Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
AMERICA II CORP CAFETERIA PLAN F/K/A AMERICA II ELECTRONICS INC. HEALTH CARE PREMIUM PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 02/01/1992

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

2500 118TH AVENUE NORTH
ST PETERSBURG, FL 33716

2500 118TH AVENUE NORTH
ST PETERSBURG, FL 33716

2b Employer Identification Number (EIN)
59-3270107

2c Sponsor's telephone number
727-571-2032

2d Business code (see instructions)
423600

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.	09/23/2010	ARIS ROGERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/23/2010	ARIS ROGERS
	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")
AMERICA II CORP

ATTN HUMAN RESOURCES
2500 118TH AVENUE NORTH
ST PETERSBURG, FL 33716

3b Administrator's EIN
59-3270107

3c Administrator's telephone number
727-571-2005

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
AMERICA II ELECTRONICS, INC

4b EIN
59-2966001

4c PN

5	Total number of participants at the beginning of the plan year	**5**	570
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**	470
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	470
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	470
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
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:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:
4A 4B 4D 4E 4F 4H

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
AMERICA II CORP CAFETERIA PLAN F/K/A AMERICA II ELECTRONICS INC. HEALTH CARE PREMIUM PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500.
AMERICA II CORP

D Employer Identification Number (EIN)
59-3270107

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

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL

(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
22-1211670	68241	91674	470	05/01/2008	04/30/2009

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
28479	

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

AGT CONSULTING INC.
1653 WEST SNOW CIRCLE
TAMPA, FL 33606

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
28479		SALES AND SERVICE COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	
d	Total of balance and additions (add **b** and **c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			**7f**	

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** [X] Life insurance
- **e** [X] Temporary disability (accident and sickness)
- **f** [X] 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**	189826
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 [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
AMERICA II CORP CAFETERIA PLAN F/K/A AMERICA II ELECTRONICS INC. HEALTH CARE PREMIUM PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500.
AMERICA II CORP

D Employer Identification Number (EIN)
59-3270107

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

1 Coverage Information:

(a) Name of insurance carrier
HUMANA DENTAL 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	Policy or contract year (g) To
39-0714280	70580	679543	357	01/01/2009	12/31/2009

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
10526	

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
AGT CONSULTING INC.
1653 W SNOW CR
TAMPA, FL 33606

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	(d) Purpose	(e) Organization code
10058	0	DENTAL	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ELYARD JOSEPH D
6855 FAIR OAKS BLVD #200
CARMICHAEL, FL 95608

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

Part II Investment and Annuity Contract Information

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

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

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.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	
d	Total of balance and additions (add **b** and **c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			**7f**	

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** [X] 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)**	207202		
(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)**	207202
b Benefit charges (1) Claims paid	**9b(1)**	168168		
(2) Increase (decrease) in claim reserves	**9b(2)**	1213		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	169381
(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)**	24418
(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 [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
AMERICA II CORP CAFETERIA PLAN F/K/A AMERICA II ELECTRONICS INC. HEALTH CARE PREMIUM PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500.
AMERICA II CORP

D Employer Identification Number (EIN)
59-3270107

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

1 Coverage Information:

(a) Name of insurance carrier
HUMANA MEDICAL PLAN, INC.

(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
61-1103898	95270	679543	365	01/01/2009	12/31/2009

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
122815	

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
AGT CONSULTING
1653 W SNOW CR
TAMPA, FL 33606

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	122815	HMO	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	

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	(c) Amount	**(d)** Purpose	

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

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

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	(c) Amount	**(d)** Purpose	

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

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

Part II Investment and Annuity Contract Information

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

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

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.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	
d	Total of balance and additions (add **b** and **c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			**7f**	

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** [X] 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**	4146515
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 [X] No

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

29077-149-11745-0 TE 592966001

Department of the Treasury
Internal Revenue Service
OGDEN, UT 84201-0073

Date of this notice: JUNE 28, 2010
Taxpayer Identifying Number:
59-2966001
Form: 5500/8955-SSA
Tax Period: DEC. 31, 2009
Plan Number: 501
For assistance you may call us at:
1-877-829-5500
Or you may write to us at the address shown at the left.

AMERICA II ELECTRONICS INC
2500 118TH AVE N
ST PETERSBURG FL 33716-1919

000110

APPLICATION FOR EXTENSION OF TIME TO FILE AN EMPLOYEE PLAN RETURN - APPROVED

We received your Form 5558, Application for Extension of Time to File an Employee Plan Return, for the return (form), plan number, and tax period identified above. Your request was approved. The due date to file your return is extended to OCT. 15, 2010. This letter is notification of your approved extension and should be kept with your records.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top left of this letter.

