

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 N. E. W. EXTENDED SAVINGS PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 08/01/1993
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) NATIONAL ELECTRONICS WARRANTY, LLC 22894 PACIFIC BLVD DULLES, VA 20166-6722	2b Employer Identification Number (EIN) 52-1356309 2c Sponsor's telephone number 703-464-5288 2d Business code (see instructions) 811490

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.	09/10/2010	KIRSTEN CALHOON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/10/2010	KIRSTEN CALHOON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") NATIONAL ELECTRONICS WARRANTY, LLC 22894 PACIFIC BLVD DULLES, VA 20166-6722	3b Administrator's EIN 52-1356309 3c Administrator's telephone number 703-464-5288
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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 NATIONAL ELECTRONICS WARRANTY CORPORATION	4b EIN	4c PN
5 Total number of participants at the beginning of the plan year	5	5491
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	4746
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	2715
d Subtotal. Add lines 6a , 6b , and 6c	6d	7461
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	7461
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	5115
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	1956
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small></div>	<div>Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</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 N. E. W. EXTENDED SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500. NATIONAL ELECTRONICS WARRANTY, LLC	D Employer Identification Number (EIN) 52-1356309

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
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	409593	7461	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 35000	(b) Total amount of fees paid 7480
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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 LOCKTON FINANCIAL ADVISORS LLC C/O UMB BK PO BOX 878188 KANSAS CITY MO KANSAS CITY, MO 00006-4187
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
35000	7480	REFERRAL/SERVICE FEE AND PRORATED INCENTIVE, NOT DEDUCTED FROM PLAN	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	1122295
5 Current value of plan's interest under this contract in separate accounts at year end	5	31679526

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 ▶ FLEXIBLE INVESTMENT ANNUITY

b Balance at the end of the previous year	7b	1163280
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c Additions: (1) Contributions deposited during the year	7c(1)	133350	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	34610	
(4) Transferred from separate account	7c(4)	110984	
(5) Other (specify below)..... ▶ LOAN PAYMENT	7c(5)	27100	

(6) Total additions	7c(6)	306044
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d Total of balance and additions (add b and c(6)).	7d	1469324
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	253808	
(2) Administration charge made by carrier	7e(2)	2673	
(3) Transferred to separate account	7e(3)	26247	
(4) Other (specify below)..... ▶ LOAN WITHDRAWAL	7e(4)	50642	

(5) Total deductions	7e(5)	333370
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f Balance at the end of the current year (subtract e(5) from d)	7f	1135954
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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 N. E. W. EXTENDED SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL ELECTRONICS WARRANTY, LLC	D Employer Identification Number (EIN) 52-1356309	

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
PRINCIPAL LIFE INSURANCE COMPANY
42-0127290

(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	81501	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

(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 <p style="text-align: center;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<small>OMB No. 1210-0110</small> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2009</div> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection.</p>
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan N. E. W. EXTENDED SAVINGS PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 NATIONAL ELECTRONICS WARRANTY, LLC		D Employer Identification Number (EIN) 52-1356309
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN BOND EMPH BAL SEP ACCT-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17007
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MONEY MARKET SEP ACCT-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-024	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2773846
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN INTL EMERG MARKETS SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-013	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1912887
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP VALUE SEP ACCT-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-019	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 715197
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP GROWTH SEP ACCT-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-018	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1382485
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN U.S. PROPERTY SEP ACCT-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-027	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1193464
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN BOND AND MORTGAGE SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-005	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1903563

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN DIVERSIFIED INTL SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-015	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 236888
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP S&P 500 INDEX SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-016	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4037492
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP VALUE I SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-043	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1182362
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN INTL I SEPARATE ACCT-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-048	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1768816
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP S&P 600 INDEX SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-028	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1776078
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP S&P 400 IDX SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-023	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 545596
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP GROWTH III SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-026	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1108887
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN INTL GROWTH SEP ACCT-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-064	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 756714
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP VALUE II SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-069	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP GROWTH II SA-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-071	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 382133

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2010 SEP ACCT-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-075	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 479190
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2020 SEP ACCT-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-076	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1391950
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2030 SEP ACCT-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-077	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2706923
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2040 SEP ACCT-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-078	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2098924
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2050 SEP ACCT-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-079	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1608401
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME STRAT INC SA-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-080	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 130226
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN FIN GRP, INC. STOCK SA-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-086	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64694
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN PREF SECS SEP ACCT-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-087	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 564506
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP VALUE I SA-R6**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-094	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 941298
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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**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan N. E. W. EXTENDED SAVINGS PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL ELECTRONICS WARRANTY, LLC	D Employer Identification Number (EIN) 52-1356309	

