Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

_	Part I Annual Report Identification									
For	r calendar plan year 2009 or fiscal plan ye	ar beginning 01/01/2	2009	and ending	12/31/	2009				
Α	This return/report is for:	employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan				
	· —	urn/report	final retur	n/report		_				
_		ended return/report	Short plan	year return/report (less than 12 m	onths)					
_	Check box if filing under:	•	H .	extension	,	DFVC program				
U		extension (enter descri	ш	Octorision		_ Di ve program				
-		•								
	art II Basic Plan Information	-enter all requested into	ormation		1h	Thron digit				
	Name of plan CINSURANCE PARTNERS, LLC 401K PL	ΔN			10	Three-digit plan number				
10.10	3 110017 110E 1711 111E 10, 220 40 110 12	7.114				(PN) • 001				
					1c	Effective date of plan				
						05/01/2004				
	Plan sponsor's name and address (emplor INSURANCE PARTNERS, LLC	oyer, if for single-emplo	yer plan)		2b	Employer Identification Number				
KAC	C INSURANCE PARTNERS, LLC				20	(EIN) 65-1155697 Plan sponsor's telephone number				
6161	1 BLUE LAGOON DRIVE					305-260-3600				
	TE 300 .MI, FL 33126-2040				2d	Business code (see instructions)				
	,			. 11	26	524210 Administrator's EIN				
	Plan administrator's name and address (CINSURANCE PARTNERS, LLC		JE LAGOON D		30	65-1155697				
		SUITE 30	00 L 33126-2040		3с	Administrator's telephone number				
		·				305-260-3600				
	If the name and/or EIN of the plan sponso name, EIN, and the plan number from the			port filed for this plan, enter the	4b	EIN				
	name, Lin, and the plan number nom the	last return/report. Opo	ilisoi s ilailie		4c	4c PN				
5a	Total number of participants at the begin	ning of the plan year			5a	4				
b	b Total number of participants at the end of the plan year				5b					
С	Total number of participants with accour	nt balances as of the en	d of the plan y	rear (defined benefit plans do not						
	complete this item)				5c	40				
6a	,		-			X Yes No				
b	Are you claiming a waiver of the annual under 29 CFR 2520.104-46? (See instru					X Yes ☐ No				
	If you answered "No" to either 6a or 6	_	-							
Pa	art III Financial Information	<u>, p </u>								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		7a	8851	39	1256234				
b	Total plan liabilities				0	26				
С				8851	39	1256208				
8	Income, Expenses, and Transfers for thi	s Plan Year		(a) Amount		(b) Total				
а										
	(1) Employers		8a(1)	732	25					
	(2) Participants		8a(2)	1435	65					
_	(3) Others (including rollovers)		` ′							
b	,			1673	95					
C						384185				
d	Benefits paid (including direct rollovers a to provide benefits)		s 8d	126	29					
е										
f		•	<i>'</i>	Δ	87					
g	· • ·	•			-					
9	, Caror experience		09							
h	Total expenses (add lines 8d 8e 8f and					13116				
h i		d 8g)	8h			13116 371069				
h i i	Total expenses (add lines 8d, 8e, 8f, and Net income (loss) (subtract line 8h from Transfers to (from) the plan (see instruct	d 8g)line 8c)	8h		0	13116 371069				

Par	IV Plan Characteristics						
	f the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics	cteris	tic Co	des in	the instru	ictions:	
	E 2F 2G 2J 2K 2T 3D						
b	f the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	terist	ic Cod	des in t	the instru	ctions:	
Part	V Compliance Questions						
10	During the plan year:		Yes	No		Amou	nt
а	Was there a failure to transmit to the plan any participant contributions within the time period described in			X			
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a					
b		10b		X			
С	Was the plan covered by a fidelity bond?	10c	Χ				10000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,						
	insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X				751
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					. [Yes N
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?.	. 🔲	Yes 🛚 N
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver						
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	40h			
b	Enter the minimum required contribution for this plan year			12b			
C C	Enter the amount contributed by the employer to the plan for this plan year			12c			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)							
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					,	Yes X N
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought upon the PBGC?						Yes X N
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to			1	
1	3c(1) Name of plan(s):		130	(2) EI	N(s)	13	Bc(3) PN(s
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	cau	se is	establ	ished.		
SB o	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re it is true, correct, and complete.						