For general information, tax forms, and publications, visit www.irs.gov. Employee Plan information is on the "Retirement Plans Community" tab.

HUMANA.
Guidance when you need it most

COPY

This information is for use in preparing Schedule A or C, Insurance Information (Form 5500). If you have any questions regarding this information, please call (800) 558-4444, extension 5713.

NAIC#: 70580 **Tax ID #:** 39-0714280

Group/Affiliation Number:
679543

AMERICA II CORP & ITS AFFI

2510 118TH AVE N

SAINT PETERSBURG, FL 33716

Reporting Period: 1/1/2009 **To** 12/31/2009

Name of Insurance Carrier: HumanaDental Insurance Company

Agent 1 Name: AGT CONSULTING INC
Address: 1653 W SNOW CR
TAMPA, FL 33606

Agent 2 Name: ELYARD JOSEPH D
Address: 6855 FAIR OAKS BLVD #200
CARMICHAEL, CA 95608

Agent 3 Name:
Address:

	Commission Amt:
Commissions paid -1	$10,058.20
Volume Incentives paid -2	$0.00
Other Commissions paid -3	$0.00
Non-monetary paid - 4	$0.00
Commissions paid -1	$468.61
Volume Incentives paid -2	$0.00
Other Commissions paid -3	$0.00
Non-monetary paid - 4	$0.00
Commissions paid -1	$0.00
Volume Incentives paid -2	$0.00
Other Commissions paid -3	$0.00
Non-monetary paid - 4	$0.00

Commission Total:	$10,526.81
Other Retention Charges:	$37,820.93
Total Retention:	$48,347.74
Claims Paid:	$168,168.00
Increase / (Decrease) Claim Reserves:	$1,213.40
Incurred Claims:	$169,381.40
Claims Reserve:	$24,418.10
Premium Amount:	$207,202.33
Lives:	357

NOTICE: The above information is provided from the ordinary business records of Humana Inc. to assist the Plan Administrator in complying with certain plan reporting requirements - Schedule A or C of Form(s) 5500. Humana Inc. certifies that this information is accurate and complete to the best of its knowledge and belief.

1 -Commissions paid on your plan(s) from the commission component of your premium

2 -Volume-based bonuses paid, prorated by the proportion of the agent's eligible volume that is represented by your plan(s)

3 -Additional commissions and bonuses paid on your plan(s)

4 -Non-Monetary Comp, prorated by the proportion of the agent's eligible non-monetary compensation represented by your plan(s)

Amounts displayed as Other Commissions and Volume Incentives do not change your premiums or fees.

COPY

HUMANA.
Guidance when you need it most

This information is for use in preparing Schedule A or C, Insurance Information (Form 5500). If you have questions regarding this information, please call (800) 558-4444, extension 5713.

NAIC #: 95270 **Tax ID #:** 61-1103898

Group/Affiliation Number:
679543

AMERICA II CORP & ITS AFFI

2510 118TH AVE N

SAINT PETERSBURG, FL 33716

Reporting Period: 1/1/2009 **To** 12/31/2009

Name of Insurance Carrier: Humana Medical Plan, Inc

Agent 1 Name: AGT CONSULTING INC

Agent 1 Address: 1653 W SNOW CR

TAMPA, FL 33606

Agent 2 Name:

Agent 2 Address:

Agent 3 Name:

Agent 3 Address:

	Commission Amt:
Commissions paid -1	$122,815.42
Volume Incentives paid -2	$0.00
Other Commissions paid -3	$0.00
Non-monetary paid -4	$0.00
Commissions paid -1	$0.00
Volume Incentives paid -2	$0.00
Other Commissions paid -3	$0.00
Non-monetary paid -4	$0.00
Commissions paid -1	$0.00
Volume Incentives paid -2	$0.00
Other Commissions paid -3	$0.00
Non-monetary paid -4	$0.00

Commission Total: $122,815.42

Premium Amount: $4,146,515.14

Lives: 365

NOTICE: The above information is provided from the ordinary business records of Humana Inc. to assist the Plan Administrator in complying with certain plan reporting requirements - Schedule A or C of Form(s) 5500. Humana Inc. certifies that this information is accurate and complete to the best of its knowledge and belief.