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)	336	0
(2) Participant contributions	1b(2)	8378	0
(3) Other.....	1b(3)	0	0
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)	764085	910255
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	18284783	31679526
(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)	1163280	1122295
(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	20220862	33712076

Liabilities

g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	0	
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	20220862	33712076
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2346520	
(B) Participants	2a(1)(B)	4863575	
(C) Others (including rollovers)	2a(1)(C)	284118	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7494213
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	40489	
(F) Other	2b(1)(F)	34610	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		75099
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		5397461
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		12966773

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4140128	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	216	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4140344
f Corrective distributions (see instructions)	2f		10630
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	82206	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		82206
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4233180

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8733593
l Transfers of assets:			
(1) To this plan.....	2l(1)		4771913
(2) From this plan	2l(2)		14292

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: **FRYE & WOLCOTT, CPAS**

(2) EIN: **54-2042172**

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	0
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	0
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	0
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	0
e Was this plan covered by a fidelity bond?.....	X		10000000
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.			

- 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)
ASURION CORPORATION 401(K) PLAN	94-3197174	001

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan N. E. W. EXTENDED SAVINGS PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL ELECTRONICS WARRANTY, LLC		D Employer Identification Number (EIN) 52-1356309
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 42-0127290		
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): _____

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N.E.W. EXTENDED SAVINGS PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2009 & 2008

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**INDEPENDENT AUDITORS' REPORT
ON FINANCIAL STATEMENTS**

To the Participants and Trustees
N.E.W. Extended Savings Plan

We were engaged to audit the accompanying statements of net assets available for benefits (modified cash basis) of the N.E.W. Extended Savings Plan (the Plan) as of December 31, 2009 and 2008, the related statements of change in net assets available for benefits (modified cash basis) for the years then ended, and the supplemental schedules of assets held for investment purposes also as of December 31, 2009 and 2008. These financial statements and the supplemental schedules 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 D, which was certified by Principal Life Insurance Company, the custodian of the Plan's assets, except for comparing such information with the related information included in the financial statements and supplemental schedules as of and for the years ended December 31, 2009 and 2008. We have been informed by the plan administrator that the plan custodian, Principal Life Insurance Company, holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the plan custodian as of and for the years ended December 31, 2009 and 2008 that the information provided to the plan administrator by the plan custodian is complete and accurate.

As described in Note A and permitted under the Department of Labor's Rules and Regulations, the accompanying financial statements and supplemental schedules were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

Because of the significance of the information in the financial statements and supplemental schedules as of and for the years ended December 31, 2009 and 2008 that we did *not* audit, we are unable to, and do *not*, express an opinion on the accompanying financial statements and supplemental schedules as of and for the years ended December 31, 2009 and 2008. The form and content of the information included in the financial statements and supplemental schedules as of and for the years ended December 31, 2009 and 2008, other than that derived from the information certified by Principal Life Insurance Company, 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.

Frye & Wolcott, CPAs
Frye & Wolcott, CPAs
Manassas, Virginia
August 27, 2010

N.E.W. EXTENDED SAVINGS PLAN

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)**

DECEMBER 31, 2009 & 2008

	<u>2009</u>	<u>2008</u>
Assets		
Plan investments, participant directed:		
Investment in pooled separate accounts	\$ 31,679,526	\$ 18,284,783
Investment in guaranteed interest account	1,122,295	1,163,280
Loans to participants	<u>910,255</u>	<u>764,085</u>
Total investments	33,712,076	20,212,148
Plan receivables:		
Participant contribution receivable	-	8,378
Employer contribution receivable	<u>-</u>	<u>336</u>
Total receivables	<u>-</u>	<u>8,714</u>
Total assets	33,712,076	20,220,862
Liabilities		
Excess contributions payable	<u>-</u>	<u>-</u>
Net Assets Available for Benefits	<u><u>\$ 33,712,076</u></u>	<u><u>\$ 20,220,862</u></u>

See accompanying auditors' report and notes to financial statements.

N.E.W. EXTENDED SAVING PLAN

STATEMENTS OF CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)

YEARS ENDED DECEMBER 31, 2009 & 2008

	<u>2009</u>	<u>2008</u>
Additions		
Investment income:		
Net appreciation (depreciation) in investments	\$ 5,432,072	\$ (8,659,378)
Loan interest and other	40,489	50,176
Total investment income (loss)	5,472,561	(8,609,202)
Contributions:		
Participant deferrals	4,863,575	3,962,767
Employer matching	2,346,520	1,637,577
Participant roll-overs	284,118	610,859
Total contributions	7,494,213	6,211,203
Total additions	12,966,774	(2,397,999)
Deductions		
Benefits paid to participants	4,150,974	1,730,242
Administrative expenses	82,207	45,390
Total deductions	4,233,181	1,775,632
Other Additions (Deductions)		
Transfers into the plan	4,771,913	-
Transfers out of the plan	(14,292)	-
Total other additions (deductions)	4,757,621	-
Net Increase (Decrease)	13,491,214	(4,173,631)
Net assets available for benefits, beginning of year	20,220,862	24,394,493
Net Assets Available for Benefits, End of Year	<u>\$ 33,712,076</u>	<u>\$ 20,220,862</u>

See accompanying auditors' report and notes to financial statements.