SIGN	Filed with authorized/valid electronic signature.	09/29/2010	LUIS ALVAREZ
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation	→ Complete all entries in acco	ordance w	ith the instructions to the Form 550	0-SF.				
		dentification Information							
Fo	r calendar plan year 2009 or fisc	al plan year beginning	01/01	/2009 and ending		12/31/2009)		
Α	This return/report is for:	X single-employer plan	multiple	-employer plan (not multiemployer)		one-participa	nt plan		
В	This return/report is for:	first return/report	final ret	urn/report		-			
	,	an amended return/report	short pl	an year return/report (less than 12 mo	nths)				
С	Check box if filing under:	X Form 5558	automa	lic extension		☐ DFVC progra	m		
	Citodrapy in ig armor	special extension (enter descript	ப ilon)						
Fab	art II Basic Plan Infor	mation—enter all requested inform							
1	Name of plan	Tradion Senters an requested union	HOUGH		1h	Three-digit			
16	· ·	NERS, LLC 401K PLAN			1.2	plan number			
	AGIG SENDORMICE SEVERI					(PN) >	001		
					1c	Effective date of	plan		
						05/01/200	4		
22	Plan sponsor's name and addr	ess (employer, if for single-employe	r plan)	•	2b	Employer Identif	ication Number		
	RAC INSURANCE PART	NERS, LIBC			<u> </u>	(EIN) 65-115			
	6101 BLUE LAGOON D	PTVF			.2c		elephone number		
	SUITE 300	and the state of t			24	305-260-30 Business code (
	IMAIM	FL 33126-2040			20	524210	see instructions)		
3a	Plan administrator's name and	address (if same as Plan sponsor,	enter "San	ne")	3b	.Administrator's E	EIN		
	RAC INSURANCE PART	NERS, LLC				65-115569			
	6101 BLUE LAGOON D		1300			3c Administrator's telephone numb			
:21	MIAMI If the name and/or FIN of the nis		ast return/report/filed for this plan, enter the			5.03-260-30	500		
		r from the last return/report. Spons							
					4c	PN			
5a	Total number of participants at	the beginning of the plan year		*****************	5a	1 4			
b	Total number of participants at	the end of the plan year			5b				
C	Total number of participants wi	th account balances as of the end o	of the plan	year (defined benefit plans do not					
					5с	3 .	40		
		The state of the s		? (See instructions:)		***************************************	X Yes No		
b				ndent qualified public accountant (IQ fions)			☑ Yes ☐ No		
				-SF and must instead use Form 55		***************************************	П П		
Pa	rt III Financial Informa		anti-calif de Tamara la						
7	Plan Assets and Liabilities			(a) Beginning of Year	(b) End of Year				
а			. 7a	88513	9	12/ 2//2	1256234		
			-		ol		26		
C	Net plan assets (subtract line 7	b from line 7a)		88513	9	www.managa.	1256208		
	Income, Expenses, and Transfe			(a) Amount		(b) T ∈	ntal		
	Contributions received or received								
	(1) Employers	<u>؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞؞</u>	8a(1)	7322	5				
	(2) Participants	••••• •••••••••••••••••••••••••••••••	. 8a(2)	14356	5				
	(3) Others (including rollovers)	***************************************	. Ba(3)		200000				
b	Other income (loss)	Propińskie kierazanie kięda karakta da napolikane pod ślowene rapos ade	8b	16739	5				
C	Total income (add lines 8a(1), 8	8a(2), 8a(3), and 8b)	8c				384185		
		ollovers and insurance premiums	8ď	1262	9				
	***	ve distributions (see instructions)	-8e						
f		(salaries, fees, commissions)	8f	48	7				
g			8g						
h		e, 8f, and 8g)	8h				13116		
		8h from line 8c)	8i		ž.		371069		
j		instructions)	81	(A)		And the second s			
			, 101		1000000000	the second secon			