1 -Commissions paid on your plan(s) from the commission component of your premium

2 -Volume-based bonuses paid, prorated by the proportion of the agent's eligible volume that is represented by your plan(s)

3 -Additional commissions and bonuses paid on your plan(s)

4 -Non-Monetary Comp, prorated by the proportion of the agent's eligible non-monetary compensation represented by your plan(s)

Amounts displayed as Other Commissions and Volume Incentives do not change your premiums or fees.

Form **5558**
(Rev. January 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)

America II Electronics Inc.

Number, street, and room or suite no. (If a P.O. box, see instructions)

P.O. Box 21355

City or town, state, and ZIP code

St. Petersburg, FL 33742-1355

B Filer's identifying number (see instructions).

[X] Employer identification number (EIN).

59-2966001

[ ] Social security number (SSN)

C Plan name	Plan number	Plan year ending— MM	DD	YYYY
1 AMERICA II ELECTRONICS INC. HEALTH CARE PREMIUM PLAN	501	12/31/2009		
2 AMERICA II CORP RETIREMENT SAVINGS PLAN	001	12/31/2009		
3				

Part II Extension of Time to File Form 5500 or Form 5500-EZ *(see instructions)*

1 I request an extension of time until 10/15/2010 to file Form 5500 or Form 5500-EZ.

The application **is automatically approved** to the date shown on line 1 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and **(b)** the date on line 1 is no more than 2½ months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.

Note. A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

Part III Extension of Time to File Form 5330 *(see instructions)*

2 I request an extension of time until _____ to file Form 5330.
You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax. . . . . ▶ a

b Enter the payment amount attached. . . . . ▶ b

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date. . . . . ▶ c

3 **State in detail why you need the extension**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ _____ **Date** ▶ 05/13/10

(HTA)

7008 1140 0004 2542 7920

Form **5558** (Rev. 1-2008)



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Sent
Street or P
City,

Internal Revenue Service Center
Ogden, UT 84201 - 0027

PS F
See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Internal Revenue Service Center
Ogden, UT 84201 - 0027

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7008 1140 0004 2542 7920

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Internal Revenue Service Center
Ogden, UT 84201 - 0027

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (*Printed Name*)
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED
MAY 19 2010
OGDEN, UT

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number
(*Transfer from service label*) 7008 1140 0004 2542 7920

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7008 1140 0004 2542 7920

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

NORTHSIDE STA. 33702
MAY 1 2010
USPS

Sent
Street or P
City,

Internal Revenue Service Center
Ogden, UT 84201 - 0027

PS F See Reverse for Instructions

AMERICA II GROUP, INC., DBA AMERICA II CORP.
91674
JULY 27, 2009

STATEMENT REGARDING PRODUCER COMPENSATION

Producers who place business with The Prudential Insurance Company of America (Prudential) may be eligible to receive commissions and supplemental compensation unless you advise us otherwise.

Commissions are payable to your producer(s) as a percentage of paid premium or a fixed dollar amount for as long as the producer is recognized as the Producer of Record on your policy.

The annual commission to be paid to the producer in connection with your policy is:

Product	Commission (% of premium or flat dollar amount)
Basic Life	15.00%
Dependent Life	15.00%
Optional Life	15.00%
Long Term Disability	15.00%
Short Term Disability	15.00%

Under Prudential's Supplemental Commission Program (SCP), supplemental compensation ranges from 0% to 7% of group insurance premium. The actual percentage payable under Prudential's SCP is determined based on the aggregate annual premium due on eligible cases that your producer has inforce with Prudential. The cost of supplemental compensation is not charged directly to policies. As a result, your rates are unaffected whether or not your producer receives supplemental compensation.

Your producer is currently qualified to receive 0% of premium, which includes any eligible group life, disability, and long-term care premiums paid by you in connection with your insurance policy.