N.E.W. EXTENDED SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2009 & 2008

Note A – Plan Description and Summary of Significant Accounting Policies

General: The following information and description of N.E.W. Extended Savings Plan (the Plan) is provided for informational purposes only. Participants should refer to the actual plan document, contractual agreements and summary plan description as provided by the plan sponsor, N.E.W. Customer Service Companies, Inc. (the Corporation), for more complete and current information.

Description: The Plan was established in August 1993 by the Corporation's management and was most recently amended in December 2006. The Plan is a defined contribution plan intended to qualify under Section 401(k) of the Internal Revenue Code (IRC) and is subject to applicable provisions of the Employee Retirement Income Security Act (ERISA) of 1974. The Plan covers all eligible employees with automatic enrollment at 1% of eligible compensation as defined by the plan. Employees are eligible to participate on the first day of the month following their effective date of hire with matching contributions to begin after attaining the age of 21 and one year of service. As of December 2009, the plan had approximately 7,500 total participants.

Plan Administration: The Corporation established a board of trustees and retained Principal Life Insurance Company (Principal) as the third party administrator and custodian, which holds plan assets in trust and executes transactions on the behalf and at the direction of the participants.

Basis of Accounting: The Plan prepares its financial statements on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Under the cash basis of accounting, revenues are recognized when cash is received rather than when it is earned, and expenses are recognized when cash is expended rather than when an obligation is incurred. The Plan's modification to the cash basis is in regards to the reporting of participant and employer contributions, which are reported when compensation is paid to the participant and employee and employer safe-harbor contributions are withheld and payable to the Plan or when the Corporation elects to make discretionary profit-sharing contribution to the Plan, and the reporting of plan investments at fair values, which includes unrealized gains and losses on plan investments.

Income Tax Status: The Plan is designed to be qualified under the IRC Section 401(k) and exempt from income taxes. Accordingly, Principal obtained a favorable tax determination letter from the IRS dated October 1992 for its prototype 401(k) profit sharing plan and received an updated determination dated July 2003 for plan amendments. The plan has been amended since obtaining the tax determination letters from the IRS to comply with various legislative and regulatory changes. The plan sponsor and administrator believe the plan is designed and operating in compliance with the plan's tax exemption status as a qualified retirement plan. As such, no provision for income taxes has been included in the accompanying financial statements. No assurances can be given regarding plan amendments not reviewed and approved by the IRS.

N.E.W. EXTENDED SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2009 & 2008

Note A – Plan Description and Summary of Significant Accounting Policies – Continued

Plan Eligibility: The plan has no age or length of service requirement for participation, and employees are generally eligible for participation on the first day of the month subsequent to their date of hire. Certain eligibility requirements, such as attainment of age 21 and one year of service and length of service, apply to employer safe harbor and discretionary contributions. Non-exempt employees who work solely from their home are ineligible to participate in the plan.

Participant Accounts: Individual accounts are maintained for each plan participant and include the participant's tax deferred contributions, roll-over contributions (if any), any employer matching contributions, plus an allocation of any employer discretionary contributions (if any), plan earnings, including any realized and unrealized gains or losses on investments selected by the plan participants, and reduced by any allocable administrative fees, expenses or withdrawals.

Participant Contributions: Participants may make pre-tax, salary reduction contributions from their compensation each pay period up to 20% of eligible compensation up to statutory limits per the Internal Revenue Code (IRC). Distributions from other qualified retirement plans can also be contributed as rollover contributions. Participants are fully vested in their salary deferral and rollover contributions. The Plan has automatic enrollment at 1% of eligible compensation.

Employer Contributions: Effective January 1, 2007, the Corporation adopted a safe harbor matching provision in which the Corporation makes matching contributions equal to the sum of 100% of the amount of each participant's elective deferral that do not exceed 3% of the participant's eligible compensation, plus 50% of the amount in which the participant's elective deferrals exceeds 3% of the participant's eligible compensation but not to exceed 5% of participant's eligible compensation. Safe harbor matching contributions are not subject to vesting requirements, so participants are immediately and fully vested. During the years ended December 31, 2009 and 2008, the Corporation made safe harbor matching contributions of approximately \$2,346,500 and \$1,637,600, respectively, of which approximately \$-0- and \$300, respectively, was reflected a contribution receivable as of December 31, 2009 and 2008.