	Form 5500-SF 2009	Pa	ige 2-	<u> </u>					•
Par	Plan Characteristics	-							
9a	If the plan provides pension benefits, enter the applicable pension feature cod	les from the	List of Plan	Characteri	stic Co	des in	the instruct	ions:	
.	2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feature code	es from the I	ist of Plan C	Characteris	tic Co	des in 1	he instructi	ons:	
b	If the plant provides well are benefits, senter the applicable reliable sections						,		
Part	V Compliance Questions								
. 10	During the plan year:			.,	Yes	No	-	Amount	
æ	Was there a failure to transmit to the plan any participant contributions within 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corre	the time per ection Progra	iod describe m)	d in 10a		Х			
:b	Were there any nonexempt transactions with any party-in-interest? (Do not in	nclude transa	ictions repor	ted	:	х			
	on line 10a.)				37			1	00000
.C	Was the plan covered by a fidelity bond?				Х				0.0.0.0.0
:d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bon or dishonesty?	*************		10d		X			
e	Were any fees or commissions paid to any brokers, agents, or other persons	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See							
	instructions:)	10e		X					
f	Has the plan failed to provide any benefit when due under the plan?					Х			
.g	Did the plan have any participant loans? (If "Yes," enter amount as of year er				Х				7519
	If this is an individual account plan, was there a blackout period? (See instruc			109		Х	Altro consult III		
	2520.101-3.)	**************		10h		٠.٨.			
il	If 10h was answered "Yes," check the box if you either provided the required exceptions to providing the notice applied under 29 CFR 2520.101-3	notice or on	e of the	101					
Part	VI Pension Funding Compliance								
11	is this a defined benefit plan subject to minimum funding requirements? (If "Y	es," see inst	ructions and	complete	Sched	ule:SE	(Form	Yes	П №
-	5500))								X No
12	Is this a defined contribution plan subject to the minimum funding requirement	nts of section	1412 of the	Lode or se	ction	SUZ OI:	ERISAY	Lies	M 140
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortize	d in this plan	vear see ir	structions.	and e	nter th	e date of th	e letter rul	ino
	granting the waiver.			Month		Day_		Year	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form				ir				
	Enter the minimum required contribution for this plan year				····	12b	•		
	Enter the amount contributed by the employer to the plan for this plan year				 }	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result ((enter a minu	is sign to the	elett ot/a		12d	ĺ.		
е	Will the minimum funding amount reported on line 12d be met by the funding						Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets						<u> </u>		
13a	Has a resolution to terminate the plan been adopted during the plan year or a	ny prior year	7		(Yes	X No
	If "Yes;" enter the amount of any plan assets that reverted to the employer thi					13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC?							∏ Yes	⊠ No.
c	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)							٠	لسا
	T3c(1) Name of plan(s):						N(s)	13c(3)	PN(s)
	over the mental parties.	· · · · · · · · · · · · · · · · · · ·	,						
									
	on: A penalty for the late or incomplete filing of this return/report will be								
Linde	penalties of periury and other penalties set forth in the instructions, I declare	that I have e	xamined this	return/ret	ort, in	cludino	, if applicat	ole, a Sche	dule
	Schedule MB completed and signed by an enrolled actuary, as well as the ele- it is true, correct-and complete.	ectronic versi	on of this re	turn/report	, and t	o the b	est of my k	nowledge	and
	7 9/2	9/10	JUIS ALV	AREZ					
SIGN		77	Enter name	of individu	ıal sigr	ning as	plan admir	istrator	

Date

Date

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor