all that apply) 9b Plan benefit arrange	ement (check all t	heck all that apply)				
	(1) X Insurance (1) X Insurance	surance					
		ction 412(e)(3) in	suran	ce contracts			
		assets of the spon	SOL				
10	Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the			nstructions)			
		 -		•			
а	Pension Schedules b General Schedules	ension Schedules b General Schedules					
		Financial Information)					
	IVI Q	I (Financial Information – Small Plan)					
	Purchase Plan Actuarial Information) - signed by the plan (3) $\frac{X}{Y} = \frac{9}{Y}$ A (Insurance Information)						
		e Provider Inform	-	antion\			
		Participating Plan					