The Corporation may also elect to make additional discretionary matching or profit sharing contributions to the plan. Discretionary matching and profit sharing contribution may be allocated based upon compensation, length of service, and employment as of the end of the plan as defined by the plan. Vesting in the Corporation's discretionary contributions and earnings thereon is based upon each employee's active employment and length of service, with 25% vesting after two years of service, 50% after three years, 75% after four years, and 100% after five years of service. During the years ended December 31, 2009 and 2008, the Corporation reported no discretionary matching or profit sharing contributions. During the year ended December 31, 2009, the Plan received a transfer of approximately \$4,771,900 from the retirement plans of related subsidiaries whose retirement plan was assimilated with the Plan.

N.E.W. EXTENDED SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2009 & 2008

Note A – Plan Description and Summary of Significant Accounting Policies – Continued

Terminating Participants and Forfeitures: Participants who terminate their employment with the Corporation forfeit the non-vested portion of the employer discretionary matching and profit-sharing contributions as noted above. Forfeitures may be used to reduce future plan contributions or pay plan expenses as allowable under the plan document and directed by the plan trustee. As of December 31, 2009 and 2008, the Plan reported approximately \$75,800 and \$43,400, respectively, in available forfeitures. During the years ended December 31, 2009 and 2008, the Plan reported forfeitures on terminating employees of approximately \$77,900 and \$92,400, respectively, and net earnings on forfeitures of approximately \$16,300 during the year ended December 31, 2009 and net loss on forfeitures of approximately \$27,600. Additionally, the Plan used forfeitures of approximately \$61,900 and \$105,600, respectively, during the years ended December 31, 2009 and 2008 to reduce employer contributions or pay plan expenses.

Distributions to Participants: Amounts credited to an individual participant's account are eligible for distribution upon termination of employment, retirement, death, or total and permanent disability, generally as lump sum distributions. Distributions due to termination or disability may be deferred until the participant retires if the value of their account exceeds or has exceeded \$1,000. Distributions upon death must be made to all beneficiaries within five years. Participant benefits eligible for distribution must be distributed based upon age and date of retirement restrictions as set forth in the IRC. The Plan automatically distributes balance of less than \$1,000 to terminated participants. Terminated participants with balances of \$1,000 to \$5,000 are rolled automatically into an IRA in the name of the terminated participant. Benefit payments and distributions to participants are reflected as plan deductions when paid to participants.

Participant Loans: The Plan allows participants to borrow against their vested account balances subject to IRC restrictions. Loans are typically limited to a maximum of \$50,000 or 50% of the participant's vested account balance, and are secured by the participant's loan balance and subject to the creditworthiness of the participant. The promissory notes have terms of 60 months or less unless the loan was made for purchase of the participant's primary residence in which case the loan term may be 120 months and require periodic payments of principal and interest through payroll deductions. Loans are considered a direct investment of the participant's account and have annual interest rates based generally upon the prime lending rate at the time of the loan. As of December 31, 2009 and 2008, annual interest rates on participant loans range from approximately 3 – 12%, and interest income on the participant loans totaled approximately \$40,500 and \$43,400, respectively, during the years ended December 31, 2009 and 2008.

Hardship Withdrawals: The Plan also allows, in certain hardship situations as defined by the IRC, participants to withdrawal portions of their vested account balance subject to taxation and other IRC restrictions. Any withdrawals reduce participant vested account balance and are reflected as Plan deductions and in the accompanying financial statements.

N.E.W. EXTENDED SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2009 & 2008

Note A – Plan Description and Summary of Significant Accounting Policies – Continued

Fair Value Measurements: The accompanying financial statements reflect the adoption of fair value measurements as required under generally accepted accounting principles in the United States of America. As such, the Plan establishes a reporting framework for measuring and disclosing fair value measurements. Disclosures are required for fair value measurements for assets and liabilities measured and reported at fair value in the accompanying financial statements. Accordingly, the Plan classifies its investments in to Level 1, which refers to securities traded in an active market, Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available or Level 1 securities where there is a contractual restriction, and Level 3, which refers to securities not traded in an active market and for which no significant observable market inputs are not available. As of December 31, 2009 and 2008, the Plan determined that its investments in marketable securities would be considered Level 2, and Level 3 financial instruments and that participant loans would be considered Level 3 financial instruments. Disclosures about estimated fair values and fair value measurements were determined by the Plan based upon pertinent market data and other information available as of December 31, 2009 and 2008. Considerable judgment is necessary to interpret market and financial data and to develop fair value measurements in certain circumstances. Although the Plan is unaware of any factors that would significantly affect their estimates, the Plan's estimates of fair values and fair value measurements may not be indicative of amounts realized at disposition.

Accounting Estimates: The preparation of financial statements in conformity with Plan's basis of accounting, the modified cash basis which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America, requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates and the difference may be material.

Note B – Plan Investments

General: The plan custodian, Principal, holds the plan's investments, maintains individual participant accounts, and executes transactions on the behalf and as directed by plan participants. Principal, as the investment custodian, manages the investment options through a variety of fund management companies, including various subsidiaries and related parties.

Investment Valuation: The Plan's investments are reported at fair value as determined by quoted market prices or stated at the reported unit value of the pooled separate accounts, which is based upon the fair value of the net assets of the pooled separate accounts. Participant loans are stated at amortized cost which approximates fair value as of the end of the plan year. Participant loans are generally fully collateralized by the vested portion of the participant accounts.

N.E.W. EXTENDED SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2009 & 2008

Note B – Plan Investments – Continued

Plan Investments: The Plan provides approximately 20 investments options consisting of various pooled separate accounts managed by Principal and various related parties as further described in Note D. The investment options cover a wide range of risk, return, and retirement objectives. The Plan has automatic enrollment at 1% of eligible compensation and provides participants with direct access to their accounts via Principal's website which allows participants to change contributions amounts and investment allocation in any proportion they desire. Participants may also elect to transfer their account balances between the available investment options.

Investment Income: The Plan reports net realized and unrealized gains and losses (i.e., market appreciation and depreciation), along with interest earned on interest bearing accounts and participant loans, as components of investment income. Accordingly, realized interest and dividends, realized gains and losses, and unrealized gains and losses are reflected in the accompanying statements of change in net assets available for plan benefits. Investment income (loss) totaled approximately \$5,472,600 and (\$8,609,200), respectively, for the years ended December 31, 2009 and 2008, which consisted of net appreciation (depreciation) of plan investments of approximately \$5,432,100 and (\$8,659,400), respectively, and participant loan interest and other earnings of approximately \$40,500 and \$50,200, respectively, for the years ended December 31, 2009 and 2008. Purchases and sales of investments are recorded on a trade-date basis by the plan custodian.

Note C – Fair Value Measurements

The accompanying financial statements reflect the adoption of fair value measurements as required under generally accepted accounting principles in the United States of America. As such, the Plan determines fair value using a fair value measurement hierarchy based upon the lowest level of any input that is significant to the measurement. Accordingly, the Plan attempts to maximize the use of observable inputs and minimize unobservable inputs. As of December 31, 2009, the Plan's financial instruments are categorized as follows:

	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Pooled separate accounts	\$ 31,679,526	\$ -	\$ 30,486,062	\$ 1,193,464
Investment contracts	1,122,295	-	-	1,122,295
Participant loans	910,255	-	-	910,255
Plan investments	<u>\$ 33,712,076</u>	<u>\$ -</u>	<u>\$ 30,486,062</u>	<u>\$ 3,226,014</u>

As of December 31, 2008, the Plan's financial instruments are categorized as follows:

N.E.W. EXTENDED SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2009 & 2008

Note C – Fair Value Measurements – Continued

	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Pooled separate accounts	\$ 18,284,783	\$ -	\$ 16,834,458	\$ 1,450,325
Investment contracts	1,163,280	-	-	1,163,280
Participant loans	764,085	-	-	764,085
Plan investments	<u>\$ 20,212,148</u>	<u>\$ -</u>	<u>\$ 16,834,458</u>	<u>\$ 3,377,690</u>

The following table presents a reconciliation of fair value measurements using significant unobservable inputs, Level 3 instruments, for the years ended December 31, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Level 3 investments at fair value, beginning of year	\$ 3,377,690	\$ 2,945,674
Net gain (loss) included in change in net assets	(504,947)	(219,004)
Interest credited	34,609	32,338
Net purchases and sales	318,662	618,682
Level 3 investments at fair value, end of year	<u>\$ 3,226,014</u>	<u>\$ 3,377,690</u>
Change in unrealized gains (losses) related to assets still held as of end of year	<u>\$ (504,232)</u>	<u>\$ (349,613)</u>

Note D – Information Prepared and Certified by Plan Custodian

The following summarizes financial information and related data certified by Principal, the plan custodian, which maintains participant accounts and executes transactions as directed by the plan participants. As permitted by Department of Labor rules and regulations and reporting and disclosure under ERISA, the following financial information was certified as complete and accurate as of December 31, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Investment income:		
Net appreciation (depreciation) in investments	\$ 5,432,072	\$ (8,659,378)
Participant loan interest and other	40,489	50,176
	<u>\$ 5,472,561</u>	<u>\$ (8,609,202)</u>

N.E.W. EXTENDED SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2009 & 2008

Note D – Information Prepared and Certified by Plan Custodian – Continued

	<u>2009</u>		<u>2008</u>
Plan investment, participant directed, at fair value:			
Pooled separate accounts at reported unit values:			
Principal Money Market Fund	\$ 2,773,846 *		\$ 2,414,738 *
Principal U.S. Property Fund	1,193,464		1,450,325 *
Principal Bond & Mortgage Fund	1,903,563 *		1,285,602 *
Principal Partner International Fund	1,768,816 *		833,664
Principal Divers International Fund	236,888		187,657
Principal Large Cap S&P Index Fund	4,037,492 *		2,203,614 *
Principal Bond Employee Balanced Fund	17,007		20,750
Principal Partner Large Cap Growth Fund	1,382,485		608,621
Principal Partner Large Cap Value Fund	715,196		390,306
Principal Partner Mid Cap Growth III Fund	1,108,887		507,179
Principal Partner Mid Cap Value I Fund	1,182,362		748,691
Principal Partner Small Cap Growth II Fund	382,133		248,336
Principal Preferred Secondary Fund	564,506		234,440
Principal Partner Small Cap Value I Fund	941,298		616,055
Principal International Growth Fund	756,714		480,744
Principal Small Cap S&P Index Fund	1,776,078 *		1,365,036 *
Principal Mid Cap S&P Index Fund	545,596		260,339
Principal Lifetime 2010 Fund	479,190		347,086
Principal Lifetime 2020 Fund	1,391,950		666,503
Principal Lifetime 2030 Fund	2,706,923 *		1,111,742 *
Principal Lifetime 2040 Fund	2,098,924 *		742,060
Principal Lifetime 2050 Fund	1,608,401		545,773
Principal Lifetime Strategic Income Fund	130,226		102,523
Principal Financial Group Stock Income Fund	64,694		68,907
Principal International Emerging Markets Fund	1,912,887 *		844,092
Subtotal - pooled separate accounts	<u>31,679,526</u>		<u>18,284,783</u>
Cash and money market funds:			
Principal Guaranteed Interest Fund	1,122,295 *		1,163,280 *
Other investments, at estimated fair value:			
Participant loans (3 - 12%)	<u>910,255</u>		<u>764,085</u>
Total	<u><u>\$ 33,712,076</u></u>		<u><u>\$ 20,212,148</u></u>

* Represents investments that exceed 5% of net assets as of December 31, 2009 or 2008.

N.E.W. EXTENDED SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2009 & 2008

Note E – Investment Contract with Insurance Company

The Plan holds an investment contract with Principal that guarantees the contract benefit value upon termination, death, disability or retirement of a plan participant. Contract value is defined as the value paid when funds are withdrawn at maturity or at the time of termination, death, disability, or retirement of a plan participant and is equal to amounts deposited plus accrued interest. However, there are possibilities of market value adjustments when funds are withdrawn prior to maturity and as such, Principal does not consider the guaranteed interest account to be fully benefit responsive. Accordingly, the guaranteed interest account is included in the financial statements at fair value as reported and certified by Principal, which was based upon the contract value less any early withdrawal charges. Any difference between guaranteed interest account's contract value and fair value are reflected as components of investment income for the years ended December 31, 2009 and 2008.

Note F – Reconciliation of the Financial Statements to Federal Form 5500

The following schedule reconciles the net assets available for benefits per the accompanying financial statements to the net assets as reflected in Part I, *Assets and Liability Statement*, of Schedule H to Federal Form 5500 as of December 31:

	<u>2009</u>	<u>2008</u>
Net assets available for benefits per financial statements	\$ 33,712,076	\$ 20,220,862
Excess contributions payable, beginning or ending of year	<u>-</u>	<u>-</u>
Net assets available for benefits per Federal Form 5500	<u>\$ 33,712,076</u>	<u>\$ 20,220,862</u>

The following schedule reconciles plan contributions per the accompanying financial statements to plan contributions per Part II, *Income and Expense Statement*, of Schedule H to Federal Form 5500 as of December 31:

	<u>2009</u>	<u>2008</u>
Plan contributions per financial statements	\$ 7,494,213	\$ 6,211,203
Excess contributions payable, beginning or ending of year	<u>-</u>	<u>-</u>
Plan contributions per Federal Form 5500	<u>\$ 7,494,213</u>	<u>\$ 6,211,203</u>

N.E.W. EXTENDED SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2009 & 2008

Note G – Plan Termination

The Corporation has the right under the plan document to discontinue its contributions to the Plan and to terminate the Plan subject to the provisions of ERISA and IRS regulations. In the event of the Plan's termination, participants become fully vested in their account balances.

Note H – Related Party and Party-in-Interest Transactions

Plan Sponsor: The Plan's sponsor, N.E.W. Customer Service Companies, Inc., may at its management's discretion pay certain administrative and professional expenses of the Plan. During the years ended December 31, 2009 and 2008, the Corporation paid for certain professional services rendered by attorneys, accountants, and other administrative and compliance related costs associated with the plan. Plan investment advisory and management service fees are allocated and charged against the participant account balances as allowed by the plan document, ERISA and IRS rules and regulations.

Plan Custodian: The Plan provides investment options, including guaranteed investment and pooled separate accounts, managed by the plan's custodian and investment manager, Principal and related affiliates. The plan custodian and related parties may receive commissions and other forms of remuneration through its relationship with the related parties and affiliates.

Note I – Risks and Uncertainties

Market Risk: Plan participants invest in various investment securities that are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the accompanying financial statements. In September 2008, one of the Plan's investment options, the Principal U.S. Property Separate Account (Level 3) that is highly invested in real estate implemented a stay in which no distributions are allowed from the fund in order to preserve liquidity and cash flow. In January 2010, the U.S. Property Separate Account partially lifted the withdrawal limitations and made payments available on a pro-rata basis up to approximately 13% based upon current unit values.

Income Tax Returns: Although the Plan has not received any notice of intent to examine its tax returns, the Corporation's income tax returns remain subject to examination or review by tax authorities in accordance with statutory limitations.

N.E.W. EXTENDED SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2009 & 2008

Note J – Subsequent Events Evaluation

Management has evaluated subsequent events for the period January 1, 2010 through August 27, 2010, the date on which these financial statements were available to be issued.

N.E.W. EXTENDED SAVINGS PLAN
REQUIRED SUPPLEMENTAL SCHEDULES
YEARS ENDED DECEMBER 31, 2009 & 2008

Schedule of Assets Held for Investment Purposes

December 31, 2009

(a)	(b) Identity of issue, borrower, lessor, or similar part	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value 2009
-----	--	---	----------	---------------------------

(*)	Principal Life	Pooled Separate Accounts		
		Principal Money Market Fund	N/A	\$ 2,773,846
		Principal U.S. Property Fund	N/A	1,193,464
		Principal Bond & Mortgage Fund	N/A	1,903,563
		Principal Partner International Fund	N/A	1,768,816
		Principal Divers International Fund	N/A	236,888
		Principal Large Cap S&P Index Fund	N/A	4,037,492
		Principal Bond Employee Balanced Fund	N/A	17,007
		Principal Partner Large Cap Growth Fund	N/A	1,382,485
		Principal Partner Large Cap Value Fund	N/A	715,196
		Principal Partner Mid Cap Growth III Fund	N/A	1,108,887
		Principal Partner Mid Cap Value I Fund	N/A	1,182,362
		Principal Partner Small Cap Growth II Fund	N/A	382,133
		Principal Preferred Secondary Fund	N/A	564,506
		Principal Partner Small Cap Value I Fund	N/A	941,298
		Principal International Growth Fund	N/A	756,714
		Principal Small Cap S&P Index Fund	N/A	1,776,078
		Principal Mid Cap S&P Index Fund	N/A	545,596
		Principal Lifetime 2010 Fund	N/A	479,190
		Principal Lifetime 2020 Fund	N/A	1,391,950
		Principal Lifetime 2030 Fund	N/A	2,706,923
		Principal Lifetime 2040 Fund	N/A	2,098,924
		Principal Lifetime 2050 Fund	N/A	1,608,401
		Principal Lifetime Strategic Income Fund	N/A	130,226
		Principal Financial Group Income Stock Fund	N/A	64,694
		Principal International Emerging Markets Fund	N/A	1,912,887
		Principal Guaranteed Interest Fund	N/A	1,122,295
		Participant loans (3 - 12%)	N/A	910,255

See accompanying auditors' report.