More information about eligibility criteria and payment calculation under the SCP can be found on Prudential's website at http://www.prudential.com/brokercompensation. Questions regarding producer compensation can be e-mailed to grpins@prudential.com. Or, if you would like to speak to someone about producer compensation, contact your Prudential representative or call 888-778-6639, press "1" for licensing from 8am to 5pm Eastern Time. Request to speak to any member of the Disclosure of Compensation Team.

cc: AGT CONSULTING INC

Prudential

Prudential

REPORT AS OF - 7/21/2009

EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 ANNUAL REPORT
Insurance Information For SCHEDULE A (Form 5500) Insured Welfare Plan Data

AMERICA II GROUP, INC., DBA AMERICA II CORP. **Contributory**

(Item numbers shown correspond to those on Schedule A) 1 (a) Prudential Insurance Company of America

1 (b) Prudential's EIN: 22-1211670	1 (c) NAIC code: 68241	1 (d) Contract number or identification: 91674		
7 Type of benefit	1(e) Approximate number of persons covered at end of policy or contract year	Policy Contract Year 1 (f) From	1 (g) To	2 Insurance fees and commissions paid to agents or brokers
Life Insurance	142	05/01/2008	4/30/2009	SEE FORM GRP 27722

* The date liability ended for this policy.

8	Experience rated contracts:			
a.	Premiums			
(1)	Amount received	$ 0		
(2)	increase (decrease) in amount due but unpaid	0		
(3)	increase (decrease) in unearned premium reserve	0		
(4)	Premiums earned, (1) plus (2), minus (3)			0
b.	Benefit charges:			
(1)	Claims paid	$ 0		
(2)	increase (decrease) in claim reserve	0		
(3)	Incurred claims, (1) plus (2)			0
(4)	Claims charged			0
c.	Remainder of premium:			
(1)	Retention charges (on accrual basis)			
	(A) Commissions	$ 0		
	(B) Administrative service or other fees	0		
	(C) Other specific acquisition costs	0		
	(D) Other expenses	0		
	(E) Taxes	0		
	(F) Charges for risk or contingencies	0		
	(G) Other retention charges	0		
	(H) Total retention			0
(2)	Dividends or retroactive rate refunds ☐ PAID IN CASH ☐ CREDITED			0
d.	Status or policyholder reserves at end of year:			
(1)	Amount held to provide benefits after retirement			0
(2)	Claim reserves			0
(3)	Other reserves			0
e.	Dividends or retroactive rate refunds (do not include amount entered in (c) (2))			0
9	Non experience rated contracts:			
a.	Total premiums or subscription charges paid to carrier		$	41,693
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 2 above, report amount		$	0

Specify nature of costs.....

The fees and commissions reported are those paid to third party agents, brokers and others. The amounts reported do not include compensation to Prudential employees under various compensation arrangements.

Prudential hereby certifies that the foregoing is complete and accurate:

Timothy Eaton

Timothy Eaton, Vice President, Technical Services

****PAID PREMIUM MAY EXCLUDE ANY AMOUNT DUE BUT NOT RECEIVED AS OF** **7/21/2009**

GRP 32064 - Rev 1999

Prudential

REPORT AS OF - 7/21/2009

EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 ANNUAL REPORT
Insurance Information For SCHEDULE A (Form 5500) Insured Welfare Plan Data

AMERICA II GROUP, INC., DBA AMERICA II CORP. **Contributory**

(Item numbers shown correspond to those on Schedule A) 1 (a) Prudential Insurance Company of America

1 (b) Prudential's EIN: 22-1211670	1 (c) NAIC code: 68241	1 (d) Contract number or identification:		91674
7 Type of benefit	1(e) Approximate number of persons covered at end of policy or contract year	Policy Contract Year 1 (f) From	1 (g) To	2 Insurance fees and commissions paid to agents or brokers
Voluntary Life Insurance	142	05/01/2008	4/30/2009	SEE FORM GRP 27722

* The date liability ended for this policy.

8	Experience rated contracts:			
a.	Premiums			
(1)	Amount received	$ 0		
(2)	increase (decrease) in amount due but unpaid	0		
(3)	increase (decrease) in unearned premium reserve	0		
(4)	Premiums earned, (1) plus (2), minus (3)			0
b.	Benefit charges:			
(1)	Claims paid	$ 0		
(2)	increase (decrease) in claim reserve	0		
(3)	Incurred claims, (1) plus (2)			0
(4)	Claims charged			0
c.	Remainder of premium:			
(1)	Retention charges (on accrual basis)			
	(A) Commissions	$ 0		
	(B) Administrative service or other fees	0		
	(C) Other specific acquisition costs	0		
	(D) Other expenses	0		
	(E) Taxes	0		
	(F) Charges for risk or contingencies	0		
	(G) Other retention charges	0		
	(H) Total retention			0
(2)	Dividends or retroactive rate refunds ☐ PAID IN CASH ☐ CREDITED			0
d.	Status or policyholder reserves at end of year:			
(1)	Amount held to provide benefits after retirement			0
(2)	Claim reserves			0
(3)	Other reserves			0
e.	Dividends or retroactive rate refunds (do not include amount entered in (c) (2))			0
9	Non experience rated contracts:			
a.	Total premiums or subscription charges paid to carrier		$	41,692.90
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 2 above, report amount		$	0

Specify nature of costs.....

The fees and commissions reported are those paid to third party agents, brokers and others. The amounts reported do not include compensation to Prudential employees under various compensation arrangements.

Prudential hereby certifies that the foregoing is complete and accurate:

Timothy Eaton

Timothy Eaton, Vice President, Technical Services

****PAID PREMIUM MAY EXCLUDE ANY AMOUNT DUE BUT NOT RECEIVED AS OF** 7/21/2009

GRP 32064 - Rev 1999

Prudential

REPORT AS OF - 7/21/2009

EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 ANNUAL REPORT
Insurance Information For SCHEDULE A (Form 5500) Insured Welfare Plan Data

AMERICA II GROUP, INC., DBA AMERICA II CORP. **Non-Contributory**

(Item numbers shown correspond to those on Schedule A) 1 (a) Prudential Insurance Company of America

1 (b) Prudential's EIN: 22-1211670	1 (c) NAIC code: 68241	1 (d) Contract number or identification:		91674
7 Type of benefit	1(e) Approximate number of persons covered at end of policy or contract year	Policy Contract Year 1 (f) From	1 (g) To	2 Insurance fees and commissions paid to agents or brokers
Life Insurance	470	05/01/2008	4/30/2009	SEE FORM GRP 27722
Temporary Disability	235	05/01/2008	4/30/2009	
Long-Term Disability	211	05/01/2008	4/30/2009	

* The date liability ended for this policy.

8	Experience rated contracts:			
a.	Premiums			
(1)	Amount received	$ 0		
(2)	increase (decrease) in amount due but unpaid	0		
(3)	increase (decrease) in unearned premium reserve	0		
(4)	Premiums earned, (1) plus (2), minus (3)			0
b.	Benefit charges:			
(1)	Claims paid	$ 0		
(2)	increase (decrease) in claim reserve	0		
(3)	Incurred claims, (1) plus (2)			0
(4)	Claims charged			0
c.	Remainder of premium:			
(1)	Retention charges (on accrual basis)			
	(A) Commissions	$ 0		
	(B) Administrative service or other fees	0		
	(C) Other specific acquisition costs	0		
	(D) Other expenses	0		
	(E) Taxes	0		
	(F) Charges for risk or contingencies	0		
	(G) Other retention charges	0		
	(H) Total retention			0
(2)	Dividends or retroactive rate refunds ☐ PAID IN CASH ☐ CREDITED			0
d.	Status or policyholder reserves at end of year:			
(1)	Amount held to provide benefits after retirement			0
(2)	Claim reserves			0
(3)	Other reserves			0
e.	Dividends or retroactive rate refunds (do not include amount entered in (c) (2))			0
9	Non experience rated contracts:			
a.	Total premiums or subscription charges paid to carrier		$	148,163
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 2 above, report amount		$	0

Specify nature of costs.....

The fees and commissions reported are those paid to third party agents, brokers and others. The amounts reported do not include compensation to Prudential employees under various compensation arrangements.

Prudential hereby certifies that the foregoing is complete and accurate:

Timothy Eaton

Timothy Eaton, Vice President, Technical Services

****PAID PREMIUM MAY EXCLUDE ANY AMOUNT DUE BUT NOT RECEIVED AS OF** **7/21/2009**

GRP 32064 - Rev 1999

Prudential

REPORT AS OF - 7/21/2009

EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 ANNUAL REPORT
Insurance Information For SCHEDULE A (Form 5500) Insured Welfare Plan Data

AMERICA II GROUP, INC., DBA AMERICA II CORP. **Non-Contributory**

(Item numbers shown correspond to those on Schedule A) 1 (a) Prudential Insurance Company of America

1 (b) Prudential's EIN: 22-1211670	1 (c) NAIC code: 68241	1 (d) Contract number or identification: 91674		
7 Type of benefit	1(e) Approximate number of persons covered at end of policy or contract year	Policy Contract Year 1 (f) From	1 (g) To	2 Insurance fees and commissions paid to agents or brokers
Basic Life Insurance	470	05/01/2008	04/30/2009 *	SEE FORM GRP 27722

* The date liability ended for this policy.

8	Experience rated contracts:		
a.	Premiums		
(1)	Amount received	$ 0	
(2)	increase (decrease) in amount due but unpaid	0	
(3)	increase (decrease) in unearned premium reserve	0	
(4)	Premiums earned, (1) plus (2), minus (3)		0
b.	Benefit charges:		
(1)	Claims paid	$ 0	
(2)	increase (decrease) in claim reserve	0	
(3)	Incurred claims, (1) plus (2)		0
(4)	Claims charged		0
c.	Remainder of premium:		
(1)	Retention charges (on accrual basis)		
	(A) Commissions	$ 0	
	(B) Administrative service or other fees	0	
	(C) Other specific acquisition costs	0	
	(D) Other expenses	0	
	(E) Taxes	0	
	(F) Charges for risk or contingencies	0	
	(G) Other retention charges	0	
	(H) Total retention		0
(2)	Dividends or retroactive rate refunds ☐ PAID IN CASH ☐ CREDITED		0
d.	Status or policyholder reserves at end of year:		
(1)	Amount held to provide benefits after retirement		0
(2)	Claim reserves		0
(3)	Other reserves		0
e.	Dividends or retroactive rate refunds (do not include amount entered in (c) (2))		0
9	Non experience rated contracts:		
a.	Total premiums or subscription charges paid to carrier		$ 23,294.40
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 2 above, report amount		$ 0

Specify nature of costs.....

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Prudential hereby certifies that the foregoing is complete and accurate:

Timothy Eaton

Timothy Eaton, Vice President, Technical Services

****PAID PREMIUM MAY EXCLUDE ANY AMOUNT DUE BUT NOT RECEIVED AS OF** **7/21/2009**

GRP 32064 - Rev 1999

Prudential

REPORT AS OF - 7/21/2009

EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 ANNUAL REPORT
Insurance Information For SCHEDULE A (Form 5500) Insured Welfare Plan Data

AMERICA II GROUP, INC., DBA AMERICA II CORP. **Non-Contributory**

(Item numbers shown correspond to those on Schedule A) 1 (a) Prudential Insurance Company of America

1 (b) Prudential's EIN: 22-1211670	1 (c) NAIC code: 68241	1 (d) Contract number or identification:		91674
7 Type of benefit	1(e) Approximate number of persons covered at end of policy or contract year	Policy Contract Year 1 (f) From	1 (g) To	2 Insurance fees and commissions paid to agents or brokers
Basic AD&D Insurance	470	05/01/2008	04/30/2009 *	SEE FORM GRP 27722

* The date liability ended for this policy.

8	Experience rated contracts:		
a.	Premiums		
(1)	Amount received	$ 0	
(2)	increase (decrease) in amount due but unpaid	0	
(3)	increase (decrease) in unearned premium reserve	0	
(4)	Premiums earned, (1) plus (2), minus (3)		0
b.	Benefit charges:		
(1)	Claims paid	$ 0	
(2)	increase (decrease) in claim reserve	0	
(3)	Incurred claims, (1) plus (2)		0
(4)	Claims charged		0
c.	Remainder of premium:		
(1)	Retention charges (on accrual basis)		
	(A) Commissions	$ 0	
	(B) Administrative service or other fees	0	
	(C) Other specific acquisition costs	0	
	(D) Other expenses	0	
	(E) Taxes	0	
	(F) Charges for risk or contingencies	0	
	(G) Other retention charges	0	
	(H) Total retention		0
(2)	Dividends or retroactive rate refunds ☐ PAID IN CASH ☐ CREDITED		0
d.	Status or policyholder reserves at end of year:		
(1)	Amount held to provide benefits after retirement		0
(2)	Claim reserves		0
(3)	Other reserves		0
e.	Dividends or retroactive rate refunds (do not include amount entered in (c) (2))		0
9	Non experience rated contracts:		
a.	Total premiums or subscription charges paid to carrier		$ 5,823.60
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 2 above, report amount		$ 0

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AMERICA II GROUP, INC., DBA AMERICA II CORP. **Non-Contributory**

(Item numbers shown correspond to those on Schedule A) 1 (a) Prudential Insurance Company of America

1 (b) Prudential's EIN: 22-1211670	1 (c) NAIC code: 68241	1 (d) Contract number or identification: 91674		
7 Type of benefit	1(e) Approximate number of persons covered at end of policy or contract year	Policy Contract Year 1 (f) From	1 (g) To	2 Insurance fees and commissions paid to agents or brokers
Basic Dep Life Spouse/Fam		05/01/2008	4/30/2009	SEE FORM GRP 27722

* The date liability ended for this policy.