N.E.W. EXTENDED SAVINGS PLAN
REQUIRED SUPPLEMENTAL SCHEDULES
YEARS ENDED DECEMBER 31, 2009 & 2008

Schedule of Assets Held for Investment Purposes

December 31, 2008

(a)	(b) Identity of issue, borrower, lessor, or similar part	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value 2008
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(*)	Principal Life	Pooled Separate Accounts		
		Principal Money Market Fund	N/A	\$ 2,414,738
		Principal U.S. Property Fund	N/A	1,450,325
		Principal Bond & Mortgage Fund	N/A	1,285,602
		Principal Partner International Fund	N/A	833,664
		Principal Divers International Fund	N/A	187,657
		Principal Large Cap S&P Index Fund	N/A	2,203,614
		Principal Bond Employee Balanced Fund	N/A	20,750
		Principal Partner Large Cap Growth I Fund	N/A	608,621
		Principal Partner Large Cap Value Fund	N/A	390,306
		Principal Partner Mid Cap Growth III Fund	N/A	507,179
		Principal Partner Mid Cap Value I Fund	N/A	748,691
		Principal Partner Small Cap Growth II Fund	N/A	248,336
		Principal Preferred Secondary Fund	N/A	234,440
		Principal Partner Small Cap Value I Fund	N/A	616,055
		Principal International Growth Fund	N/A	480,744
		Principal Small Cap S&P Index Fund	N/A	1,365,036
		Principal Mid Cap S&P Index Fund	N/A	260,339
		Principal Lifetime 2010 Fund	N/A	347,086
		Principal Lifetime 2020 Fund	N/A	666,503
		Principal Lifetime 2030 Fund	N/A	1,111,742
		Principal Lifetime 2040 Fund	N/A	742,060
		Principal Lifetime 2050 Fund	N/A	545,773
		Principal Lifetime Strategic Income Fund	N/A	102,523
		Principal Financial Group Stock Fund	N/A	68,907
		Principal International Emerging Markets Fund	N/A	844,092
		Principal Guaranteed Interest Fund	N/A	1,163,280
		Participant loans (3 - 12%)	N/A	764,085

See accompanying auditors' report.

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

N. E. W. EXTENDED SAVINGS PLAN

EIN 52 1356309
 PLAN NUMBER 001
 PLAN YEAR 01/01/2009 TO 12/31/2009

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Principal Life Insurance Company	Insurance Company General Guaranteed Interest	\$ 0.00	\$ 1,122,294.71
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Bond Emph Bal Sep Acct-R6	\$ 0.00	\$ 17,006.56
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Money Market Sep Acct-R6	\$ 0.00	\$ 2,773,846.48
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Intl Emerg Markets SA-R6	\$ 0.00	\$ 1,912,887.37
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LgCap Value Sep Acct-R6	\$ 0.00	\$ 715,196.51
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LgCap Growth Sep Acct-R6	\$ 0.00	\$ 1,382,485.03
*	Principal Life Insurance Company	Pooled Separate Accounts Prin U.S. Property Sep Acct-R6	\$ 0.00	\$ 1,193,464.48
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Bond and Mortgage SA-R6	\$ 0.00	\$ 1,903,562.60
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Diversified Intl SA-R6	\$ 0.00	\$ 236,887.59
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LgCap S&P 500 Index SA-R6	\$ 0.00	\$ 4,037,491.56
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap Value I SA-R6	\$ 0.00	\$ 1,182,362.00
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Intl I Separate Acct-R6	\$ 0.00	\$ 1,768,816.45
*	Principal Life Insurance Company	Pooled Separate Accounts Prin SmlCap S&P 600 Index SA-R6	\$ 0.00	\$ 1,776,077.65
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap S&P 400 Idx SA-R6	\$ 0.00	\$ 545,596.28
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap Growth III SA-R6	\$ 0.00	\$ 1,108,887.31

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

N. E. W. EXTENDED SAVINGS PLAN
 EIN 52 1356309
 PLAN NUMBER 001
 PLAN YEAR 01/01/2009 TO 12/31/2009

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Intl Growth Sep Acct-R6	\$ 0.00	\$ 756,713.87
*	Principal Life Insurance Company	Pooled Separate Accounts Prin SmallCap Growth II SA-R6	\$ 0.00	\$ 382,132.68
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2010 Sep Acct-R6	\$ 0.00	\$ 479,189.87
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2020 Sep Acct-R6	\$ 0.00	\$ 1,391,949.66
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2030 Sep Acct-R6	\$ 0.00	\$ 2,706,922.84
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2040 Sep Acct-R6	\$ 0.00	\$ 2,098,924.05
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2050 Sep Acct-R6	\$ 0.00	\$ 1,608,400.82
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime Strat Inc SA-R6	\$ 0.00	\$ 130,225.82
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Fin Grp, Inc. Stock SA-R6	\$ 0.00	\$ 64,693.88
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Pref Secs Sep Acct-R6	\$ 0.00	\$ 564,506.15
*	Principal Life Insurance Company	Pooled Separate Accounts Prin SmallCap Value I SA-R6	\$ 0.00	\$ 941,298.09
	Participant Loans	Range of Interest Rates Rates Range From 3.25% To 11.50%	\$ 0.00	\$ 910,255.00