8	Experience rated contracts:			
a.	Premiums			
(1)	Amount received	$ 0		
(2)	increase (decrease) in amount due but unpaid	0		
(3)	increase (decrease) in unearned premium reserve	0		
(4)	Premiums earned, (1) plus (2), minus (3)			0
b.	Benefit charges:			
(1)	Claims paid	$ 0		
(2)	increase (decrease) in claim reserve	0		
(3)	Incurred claims, (1) plus (2)			0
(4)	Claims charged			0
c.	Remainder of premium:			
(1)	Retention charges (on accrual basis)			
	(A) Commissions	$ 0		
	(B) Administrative service or other fees	0		
	(C) Other specific acquisition costs	0		
	(D) Other expenses	0		
	(E) Taxes	0		
	(F) Charges for risk or contingencies	0		
	(G) Other retention charges	0		
	(H) Total retention			0
(2)	Dividends or retroactive rate refunds ☐ PAID IN CASH ☐ CREDITED			0
d.	Status or policyholder reserves at end of year:			
(1)	Amount held to provide benefits after retirement			0
(2)	Claim reserves			0
(3)	Other reserves			0
e.	Dividends or retroactive rate refunds (do not include amount entered in (c) (2))			0
9	Non experience rated contracts:			
a.	Total premiums or subscription charges paid to carrier		$	7,478.16
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 2 above, report amount		$	0

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AMERICA II GROUP, INC., DBA AMERICA II CORP. **Non-Contributory**

(Item numbers shown correspond to those on Schedule A) 1 (a) Prudential Insurance Company of America

1 (b) Prudential's EIN: 22-1211670	1 (c) NAIC code: 68241	1 (d) Contract number or identification: 91674		
7 Type of benefit	1(e) Approximate number of persons covered at end of policy or contract year	Policy Contract Year 1 (f) From	1 (g) To	2 Insurance fees and commissions paid to agents or brokers
Basic Dep Life Child		05/01/2008	4/30/2009	SEE FORM GRP 27722

* The date liability ended for this policy.

8	Experience rated contracts:			
a.	Premiums			
(1)	Amount received	$ 0		
(2)	increase (decrease) in amount due but unpaid	0		
(3)	increase (decrease) in unearned premium reserve	0		
(4)	Premiums earned, (1) plus (2), minus (3)			0
b.	Benefit charges:			
(1)	Claims paid	$ 0		
(2)	increase (decrease) in claim reserve	0		
(3)	Incurred claims, (1) plus (2)			0
(4)	Claims charged			0
c.	Remainder of premium:			
(1)	Retention charges (on accrual basis)			
(A)	Commissions	$ 0		
(B)	Administrative service or other fees	0		
(C)	Other specific acquisition costs	0		
(D)	Other expenses	0		
(E)	Taxes	0		
(F)	Charges for risk or contingencies	0		
(G)	Other retention charges	0		
(H)	Total retention			0
(2)	Dividends or retroactive rate refunds ☐ PAID IN CASH ☐ CREDITED			0
d.	Status or policyholder reserves at end of year:			
(1)	Amount held to provide benefits after retirement			0
(2)	Claim reserves			0
(3)	Other reserves			0
e.	Dividends or retroactive rate refunds (do not include amount entered in (c) (2))			0
9	Non experience rated contracts:			
a.	Total premiums or subscription charges paid to carrier		$	554.14
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 2 above, report amount		$	0

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Insurance Information For SCHEDULE A (Form 5500) Insured Welfare Plan Data

AMERICA II GROUP, INC., DBA AMERICA II CORP. **Non-Contributory**

(Item numbers shown correspond to those on Schedule A) 1 (a) Prudential Insurance Company of America

1 (b) Prudential's EIN: 22-1211670	1 (c) NAIC code: 68241	1 (d) Contract number or identification: 91674		
7 Type of benefit	1(e) Approximate number of persons covered at end of policy or contract year	Policy Contract Year 1 (f) From	1 (g) To	2 Insurance fees and commissions paid to agents or brokers
Long-Term Disability	211	05/01/2008	4/30/2009	SEE FORM GRP 27722

* The date liability ended for this policy.

8	Experience rated contracts:		
a.	Premiums		
(1)	Amount received	$ 0	
(2)	increase (decrease) in amount due but unpaid	0	
(3)	increase (decrease) in unearned premium reserve	0	
(4)	Premiums earned, (1) plus (2), minus (3)		0
b.	Benefit charges:		
(1)	Claims paid	$ 0	
(2)	increase (decrease) in claim reserve	0	
(3)	Incurred claims, (1) plus (2)		0
(4)	Claims charged		0
c.	Remainder of premium:		
(1)	Retention charges (on accrual basis)		
	(A) Commissions	$ 0	
	(B) Administrative service or other fees	0	
	(C) Other specific acquisition costs	0	
	(D) Other expenses	0	
	(E) Taxes	0	
	(F) Charges for risk or contingencies	0	
	(G) Other retention charges	0	
	(H) Total retention		0
(2)	Dividends or retroactive rate refunds ☐ PAID IN CASH ☐ CREDITED		0
d.	Status or policyholder reserves at end of year:		
(1)	Amount held to provide benefits after retirement		0
(2)	Claim reserves		0
(3)	Other reserves		0
e.	Dividends or retroactive rate refunds (do not include amount entered in (c) (2))		0
9	Non experience rated contracts:		
a.	Total premiums or subscription charges paid to carrier		$ 61,255.80
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 2 above, report amount		$ 0

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AMERICA II GROUP, INC., DBA AMERICA II CORP. **Non-Contributory**

(Item numbers shown correspond to those on Schedule A) 1 (a) Prudential Insurance Company of America

1 (b) Prudential's EIN: 22-1211670	1 (c) NAIC code: 68241	1 (d) Contract number or identification:		91674
7 Type of benefit	1(e) Approximate number of persons covered at end of policy or contract year	Policy Contract Year 1 (f) From	1 (g) To	2 Insurance fees and commissions paid to agents or brokers
Short-Term Disability	235	05/01/2008	4/30/2009	SEE FORM GRP 27722

* The date liability ended for this policy.

8	Experience rated contracts:		
a.	Premiums		
(1)	Amount received	$ 0	
(2)	increase (decrease) in amount due but unpaid	0	
(3)	increase (decrease) in unearned premium reserve	0	
(4)	Premiums earned, (1) plus (2), minus (3)		0
b.	Benefit charges:		
(1)	Claims paid	$ 0	
(2)	increase (decrease) in claim reserve	0	
(3)	Incurred claims, (1) plus (2)		0
(4)	Claims charged		0
c.	Remainder of premium:		
(1)	Retention charges (on accrual basis)		
	(A) Commissions	$ 0	
	(B) Administrative service or other fees	0	
	(C) Other specific acquisition costs	0	
	(D) Other expenses	0	
	(E) Taxes	0	
	(F) Charges for risk or contingencies	0	
	(G) Other retention charges	0	
	(H) Total retention		0
(2)	Dividends or retroactive rate refunds ☐ PAID IN CASH ☐ CREDITED		0
d.	Status or policyholder reserves at end of year:		
(1)	Amount held to provide benefits after retirement		0
(2)	Claim reserves		0
(3)	Other reserves		0
e.	Dividends or retroactive rate refunds (do not include amount entered in (c) (2))		0
9	Non experience rated contracts:		
a.	Total premiums or subscription charges paid to carrier		$ 49,756.92
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 2 above, report amount		$ 0

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Prudential

EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974
ANNUAL REPORT SCHEDULE A(Form 5500) -
Insurance Information
(Insured Welfare Plan Commission Information)

Name of plan **AMERICA II GROUP, INC., DBA AMERICA II CORP.**

For policy or contract year beginning **05/01/08** and ending **04/30/09**

1(d)Contract number or I dentification	2 Insurance fees and commissions paid to general agents, brokers or other persons: (a) Name and address of each recipient of fees or commissions	(b) Amount of commissions paid	(c) Amount of fees paid	(d) Purpose for which paid	(e) Organization code
91674	AGT CONSULTING INC 1653 WEST SNOW CIRCLE TAMPA, FL 33606	$28,479		Sales and Service Compensation	3

Includes amounts paid to general agents, other agents, brokers, or other persons. Fees include administrative fees, service fees and payments other than commissions reported in (c), for services, expenses, or other reasons which are paid to a policyholder, agent, broker, or other individual or firm.

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Timothy Eaton

Timothy Eaton, Vice President, Technical Services

GRP 27722 - Rev 1999